

BROMSGROVE DISTRICT COUNCIL

CABINET

7TH JANUARY 2009

WORCESTERSHIRE COUNTYWIDE STRATEGY FOR TELECARE 2007-2011

Responsible Portfolio Holder	Cllr Mrs June Griffiths
Responsible Head of Service	Mike Bell
Non-Key Decision	

1. SUMMARY

- 1.1 The report brings forward for Members information the Worcestershire Telecare Strategy and outlines the implications for Bromsgrove Council's Life Line Service.

2. RECOMMENDATION

- 2.1 That the Worcestershire Countywide Strategy for Telecare 2007-2011 as set out in Appendix 1 be adopted.

3. BACKGROUND

- 3.1 Worcestershire's vision is to enable the majority of older people with disabilities, people with mental health problems and other vulnerable people to live as independently as possible in their own homes, should this be their preference.
- 3.2 The strategy sets out Worcestershire's plan for developing Telecare services throughout the county.
- 3.3 Telecare builds on traditional community alarm monitoring services. This Council already has the community alarm control centre from which this technology can be monitored.
- 3.4 Telecare has the potential, as part of a support package, to help people retain their independence and improve their quality of life. It can also provide cost-effective solutions to providing support and care services, so freeing up staff and carers to provide more personalised support where it is needed.
- 3.5 An example of Telecare assisted technology is a bed pressure sensor that could detect when a person has left their bed during the night and trigger an alarm to the community alarm control centre if they do not return to bed within an agreed time, where assistance can be offered by contacting carers or the emergency services.

- 3.6 The aim of the strategy is also to defer the need for residential or nursing care, reduce the number of acute hospital admissions and improve the hospital discharge times.
- 3.7 The strategy commenced in 2007 and whilst this has only now been agreed for sign off the objectives and outcomes of the strategy have already commenced. Appendix 1 details this work.
- 3.8 Currently four local authority based telecare services operate in Worcestershire. Bromsgrove is one and Wyre Forest, South Worcestershire and Redditch are the others.
- 3.9 The County Council Strategy indicates that the County's Adult and Community Service is proposing to seek a single telecare provider. This may be drawn from one of the local authority based services or they may select a provider from outside the county.
- 3.10 If this intention becomes practice and Bromsgrove is not selected as the service provider then Bromsgrove's Life Line Service may lose the work it currently receives from the Adult and Community Service that currently accounts for less than 3% of its customers and less than 2.5% of its income. The majority of its business is from other contracts such as BDHT and individual self funding customers.
- 3.11 A capital bid is being submitted by Bromsgrove Life Line Service to upgrade its technology so that it can provide the full range of services that telecare now includes. This will enhance its provision. Upgrading its technology has to be considered as its current system become obsolete at the end of 2009.
- 3.12 Bromsgrove Life Line Service does not want to lose its Adult and Community Service customers. However, Bromsgrove Life Line has prepared a comprehensive business plan that was in the process of being prepared before the Strategy was launched. The plan details proposed changes in the Life Line service structure and indicates the level of business it aims to achieve over the next three years. The Strategy does not affect the substance of the plan and the potential loss of Adult and Community Service business does not affect the viability of the Service.
- 3.13 Based on the assumption that the districts future demography indicates a significant increase in the proportion of older people there appears that there is likely to be increased demand for the Life Line Service to support independent living. The county will only provide a service to those who are deemed to have a critical or substantial need, however BDC can offer a service to all residents whatever their level of need.
- 3.14 BDC supports the County Telecare Strategy in promoting independent living and aims to extend support to others that would benefit from the

Life Line service. Telecare supports the National Performance Indicator (139) which measures the extent to which older people receive the support they need to live at home.

4. Key Issues

Community Alarm Centres

- 4.1 There are four community alarm monitoring centres throughout the County of Worcestershire: Redditch, Bromsgrove, Wyre Forest and Malvern.
- 4.2 Supporting People is the largest single funding service for the community alarms. A value for money framework will be developed during 2008 by Worcestershire Supporting People team and a review of the way community alarm provision is carried out will take place.

Assisted Technology

- 4.3 The assisted technology equipment is provided by the County Council free of charge.
- 4.4 There are initial installation costs for this Council which are paid for by the County Council.
- 4.5 The monitoring of the equipment is paid for by the customer, creating an income for this Council, and ensuring sustainability of service provision.
- 4.6 A demonstration flat has been set up in Redditch at Mendip House, Loxley Close, Church Hill that is receiving visits from all over the county. This is the only demonstration flat to provide a wide range of assisted technology and demonstration of the new flat pack Pod extension for DFG works in the county.

Conclusion

- 4.7 By working with the County Strategy of introducing assisted technology we will be helping those elderly and vulnerable people to live independently in the community.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no financial implications for this Council by implementing the Strategy. The equipment is provided from the Preventative Technology Grant from the Department of Health which will last until April 2009.

5.2 Identifying investment for future services is ongoing with the County Council. The Council's Control Centre already monitors some assisted technology over and above the standard Lifeline unit and charges accordingly

5.3 Approximately a third of the Lifeline Service income is indirectly financed by the Supporting People contract with BDHT. If this contract was withdrawn or a different Lifeline provider selected then there would be financial implications for the Council in providing the monitoring service. However the service is operated from the CCTV Control Room, it complements the monitoring of CCTV because the two services are busy at different times of the day. This ensures value for money in the multifunctional role.

5.3. A significant proportion of the Lifeline Service income is indirectly financed by the Supporting People contract with BDHT. If this contract was withdrawn or a different Lifeline provider selected then there would be financial implications for the Council in providing the monitoring service.

5.5 The Council will be giving consideration to a capital request to upgrade its technology for monitoring the service.

6. LEGAL IMPLICATIONS

6.1 Under Section 2 of the Local Government Act .2000, the Council has the power to do anything which it considers is likely to achieve the promotion or improvement of the social wellbeing of its area.

7. COUNCIL OBJECTIVES

7.1 Objective 3 – Sense of Community and Well Being.

8. RISK MANAGEMENT

8.1 The Worcestershire Supporting People team will be carrying out a review of the way the community alarm services are provided throughout the county. There could be financial implications for this Council if Supporting People contracts with RSL's for sheltered housing scheme monitoring specified one alarm service provider for the County.

8.2 By increasing the numbers of installations of assisted technology systems that the community alarm centre monitors, this will increase the income into the service making it better value for money and less of a risk in a competing market.

- 8.3 The current service level can accommodate an increase in monitoring the assisted technology. Regular checks on performance levels show that there is sufficient capacity for increasing the number of Service Users.

8. CUSTOMER IMPLICATIONS

- 8.1 A partnership approach to supporting the aims of the Worcestershire Strategy for Telecare will promote additional choice and options for older people.

9. EQUALITIES AND DIVERSITY IMPLICATIONS

- 9.1 Everyone who meets the criteria set by the County Council can access the service. Eligible Service Users will be charged a nominal fee of £1.00 per week, however appropriate benefits should be available to those who qualify.

- 9.2 The strategy widens the group of people who can benefit from Telecare, and this is in line with BDC Equality and Diversity policy and initiatives which are about enabling more people including disabled and elderly to be supported to live independently in their own homes.

10. VALUE FOR MONEY IMPLICATIONS

- 10.1 There are no financial implications for this authority, however in due course we will need to upgrade Control Room software to continue service delivery. There is a business case being prepared to upgrade existing equipment that is currently 10 years old and no longer sustainable due to BT upgrading their telephone network (BT21CN).

11. OTHER IMPLICATIONS

Procurement Issues None
Personnel Implications There are no personnel implications however in light of increased service demand in all areas, a review of the Lifeline Service structure is in progress.
Governance/Performance Management None
Community Safety including Section 17 of Crime and Disorder Act 1998

The technology could assist in keeping people safe in their homes as the community alarms centre can activate emergency services on their behalf.
Policy
Environmental None

12. OTHERS CONSULTED ON THE REPORT

Portfolio Holder	Yes
Chief Executive	Yes
Executive Director - Partnerships and Projects	Yes
Executive Director - Services	Yes
Assistant Chief Executive	Yes
Head of Service	Yes
Head of Financial Services	Yes
Head of Legal, Equalities & Democratic Services	Yes
Head of Organisational Development & HR	Yes
Corporate Procurement Team	No

13. WARDS AFFECTED

'All Wards'

14. APPENDICES

Appendix 1 - Worcestershire Countywide Strategy for Telecare 2007-2011

15. BACKGROUND PAPERS

Worcestershire Countywide Strategy for Telecare 2007-2011

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Countywide Strategy for Telecare 2007-2011

Summary Version

Introduction to the Strategy

Worcestershire's vision is to enable the majority of older people, people with disabilities, people with mental health problems and other vulnerable people to live as independently as possible in their own homes, should this be their preference. Technology will play an increasing role in promoting such independence. This document sets out Worcestershire's plans for developing telecare services, utilising the Preventative Technology Grant awarded by the Government for this purpose and other available funding.

Why we need a strategy

In Worcestershire the number of people over 65 yrs will increase from 97,000 in 2006 to 110,100 in 2011. This increase of 13,100 older people represents a growth of 13.5 % over the five-year period. Telecare services in Worcestershire will be targeted primarily, but not exclusively, at older people to support these growing numbers (who are by far the largest service user group of health and social services) to live as independently as possible.

The Wanless review of 2005 highlighted people's preference to be supported to live in their own home rather than admission to residential care. The government White Paper 'Our Health, Our Care, Our Say' published in 2006, which emphasised the need for health and social care agencies to work together to provide community-based services, recommended the use of telecare solutions to support more people to be independent.

Telecare has the potential as part of a support package to help people retain their independence and improve their quality of life. It enables people to feel constantly supported at home, rather than left alone, reliant on occasional home visits or their capacity to access local services. It also gives peace of mind to carers and relatives who are able to have a better quality of life in the knowledge that the telecare equipment will trigger a response in the event the service user raises a call or their behaviour triggers an alert for assistance.

Telecare can also provide cost effective solutions to providing support and care services, so freeing up staff and carers to provide more personalised support and care where it is needed. Technology can never be a substitute for human contact and there is great value in our staff being able to spend time with vulnerable service users. At the same time, technology can reduce unwanted intrusion by carers.

Strategic Aims

The strategic aims for all partners to this Strategy for the development of Telecare across the county over the next four years are to:

1. Deliver a phased roll-out of mainstream Telecare across the County in an equitable and sustainable way, so that by April 2011 the majority of adults requiring support and care (and their carers) are able to access and benefit from Telecare services, whether provided by the County Council, local District Councils, Registered Social Landlords, or, the voluntary sector
2. Focus the County Council service on meeting the needs of older people and adults with physical disabilities or a sensory impairment, who have been assessed by Adult and Community Services as having critical and substantial needs. District Council and Registered Social Landlord providers will ensure that telecare is also available to people with lower level needs which will help prevent that person's needs from becoming substantial, for instance following a fall.
3. Ensure the County Council, District Councils, Registered Social Landlord and Voluntary Sector providers work together to provide maximum choice of telecare services for local vulnerable residents, both in terms of the range of equipment provided and the charging arrangements to ensure all needs can be met.
4. Provide Telecare services alongside a wide range of other complimentary options which together, as an individually tailored package, will support people to live independently in their own homes for as long as possible, should this be their preference
5. Work in partnership to ensure that Telecare services are more widely accessible, acceptable and understood by all those who could benefit from Telecare.
6. Increase the uptake of Telecare services by communicating the potential benefits to service users and carers and by providing Telecare opportunities in a diverse range of existing service settings across health, housing and social care
7. Work together to develop Telecare services and associated initiatives which will assist Adult and Community Services, Housing Authorities and Health agencies to achieve key performance indicators
8. Continue to explore innovative ways in which telecare can be used to improve efficiencies in health, social care and housing service provision to the benefit of local residents.
9. Review the Strategy in 2008 and develop the detailed commissioning intentions for 2009-2011, when there is greater clarity about future funding streams.

Basic Principles

The Basic Principles for Telecare services in Worcestershire are to:

- Improve service user's independence, confidence and safety whilst minimising any potential negative impact
- Ensure that service users are equipped with the necessary information about Telecare so they can make informed choices including those who are self-purchasing and using Direct Payments.
- Ensure that all people who are offered Telecare services are capable of giving full informed consent or the individual's advocate, carer or relative must give full informed consent.
- Ensure telecare services are delivered in partnership with key strategic partners such as Worcestershire County Council, District Councils and the Primary Care Trust and that they are built on existing service infrastructures and demonstrate best value for the County
- Provide good quality and accessible information for the public about the range of services and equipment available and how it can be accessed.
- Ensure that equipment supplied is acceptable and fit for purpose and meets the person's needs.
- Ensure that equipment is supplied in a timely manner to people who meet the Telecare service providers Eligibility Criteria
- Involve service users from the outset in developing their own outcome based Care Plan where appropriate.
- Provide regular reviews of equipment supplied to ensure it is still appropriate
- Provide a service which offers genuine reassurance to service users and carers
- Provide a service which complements traditional models of support and care
- Ensure an appropriate, timely and safe response to calls for assistance
- Be cost effective, monitored and evaluated.

How we have produced the strategy

- Users and Carers were involved in developing the Strategy through a telecare Users reference group supported by the County Council's Involvement Team. The group has provided an open forum to raise individual issues and concerns, to try out and appraise different Telecare devices and systems, discuss the kinds of response services required and also to champion Telecare.
- A short term Project Steering Group involving key representatives from Adult and Community Services, Older People's Forums, District Councils, Health and Provider Services was held during 2006/7 to initiate the development of the Telecare Strategy and service development.
- A short term County Council Project Management Board, was also established to link with the Project Steering group and oversee the development of the strategy and the use of the Preventative Technologies Grant in Worcestershire.

Implementing the strategy

A multi-agency Telecare Strategy Implementation Group has now taken over from the above groups to oversee the development of telecare in Worcestershire for the lifetime of the Strategy on behalf of all the partners. This group will work with the Telecare User reference group to carry out the commissioning intentions and review the Strategy.

Desired Outcomes

In addition to meeting the Department of Health targets for increasing the numbers of people with telecare equipment in their own homes by 5600 people in the county, the Telecare Strategy Steering group has agreed that the following outcomes will be monitored and reported on for Telecare services in Worcestershire:

- Installation of telecare will defer the need for residential or nursing care
- Service Users will gain greater independence
- The burden on carers will be reduced, giving them more personal freedom and support
- The number of acute hospital admissions will be reduced
- Service Users will have fewer accidents and falls in their home
- Hospital discharges will take place earlier which may not have otherwise occurred

These outcomes will be monitored and reported on by the County Council as part of their contracts monitoring process and through the District Council and Registered Social landlords' annual reports. It is envisaged that there will also be an Annual Review of the Telecare Strategy which will include supporting data on delivery of the outcomes.

Sustainability

It is essential that all telecare service provision within Worcestershire is sustainable to enable a reliable, consistent service for service users and carers providing quality of life outcomes for local older and vulnerable people.

The Preventative Technology Grant from the Department of Health will last until April 2009, and beyond that, identifying investment for future services is a complex matter.

There is the possibility of attracting new investment or through achieving positive outcomes identify efficiency savings in health, and social care which can be redirected into telecare services

The approach in Worcestershire will be based on evaluating individual outcomes for service users through the development and implementation of a simple evaluation process to assess the relative costs of any Telecare services provided compared to the likely alternative (non-Telecare) service.

Reviewing the strategy

The implementation of this strategy will be formally reviewed by the Telecare Strategy Implementation Group during 2008, in conjunction with the Telecare User and Carer Reference Group. This review will include a cost/benefit analysis to ensure that the Telecare services being provided within the county are sustainable and meeting it's the desired outcomes outlined in section 6 of this strategy. Following this review, decisions will be taken about the future of the service and the commissioning intentions for 2010-2011.

Technologies will develop quickly as manufacturers and suppliers appreciate more fully the way that Telecare services can assist in empowering people and helping in relation to their support and care needs. Such changes and the growth in service provision within the county will mean that it will be necessary to keep services under constant review. This will enable problems to be identified and quickly resolved, and to ensure that any new risks are managed and kept under review.

Countywide Strategy for Telecare

2007 - 2011



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CONTENTS

	Page	
1		Introduction to the strategy 12
2		Why we need a strategy 16
3		How we have produced the strategy 22
4		Making the links 24
5		Outline of telecare pilots, key learning points and Recommendations 29
6		Monitoring the Performance of Worcestershire Telecare Services 32
7		Promoting Telecare Services 33
8		Implementing the strategy 35
9		Sustainability 38
10		Managing and Reviewing the Programme 39
Appendices		A Commissioning Intentions for 2007/8 and 2008/9 of the Strategy 40
		B Developing the Strategy: 45
		1. Membership of the Telecare Project Steering Group 2006/7
		2. Membership of the Adult and Community Services Telecare Project Management Board 2006/7
		3. Membership of the Telecare Strategy Implementation Group 2008

1. Introduction to the Strategy

1.1 Vision

Worcestershire's vision is to enable the majority of older people, people with disabilities, people with mental health problems and other vulnerable people to live as independently as possible in their own homes, should this be their preference. Technology will play an increasing role in promoting such independence. This document sets out Worcestershire's plans for developing telecare services, utilising the Preventative Technology Grant awarded by the Government for this purpose and other available funding.

Technology can never be a substitute for human contact and there is great value in our staff being able to spend time with vulnerable service users. At the same time, technology can reduce unwanted intrusion by carers.

The concept of Telecare is simple: technology does what technology is good at (constant monitoring and automatic feedback), freeing our staff to do what they are good at – the human touch. Telecare is not just about equipment; it is a complete service which includes providing an appropriate response. For service users, the benefit is increased reassurance, with less intrusion in their lives. The main benefit to social care services is that staff may be deployed more productively and in a more targeted way. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support.

However, Telecare needs to be part of a 'whole systems' integrated approach, with the goal of improving quality of support and/or care rather than cutting care hours to service users. Telecare is complementary to the support and social care systems we have in place and is not a wholesale substitute.

Telecare builds on traditional community alarm monitoring services, but it requires a change in the way that challenges have been addressed in the past and the adoption of a new approach. It will involve new responsibilities for some people involved in the provision of support and care services and it will involve changes in working practices for others.

The primary objective of Telecare itself remains that of enabling people to live as independently as possible, with dignity, and with the risks which threaten independence being managed to their (and their carers') satisfaction.

1.2 Summary of Strategic Aims

The strategic aims for all partners to this Strategy for the development of Telecare across the county over the next four years are;

1. Deliver a phased roll-out of mainstream Telecare across the County in an equitable and sustainable way, so that by April 2011 the majority of adults requiring support and care (and their carers) are able to access and benefit from Telecare services, whether provided by the County

- Council, local District Councils, Registered Social Landlords, or, the voluntary sector
2. Focus the County Council service on meeting the needs of older people and adults with physical disabilities or a sensory impairment, who have been assessed by Adult and Community Services as having critical and substantial needs. District Council and Registered Social Landlord providers will ensure that telecare is also available to people with lower level needs which will help prevent that person's needs from becoming substantial, for instance following a fall.
 3. Ensure the County Council, District Councils, Registered Social Landlord and Voluntary Sector providers work together to provide maximum choice of telecare services for local vulnerable residents, both in terms of the range of equipment provided and the charging arrangements to ensure all needs can be met.
 4. Provide Telecare services alongside a wide range of other complimentary options which together, as an individually tailored package, will support people to live independently in their own homes for as long as possible, should this be their preference
 5. Work in partnership to ensure that Telecare services are more widely accessible, acceptable and understood by all those who could benefit from Telecare.
 6. Increase the uptake of Telecare services by communicating the potential benefits to service users and carers and by providing Telecare opportunities in a diverse range of existing service settings across health, housing and social care
 7. Work together to develop Telecare services and associated initiatives which will assist Adult and Community Services, Housing Authorities and Health agencies to achieve key performance indicators
 8. Continue to explore innovative ways in which telecare can be used to improve efficiencies in health, social care and housing service provision to the benefit of local residents.
 9. Review the Strategy in 2008 and develop the detailed commissioning intentions for 2009-2011, when there is greater clarity about future funding streams.

1.3 Definitions of Telecare, Assistive Technology and Telemedicine

Telecare is the use of sensor and communication technologies to monitor the safety and well being of vulnerable people in their normal place of residence and alert appropriate people (family, carers, monitoring centre, the person themselves, or others) when help or action is required. It is the deployment of Telecare that is the main focus for this Strategy.

Assistive technology is a product or system that enables independence of people with cognitive, physical or communication difficulties. For the purposes of this strategy, assistive technology will be used as an umbrella term to cover community equipment, community alarms and Telecare.

Telemedicine is the rapid access to shared and remote medical expertise by means of telecommunications and information technologies, no matter where the patient or relevant information is located.

1.4 Who Will Benefit from Telecare Services in Worcestershire?

In Worcestershire, Telecare services will be delivered primarily for older people, however the services will also be accessible by younger adults and for the benefit of children where such technology could help them remain safely in the community. Telecare services will not be provided for adults or older people in long term residential care establishments, or to assist such establishments introduce Telecare systems of their own.

This strategy encompasses Telecare equipment that can be;

- Provided for free by the County Council to older people, and adults with physical disabilities or a sensory impairment, who have been assessed by Adult and Community Services as having critical and substantial needs. This is due to funding being made available from the Department of Health through an allocation of Preventative Technology Grant for the period of 2006 – 2009.
- Provided on a rental basis by the District Council and Registered Social Landlord providers for those on low incomes, and
- Private purchase for those who can afford it from the District Council and Registered Social Landlord providers within the County.

Leaflets about the various telecare services available within the county are widely distributed at various community outlets. These leaflets set out the benefits, the range of equipment available and where they can be obtained.

1.5 The Future is Now

According to the White Paper, 'Our Health, Our Care, Our Say' published in 2006, "Telecare services already in use in or near the home, include:

- house alarms linked to a call centre staffed by a nurse, coordinated by the local council;
- 'Well Elderly Clinics' for people living on their own but requiring some simple monitoring, including blood pressure, heart rate and glucose measurements;
- local intermediate care programmes that provide in-home support during recovery, aim to prevent unnecessary acute admission and maximise independence;
- spirometric and cardiac readings from in the home to detect acute episodes early and minimise or eliminate the need for hospitalisation – currently in place for chronic obstructive pulmonary disease, cardiac and pulmonary patients in limited geographies;

- in-home touch-screen and video link-up for patients to self-monitor and feed information to health professionals;
- bed sensors that determine if the resident has failed to return to bed by a set time.”

1.6 Basic Principles

At an early stage in the process, the Telecare Project Steering Group agreed some basic principles for the Strategy.

Telecare services in Worcestershire will:

1. Improve service user's independence, confidence and safety whilst minimising any potential negative impact
2. Ensure that service users are equipped with the necessary information about Telecare so they can make informed choices including those who are self-purchasing and using Direct Payments.
3. Ensure that all people who are offered Telecare services are capable of giving full informed consent or the individual's advocate, carer or relative must give full informed consent.
4. Ensure telecare services are delivered in partnership with key strategic partners such as Worcestershire County Council, District Councils and the Primary Care Trust and that they are built on existing service infrastructures and demonstrate best value for the County
5. Provide good quality and accessible information for the public about the range of services and equipment available and how it can be accessed.
6. Ensure that equipment supplied is acceptable and fit for purpose and meets the person's needs.
7. Ensure that equipment is supplied in a timely manner to people who meet the Telecare service providers Eligibility Criteria
8. Involve service users from the outset in developing their own outcome based Care Plan where appropriate.
9. Provide regular reviews of equipment supplied to ensure it is still appropriate
10. Provide a service which offers genuine reassurance to service users and carers
11. Provide a service which complements traditional models of support and care

12. Ensure an appropriate, timely and safe response to calls for assistance
13. Be cost effective, monitored and evaluated.

2. Why we need a strategy

2.1 Government policy

The starting point of Government policy is that everyone in society has a positive contribution to make and they should have a right to control their own lives. This is expounded in the 2005 Department of Health Green Paper, 'Independence, Well-being and Choice' – a vision for the future of social care for adults in England. The local authority will have a key strategic and leadership role and work in an inclusive way with key partners to provide integrated services to meet the needs of a diverse community. People with the highest needs will receive the necessary support and protection and the risks of independence will be shared openly with individuals and balanced against the benefits. Services will be of a high quality delivered by a well-trained workforce or by well-supported carers. Technology will be better used and there will be a wide range of supported housing options. The NHS, social care, housing authorities and other bodies such as Supporting People, will work together with an emphasis on preventing ill health where possible and maintaining the independence of individuals.

The White Paper, 'Our Health, Our Care, Our Say' published in 2006 builds on the Green Paper and the new ideas can be grouped into six themes:

1. More services in the community
2. Greater prevention
3. Enhanced access to general practice and community services
4. Better support to people with long-term conditions
5. Integrating health and social care
6. Providing people with a louder voice

Telecare has the potential as part of a support package to help people retain their independence and improve their quality of life. It enables people to feel constantly supported at home, rather than left alone, reliant on occasional home visits or their capacity to access local services. It is essential that the key strategic partners, Worcestershire County Council, the District Councils and the Worcestershire Primary Care Trust work together in providing telecare services which deliver the government's vision.

2.2 Local needs and demands

In Worcestershire the number of people over 65 yrs will increase from 97,000 in 2006 to 110,100 in 2011. This increase of 13,100 older people represents a growth of 13.5 % over the five-year period.

Telecare services in Worcestershire will be targeted primarily, but not exclusively, at older people to support these growing numbers (who are by far the largest service user group of health and social services) to live as independently as possible.

“Older people’s expectations are changing, and the aspirations and preferences of people now in their 60s are vastly different from those of their counterparts 20 or more years ago. The so-called baby boom generation (born 1945–54), who will be in their 70s in 20 years’ time (Huber and Skidmore 2003), are already exhibiting a big change in approach towards their later lives”.
(Wanless 2005)

The Wanless review also highlighted people’s preference to be supported to live in their own home rather than admission to residential care

The Department of Health has used computer-modelling techniques in an attempt to predict the requirements for residential care according to whether Telecare is developed across the UK or not. This suggests that Telecare will significantly reduce the need for residential care, at least initially. By 2009 the model suggests there will need to be a return to some growth in the residential care sector.

This same model has also been used to predict the impact Telecare might have on home care uptake. This shows that although Telecare initially reduces the demands on home care services, after 2010 there is actually a greater demand – presumably as the combination of Telecare with home care enables the two to become a more viable option to residential care.

In Worcestershire, the County Council does not yet collect reportable data on the critical reasons a person goes into residential care, and this is an issue that will need to be addressed to provide valuable information which will assist in measuring the effectiveness of Telecare in the longer term. There is however anecdotal evidence from front line workers and managers that the top five reasons for loss of independence at home are as follows:

- Breakdown of informal support or carers/care networks
- Increase in personal care requirements which cause any home care support to cost more than residential care
- In the case of mental health needs, an increase in the supervision required to ensure personal safety to the extent that the person’s home no longer provides sufficient security
- Absence of 24 hr home care support (i.e. at night)
- Sudden severe illness or injury (falls, fractures and strokes) or deterioration in longstanding condition to point where hospital care becomes necessary.

Some people are happy to receive a remotely monitored service but for others, Telecare does not *replace* the existing service provision but can still make a valuable contribution towards preventing the loss of independence at home. A telecare response plan will be designed in partnership with the user and their carers and regular testing and maintenance checks on the equipment will also be carried out to ensure that risks are managed and minimised as far as possible.

For the large number of people who need lower-level support services, rather than care in the home, telecare makes a valuable contribution. Provided

primarily to older service users, it helps to provide the confidence needed for people to remain living at home independently. It gives service users a sense of security in the knowledge that if a problem occurs they are able to raise a call for assistance. It also gives peace of mind to carers and relatives who are able to have a better quality of life in the knowledge that the telecare equipment will trigger a response in the event the service user raises a call or their behaviour triggers an alert for assistance.

This equipment plays a significant role in preventing the need for active intervention by social care and health partners, enabling the partners' resources to be spread more widely. Telecare ensures that people with low level support needs are able to live independently, can call for reassurance or help when needed and receive a speedy response in an emergency for example when someone has fallen, The provision of telecare as a prevention tool results in well proven outcomes for improved quality of life.

In sheltered housing and increasingly in general needs housing this equipment is linked with a regular visiting service. It is important that telecare complements existing support provision which can only be achieved in a effective way through joint working.

2.3 The Preventative Technology Grant

Worcestershire County Council has been allocated £300,000 in 2006/7 and £500,000 in 2007/8 from the national Preventative Technology Grant. The grant will make a significant contribution to the provision of Telecare services in the County. The government has agreed that councils can roll these funds forward to be spent until the end of March 2009.

According to the Department of Health, the Preventative Technology Grant should be used to increase the numbers of people who are supported to remain independent with Telecare. It is expected that most of the beneficiaries will be older people. The grant will be used for other adults, but not for children. The grant should be used to increase the numbers of people who benefit from Telecare, by at least 160,000 older people nationally.

2.4 Some Case Examples

The following are mainly local case examples to illustrate some of the potential benefits of Telecare for service users and carers

:Case Study 1: Hypothermia Risk

Mrs C lives alone in an older property which she and her late husband moved into soon after their marriage. Mrs C feels safe there and does not see the need to move to a smaller more modern home. Although it has had some modernisation work done over the years, including installation of central heating and roof insulation, it has never been an easy property to keep warm. Mrs C remembers the times when she and her husband had to watch every penny and although this is no longer the case, she still feels reluctant to keep the house properly heated and is inclined to turn the heating thermostat to minimum. Last winter during a cold snap her son found her cold, confused and disorientated. She was taken to hospital where it was confirmed she was hypothermic. Following this incident Mrs C agreed with her son that a low temperature sensor should be installed, linked via a telecare base station to send an alert to her son's mobile phone should the indoor temperature fall too low. Mrs C likes this arrangement because she feels she can still have some control over her heating (and the heating bills) but knows her son will be alerted if she allows the property to get too cold. Her son is reassured by this and is now considering other environmental sensors around his mother's house to warn him of any other problems

Case Study 2: Falls

Mrs A has a history of falling. Following discharge from hospital she was provided with a basic Telecare package that included a bed pressure sensor that could detect when she left the bed during the night and turned on the lighting to her bathroom. It would then trigger an alarm if she did not return to bed within an agreed time.

The package was programmed to record how many times Mrs A left her bed during the night. A few weeks after it was installed it was noticed at the alarm centre that Mrs A's nocturnal visits to the bathroom had increased significantly over a three-day period. They alerted a care professional and Mrs A was diagnosed with a urinary tract infection, which was then quickly treated enabling a full and quick recovery.

Case Study 3: Cognitive Difficulties

Mr B, a smoker, lives with his wife who cares for him full-time. Mr B has a form of Parkinson's Disease, which has left him with cognitive difficulties (although he has a high level of understanding). He has difficulty walking, but 'some days are worse than others'. The pendant device is always placed near to Mr B when Mrs B is not around. Mr B is also content in the knowledge that neighbours are looking out for him.

Despite mental health and mobility problems, Mr B was fully involved in decision-making regarding Telecare. He was 'very pleased about the whole idea'. Both Mr B and Mrs B are aware of the potential that Telecare offers. Mrs B is now happier for Mr B to be left alone as he feels 'more secure'. Mr B is happier because Mrs B is able to enjoy more freedom and is not as worried about him when she's out. Mrs B now has a mobile phone so she can be contacted in an emergency.

Mr and Mrs B feel reassured and relaxed living with Telecare, and Mrs B in particular is grateful that Telecare might prevent the embarrassment (and cost) of having to dial 999 for a situation that turns out to be a non-emergency.

2.5 Costs and services

Comparison between estimated cost of Telecare equipment and response service to the non-Telecare option

The following estimated costings have been extracted from a variety of sources including the Department of Health National Tariff and the NHS Purchasing and Supply Agency. This has been supplemented by information based on local experience in Adult and Community Services and the Housing Sector.

Desired Outcome	Telecare Equipment	Telecare Cost	Non Telecare Option	Non Telecare Cost to Health & Social Care
Safe and timely administration of medication	One off purchase of automatic pill dispensers (stocked by agreement with pharmacists)	Ranging from £100 to £200 plus a £2 weekly fee for the monitoring alarm	Daily home care call	£8 per call costing £2,500 per year.
Fall prevention	Wristcare	£800 per unit + monitoring wellness data @ £5 pw	Hospital admission for hip fracture	£7,500 + recuperative care
Timely response to falls	Pendant alarm Fall detector Bed occupancy sensor Home visit	£105 £50 £50-£150 £50	Emergency ambulance journey to A&E Up to 6 wks recuperative care	Tariff charge for A&E £50-100 + £200 per patient journey £2,400
Flood prevention	Automatic water shut-off valves	£25 - £85	2 week admission to care home.	£500-800 (net)

			Home renovations	£900
Kitchen fire prevention	Smoke detector/rapid heat surge detector	Up to £100	4-week admission to care home. Home renovations	£ 1000-1600 (net) £400
Hypothermia prevention	Low temperature monitor	£85	1-week admission to care home.	£250-400(net)

There is evidence that wearing a falls detector increases confidence and actually reduces the likelihood of falling. Floods and fires tend to be major life events which can trigger an emergency admission into long term care. It is also recognised with Telecare that there are economies of scale and that costs decrease the more technology is used.

3. How we have produced the strategy

3.1 Involving Service Users and Carers

A reference group was formed by the County Council with the User Involvement Team (which includes carers) with clear terms of reference to work together to develop the strategic approach to rolling out telecare services across Worcestershire utilising the Preventative Technologies Grant. Also for the group to consider whether over the longer term it should become a standing group representing the needs of users and carers on Telecare issues for Worcestershire.

The group has provided an open forum to raise individual issues and concerns and to consider the following range of issues:

- equipment appraisal – trying out examples of Telecare devices and systems
- service appraisal - discussing the kinds of response service available here and elsewhere in the UK
- communication appraisal - is written material produced for users and carers readable and in the right format?
- championing Telecare

3.2 Involving Stakeholders

A stakeholders conference was held in May 2006 which brought together all interested parties, including service users and carers, relevant statutory organisations, telecare providers and the key local stakeholders to examine the direction of telecare services for Worcestershire.

In addition to raising awareness about the background to the provision of telecare services, workshop sessions helped participants explore the vision for Worcestershire, identify who the partners should be and consider the key priorities for the Strategy.

3.3 Formulating the Strategy

3.3(1) The Telecare Project Steering Group 2006/7

A short term Project Steering Group involving key representatives from Adult and Community Services, Older People's Forums, District Councils, Health and Provider Services was held during 2006/7 to initiate the development of the Telecare Strategy and service development. (See Appendix B for list of members)

3.3 (2) The Telecare Project Management Board 2006/7

A short term County Council Project Management Board (see Appendix B for list of members), was also established to oversee the development of the strategy and the use of the Preventative Technologies Grant within

Worcestershire. This includes capturing the views and interests of people using Telecare equipment and services and reviewing potential suppliers etc. Both the Project Steering Group (3.3) and the Project Management Board were time-limited groups to set up the initial infrastructure for the service.

3.3(3) The Telecare Strategy Implementation Group 2008 onwards

A multi-agency group has been formed to oversee and review the development of the Strategy on behalf of all the partners. This group will work with the User and Carer Reference group to carry out the commissioning intentions and review the Strategy, (see section 11).

3.4 Links to other strategies and areas of activity

The Telecare Strategy for Worcestershire has been developed in conjunction with all the identified partner agencies, including representation from users and carers. It has also taken into account existing relevant strategies and areas of activity including:

- The Integrated Community Equipment Service
- The Worcestershire Telecare Providers Group
- The WiNN Project
- The Supporting People review of Community Alarms
- The Single Assessment Process Framework (County Council Care Management System) Home Care system procurement (swipe card system)
- Training programme on “Outcome Based Social Work Practice”
- The review of the Reviewing process
- The Older People’s Strategy for Worcestershire
- The Older People’s Mental Health Strategy for Worcestershire
- The Older People’s Commissioning Strategy
- Commissioning Strategy for Carers 2005 -2008
- Commissioning Strategy for people with a physical disability or sensory impairment
- The Direct Payments Scheme.
- Community Safety Strategies.
- Supporting People Strategy
- District Council Housing Strategies
- Worcestershire Homelessness Strategy

4. Making the links

Using what we have better – mapping what currently exists and outlining how this will be used and developed in future.

The Telecare Strategy has been developed in the context of understanding existing services and how they operate and are funded. The telecare providers and other agencies need to work together to ensure that their services 'fit' and are delivered in a way that is complimentary rather than competing with each other. It has involved engaging with people who use the services (and their representative organisations), older people's forums, carers, policy makers and service managers.

4.1 Links with existing Worcestershire Monitoring and Response Centres

The District Councils and Registered Social Landlords, (which are not for profit organisations), currently provide a range of telecare services through four monitoring and response centres. These District Councils, Registered Social Landlords and the four monitoring and response centres have for a number of years worked collaboratively via a Worcestershire Telecare Providers (WTPG) Group and in April 2005 submitted proposals to the County Council for developing telecare across the county utilising the Preventative Technologies Grant. The County Council is working with WTPG to develop monitored telecare services for Worcestershire. This integrated approach will aim to build on the existing infrastructure for monitored telecare services subject to achieving best value and ensure countywide equity. This includes working with the voluntary sector as a telecare alarm provider. The County Council will ensure that the telecare services it provides deliver best value through a benchmarking and tendering exercise to be undertaken in 2008.

4.2 Links with Supporting People review of Community Alarms

Telecare services are closely aligned with Community Alarm provision. There are four Monitoring and Response Centres and a range of Community Alarm providers operating within Worcestershire who provide differing levels of response to their customers. This varies from a comprehensive service including direct assistance once an alarm has been raised through to contact with a carer or relative to respond to the person.

In Worcestershire, Supporting People is the largest single funding source for community alarms. 13 providers are funded through block subsidy contracts excluding alarms provided through Sheltered or Very Sheltered Schemes. In 2005/6 there were 4475 older users with a potential upper limit of 6125 users who could be funded through Supporting People. However this is not the whole picture as two thirds of the users are self-funded.

Worcestershire's Supporting People Strategy highlights investment in community alarms as an area identified for change. A 'Value for Money' framework will be developed during 2008 in consultation with providers and

users, based on regional comparators and benchmarks, the proportion of on-costs and quality issues. It will also involve comparing the advantages and disadvantages of locally based and national services. The review will consider some possible options for the future provision of Community Alarm and Telecare services across Worcestershire.

4.3 Links with the Integrated Community Equipment Service

The Integrated Community Equipment Service has the necessary experience and track record to ensure that 'stand-alone' telecare equipment is acquired, stored, managed, maintained and recycled well. The jointly managed 'store' arrangements have helped to ensure that people receive home equipment (such as commodes, toilet seat raisers and alternating pressure mattresses) in an efficient manner. It is planned that the ICES service will work closely with the County Council telecare staff to roll out the provision of 'stand alone' Telecare equipment, which is not linked to a remote monitoring service, but may be linked to a carer or neighbour.

4.4 Links with Home Improvement Agencies

Home Improvement Agencies (HIA's) are small, locally based not-for-profit organisations. They help homeowners and private sector tenants who are older, disabled or on a low income to repair, maintain or adapt their homes. They provide advice and advocacy (for example on energy efficiency), financial advice on entitlements, technical oversight of any work and links to other relevant services such as health and social care.

One of the action points in the Older People's Strategy for Worcestershire 2006-2110 is to 'Explore the scope for HIA's to play a greater role in specifying and installing telecare when undertaking property repairs, equipment and adaptations to existing homes'. During the production of this Telecare Strategy, thinking has evolved and HIA's have been assessed as being well placed to identify people who could benefit from Telecare and to circulate information including the Directory of Telecare Services to potential service users.

4.5 Links with Intermediate Care

Intermediate Care includes a range of services provided by health, social care and independent sector care services that are focussed on short term (up to six weeks) treatment and rehabilitation to maximise the ability of older people and people with disabilities or illness to live independently.

The aim of Intermediate Care services is to prevent unnecessary hospital admission, support timely discharge from hospital or care home and reduce avoidable use of long term care including care homes and home care. These services are provided in a variety of settings including community hospitals, resource centres, in the community and in people's own homes.

Telecare has the potential to support Intermediate Care in its goal of maintaining people at home rather than have to be admitted to hospital. It can also support the team in its work of supporting people on their discharge from hospital.

4.6 Links with Community Matrons

There are eight Community Matrons employed across Worcestershire. During the 2005/6 financial year they were funded by Adult and Community Services but this funding has now been picked up by the PCT (five temporarily and three permanently). Community Matrons work with people who are terminally ill, people with Long Term Conditions as well as promoting self care. This service provides an immediate opportunity for joint working between social care and health to show the early benefits telecare can bring as well as to make full use of Wristcare equipment already purchased. There is a real interest in exploring how Telecare can assist in monitoring the well-being of patients. In the short term the costs of monitoring the Wristcare service at £5 per week per patient will be covered by the Preventative Technology Grant but it is acknowledged that arrangements need to be put in place to ensure this service is sustained in the longer term.

4.7 Links with Home Care Services

The County Council retains an in-house independent business unit (IBU), which delivers domiciliary care services to all service user groups, although older people account for the majority of the work carried out. The role of the in-house service has been reviewed in recent years to be developed into a short-term, intensive assessment service aimed at promoting independence and providing the right support at the right time.

Adult and Community Services is working together with the independent sector providers to deliver longer term domiciliary care support for older people, following this short term assessment service from the IBU. The IBU along with the independent sector home care providers will be looking to extend the appropriate use of Telecare equipment with particular reference in the initial stages to the use of automatic pill dispensers. This involves a close dialogue with the Primary Care Trust and lead pharmacist, to address some of the real issues concerning the risk of mis-management of medication, providing an ideal vehicle to bring about joint working between Health and Social Care.

4.8 Links with Extra Care Housing

Extra Care housing is based on self-contained accommodation therefore any Telecare equipment that could be useful in someone's own home can be used in an Extra Care setting. In addition Extra Care developments include a range of facilities and amenities that may be made safer, more useable or accessible by Telecare. In public areas of buildings additional uses may be found or indeed be necessary such as CCTV, door openers, remote door entry system.

There are currently three Extra Care Housing schemes in Worcestershire in Redditch, Evesham and Wyre Forest. There is also an agreement with Redditch Borough Council for the provision of an Integrated Very Sheltered Housing and Home Care service. There are plans to develop a further Extra Care scheme in Bromsgrove.

The approach in Worcestershire will be to work with Extra Care schemes in a similar way to the Resource Centres outlined in section 7.4. It is essential that the types of equipment that should be installed are identified, whilst taking account of ethical issues raised by equipment such as door sensors which could restrict an individual's right to privacy and risk-taking. Also to contribute to the development of any new Extra Care schemes as it is more cost effective to integrate Telecare services into the initial design rather than install it retrospectively.

4.9 Links with Sheltered and Supported Housing

A range of sheltered and supported housing schemes are available within Worcestershire providing different levels of support and a wide range of facilities and in this way offering the service users choice about what type of service / scheme will meet their needs. Support can range from a weekly visit to 24 hour support and facilities from none through to social activities, guest room provision, laundry, assisted bathing facilities, hobbies rooms, on-site luncheon, computer suites to name a few.

In recent years there has been a significant shift from providing on-site support at sheltered housing schemes towards more flexible, mobile support staff that can provide assistance to a range of people living in a number of sheltered and supported housing environments cross tenure including independent living with floating support. This range of provision encourages people to make the appropriate choices based on their needs and helps to make this type of support service more affordable for those who need it.

Traditional sheltered housing was key to the development of fixed, hard wired alarm systems but now there is the potential to move to a more flexible approach using dispersed community alarms. This opens up opportunities for the use of telecare equipment within sheltered and supported housing as a complimentary tool in delivering support and care to service users who need it.

Dispersed community alarms in sheltered and supported housing schemes link either partially or 24 hours a day to a monitoring & response centre providing a comprehensive, value for money service.

It is also recognised that there are opportunities to forge stronger links between appropriate support / care services for example the Home Care service could use the dispersed alarm provision to monitor the duration of their visits or to prompt service users to take their medication on time etc

4.10 Direct Payments and Telecare

In order to stimulate the provision and uptake of community care direct payments, legislation in force from April 2003 has made direct payments a legal duty, rather than a power. The effect of the legislation is that if certain conditions are satisfied (assessment, eligibility, consent, management, and that the service/ equipment will meet the need), then the County Council must offer to make a direct payment up to the reasonable cost of securing the provision of the service or equipment.

In addition, the categories of people eligible for direct payments have progressively been increased by legislation. The Direct Payments Uptake programme promised in the White Paper 'Our Health, Our Care, Our Say', is currently being launched, underlining central government's intention that direct payments will become more prevalent. In support of this, Direct Payments are now one of the critical performance indicators against which the County Council's performance is measured.

Further work will be undertaken to develop clear policies and procedures in relation to Direct Payments, Telecare and Equipment generally. These will address some of the complex areas around ownership and maintenance of equipment, securing best value, providing choice etc.

4.11 Self Assessment

The White Paper, 'Our Health, Our Care, Our Say' emphasises that in the future people will be able to undertake their own assessment of need and plan and arrange their own services. Eleven pilot sites have been chosen around the country to test self-assessment for a range of services, including equipment services. The pilots could, for example, involve people using the Internet, or approaching a third sector organisation for help with filling in an online form. The outcome of an assessment could be receiving reliable information about equipment and services, or result in them receiving a piece of equipment directly, rather than being assessed by social care services.

4.12 Carers

Many people with significant needs receive care from relatives or friends. These relationships are essential to the community. The key to supporting carers in undertaking their vital role is to provide the right level of support for them, which enables them to make choices about their personal life. Telecare equipment can go some way towards reducing the burden on carers as well as providing some peace of mind. A range of easy communication devices could mean that the carer would not be required to be constantly physically present.

Carers have been involved through the User Involvement Team (which includes carers) and their role in the reference group in the production of

strategic plans for development of telecare in Worcestershire. The Carer Support Plan will include reference to Telecare services.

4.13 People with Sensory Impairment

Often equipment currently available is unsuitable for people with auditory impairment. Expanding the use of SMS texting via mobile phone technology will be particularly valuable for the deaf community. Work will be undertaken with Sensory Impairment Services to develop the thinking in this area and to ensure that technologies, which are currently in use via these services, are included in the Telecare performance statistics where appropriate. The County Council Sensory Impairment Team is a countywide team which already exists to offer support and issue equipment to adults with a sensory impairment. It is envisaged that this team will have a key role in rolling out telecare services for people with a critical and substantial need.

4.14 Links to Community Safety

The 'Safe and Sound' project in Wychavon is an example of this where dispersed community alarms are being fitted to provide reassurance and an emergency response to domestic homes and businesses that are at risk of repeat burglary. Telecare is also used to help support lone workers, people who are working in isolated conditions. This is provided via an automated response service linked to a personal mobile phone.

5. Outline of telecare pilots, key learning points and recommendations

5.1 The Wyre Forest WristCare Falls Prevention Pilot

This pilot was initially established to run from April 2005 for 6 months but was extended until March 2006. The aims of the pilot were to:

- increase confidence for older people who have a history of falling
- provide peace of mind for carers
- prevent falls

by providing service users with additional support to standard community alarms, monitoring computer generated wellness data and providing timely intervention.

Adult and Community Services purchased 26 units at a cost of £800 per unit. These are worn as a wristwatch 24 hours per day, including in bed but not in the shower or bath. The base unit is set up by telephone and is compatible with most community alarm services. It has several different alarm functions and other detectors such as flood, bed occupancy and medication compliance monitors can be connected.

A project group was formed with representatives from Wyre Forest PCT, Housing and Adult and Community Services. Wyre Forest Community Housing's 'Central Control' agreed to provide the response service that was free of charge to the service user. Units were initially allocated to the Falls Clinic, Discharge Liaison nurses, Intermediate Care, Reablement Services, Nurse Advisors and the Monitoring & Response Centre.

The scheme has launched the use of the wellness data in the community based Intermediate Care team and Community Matron service.

The wellness data produced by WristCare provides:

- Easily accessible up to date information on the Internet using secure codes.
- Information on the user's sleep quantity and pattern, hourly activity levels and provides a circadian rhythm measure which gives an indication as to how well the person is based on their sleep and activity levels. The circadian rhythm can indicate infections in the very early stages.
- Data which has been shown to support intermediate care services.

The key learning points from the pilot have been:

- The WristCare alarm functionalities provide additional benefits to a standard pendant alarm and the units are comfortable and discreet to wear.

- WristCare offers benefits that standard community alarms do not offer.
- There has been positive feedback from service users.
- There is good potential for financial savings for both Health and Adult and Community Services.

5.2 The Wychavon Dementia Care Project

In June 2006 Insight Social Research Ltd was appointed by the County Council to undertake an evaluation of the Wychavon Dementia Telecare Project. The Project's aim was to "...establish patterns of behaviour and to provide relevant equipment to reduce risks..." with an emphasis on people with dementia who had critical or substantial needs, who were known to the Wychavon Older Adults Community Mental Health Team.

The project was funded jointly by Worcestershire County Council and Wychavon District Council and was carried out in conjunction with Worcestershire Telecare.

The main findings from the evaluation were:

1. Service users felt more secure at home following the installation of Telecare equipment:

"It gives you a feeling of faith... it's somebody there at the end of the line"

"I haven't had any call to use it... you just feel secure"

2. Carers felt it gave them peace of mind:

"I'm more relaxed and I can go in and be a friend and not somebody who's 'checking up'"

"He feels more secure and that bounces back off me"

"I knew that she was aware of how to boil a kettle, but she might leave the gas on"

"I wouldn't like to have to do without it now, I mean you don't have to want to use it"

3. Information provided through Telecare devices reduced anxieties for front line staff and encouraged them to be more creative beyond conventional care options.

"People would have ended up in care because of safety risks"

"It enables us to address problems we were previously unable to address"

"What often stops people from living at home is the risk of fire"

4. Other findings were that heat, smoke detectors and wandering client devices were seen as being particularly useful. Carers mentioned 'other' benefits, such as being alerted during a power cut. Service users and

carers were generally confused about the role of the base unit and there were some delays in supplying products from the manufacturer, although all systems were fitted within six weeks of referral.

5.3 Recommendations from the Wychavon Project that have already been implemented or are in progress

Agree a Telecare service 'vision'.

Ensure a clear role for Telecare including 'prevention' and a necessary 'shift' in relation to different forms of accommodation and support service frameworks.

Ensure basic understanding of Telecare by service users.

Set up a 'Demonstration House' to help raise public and staff awareness and act as a training resource.

Invest in appropriate training regarding Telecare technologies and service options

Ensure that the Telecare Strategy address issues of user and carer consent, operational protocols and the development of new service frameworks and service charges.

Evaluate the Telecare service based on feedback from users, carers and professionals.

5.4 Recommendations not yet fully implemented

Seek funding to facilitate the mainstreaming of Telecare services in the county, including an element from NHS Trusts.

Develop Telecare as a preventative service as well as serving people with critical and/or substantial needs whilst recognising the cost implications of *not* adopting a preventative approach to Telecare.

Invest more resources to purchase Telecare devices.

6. Monitoring the Performance of Worcestershire Telecare Services

6.1 National and Local Telecare Performance Indicators

'Building Telecare in England', published by the Department of Health in 2005, advised that the Preventative Technologies Grant should be used to increase the numbers of people who benefit from telecare by at least 160,000 older people nationally. The Delivery and Improvement Statement Guidance for Adult Social Care 2006/7 requires County Councils to report on the number of projected new service users aged 65 and over to be provided in 2007-08 with 1 or more items of Telecare equipment in their own homes (or equivalent such as Extra Care/Warden Housing). The table below identifies the targets which have been locally agreed for Worcestershire:

Worcestershire Adult Social Care Telecare Performance Indicators			
Number of projected new users aged 65 and over provided with 1 or more items of telecare equipment in their own homes (or equivalent such as Extra Care/Warden Housing) by March 2008.	1. Adult and Community Services alone	2. A&CS in partnership with other agency	3. Other agencies without A&CS input.
	450	200	4950

From 2007 it is proposed that the County Councils' adult services will be assessed against the outcomes in the health and social care white paper (Our Health, Our Care, Our Say), which are improving health, quality of life, choice, freedom from discrimination, economic well-being and dignity, and helping people make a positive contribution. The performance indicators will be changed to reflect the white paper by 2009.

6.2 Locally agreed outcomes for Telecare Services

In addition to meeting the Department of Health targets for increasing the numbers of people with telecare equipment in their own homes, the Telecare Strategy Steering group has agreed that the following outcomes will be monitored and reported on for Telecare services in Worcestershire:

- Installation of telecare will defer the need for residential or nursing care
- Service Users will gain greater independence

- The burden on carers will be reduced, giving them more personal freedom and support
- The number of acute hospital admissions will be reduced
- Service Users will have fewer accidents and falls in their home
- Hospital discharges will take place earlier which may not have otherwise occurred

These outcomes will be monitored and reported on by the County Council as part of their contracts monitoring process and through the District Council and Registered Social landlords' annual reports. It is envisaged that there will also be an Annual Review of the Telecare Strategy which will include supporting data on delivery of the outcomes.

7. Promoting Telecare Services

A key starting point for implementing the strategy is to promote the potential benefits of Telecare services to the general public and to staff involved in all aspects of assessment. These are some of the ways in which Telecare will be promoted in Worcestershire:

7.1 Telecare Champions

Successful implementation needs champions, within all the participating health, housing and social care organisations including everybody involved in developing the service as well as users and carers. Members of the Telecare Project Steering Group will be the internal champions who will remove barriers and help promote Telecare. Other champions who share the Telecare vision will include:

- An elected Member of the County Council
- A representative of the Worcestershire Chief Housing Officers Group
- A representative from the BME community
- The Telecare User and Carer Group
- A member of staff in the Independent Business Unit Home Care Team
- Two staff members in the Primary Care Trust including Pharmacy.
- A representative of the Worcestershire Telecare Providers Group
- District Council Representatives

7.2 Communications Strategy

Successful implementation of Telecare services depends on all stakeholders having a sound grasp of what Telecare is about. The communication strategy will be jointly drawn up with key partner agencies and will include a robust and a detailed "Communication Plan" .

The main approaches will include informing:

- **service users** via websites, local newsletters, focus groups, local press and radio, face to face meetings and use of the film made by the Care Services Improvement Partnership (Telecare - Living with Independence)
- **carers** as above but also through the newsletter produced by the Carer's Unit and the Telecare Project Officer
- **health, social care and housing staff and other partner agencies** through newsletters, websites, local forums, training workshops, local press and radio and face to face meetings
- **Council members** through newsletters and written reports.

7.3 Training and workforce development

Different levels of awareness training will be provided to all people involved in assessing needs or delivering support / care services. This includes domiciliary carers, support workers, volunteer visitors, carers and others. The

training will positively encourage people to use the opportunities offered by Telecare equipment wherever appropriate.

Key groups of staff are those working in providing preventative support services and the reablement and rehabilitation setting. There are three reablement teams across the county which work within their local communities.

7.4 Familiarisation for Service Users in a rehabilitation setting

A range of equipment will be available for service users to try within the three Intermediate Care Resource Centres based in Kidderminster, Worcester and Malvern. Service users who have received a rehabilitative or respite service at any of the Centres will have an opportunity to test out equipment set up in bedrooms and/or portable equipment for use around the home. There will be the opportunity to see how telecare equipment works before service users are discharged home and the equipment may become part of their packages of care.

7.5 Demonstration sites in a domestic home setting

There are two demonstration homes in the County. A WISE house has been established in Wyre Forest as a domestic unit where people can test out a range of facilities. Work is underway to develop this scheme further to provide an increased range of equipment (for example automated curtain-closing devices, video entry system and various stand-alone technologies) to showcase what is available.

A similar scheme at Mendip House sheltered housing complex in Redditch has been developed with Redditch Borough Council. This unit has a range of facilities to try out including a walk-in shower with additional sensors and a specially equipped hob in the kitchen. Consideration will be given to developing a further site in the south of the county.

7.6 The WiNN Project

The Worcestershire Neighbourhood Network (WiNN) projects in Evesham, Redditch and Worcester are funded by the Department of Health Partnerships for Older People grant. WiNN is a high impact initiative to establish a comprehensive network of neighbourhood based prevention, healthy living, early intervention and support services for older people and their carers. The aim is to deliver a range of services to improve the quality of life and reduce or delay more costly interventions such as hospital or care home admissions.

As part of WiNN in the short term, a mobile disability demonstration vehicle will visit people who have needs for low level types of equipment such as bath seats etc. If the person has more complex needs or if professional installation is required then staff will refer them on as appropriate. In the longer term, the service will visit community groups to raise awareness of the range of equipment available. This service will also provide an opportunity to raise

awareness about Telecare through leaflets, one on existing Telecare services such as pendant alarm schemes and another on stand-alone equipment which can be self-purchased. The service will also carry a stock of sample Telecare equipment..

In 2008 the WiNN project will become part of mainstream preventative services in the county.

8. Implementing the strategy

8.1 Basic Requirements

The basic requirements of a responsive Telecare service are an assessment leading to prescription and installation of equipment together with procedures for monitoring and response. Traditional Telecare services such as community alarms have been excellent tools for promoting confidence and providing reassurance but have been reactive in the sense that they respond to emergencies usually after the event. Whilst recognising the benefits this approach has provided, the majority of telecare devices enables a more proactive, preventative approach, for example automatic devices that turn on a light by the bedside when the occupant gets out of the bed, so reducing the chance of them falling in the dark.

8.2 Response Services

In terms of response services where they are required, there is a range of options including:

- Monitoring & response centres
- Alerts to mobile phones
- Individual arrangements based on specific wishes and requirements, eg carer, clinician, warden etc
- Priority responses - 999, Fire Brigade etc

The key stakeholders will need to undertake further work to determine whether the monitoring & response centre will be purely a point of contact or whether it should be developed into a fully-fledged response service. The response provider will be required to be accredited with the Telecare Services Association Code of Practice 1 and 2 which are nationally recognised standards for the operation of Telecare Response Services

The longer term strategic approach to response services will be developed based on:

- The lessons learned through evaluation during the early stage development of the Telecare service in Worcestershire and elsewhere
- The outcome of the Review of Community Alarms
- Discussions with key strategic partners
- A clearer picture of the financial resources available at the end of the lifespan of the Preventative Technology Grant
- Evolving advice on procurement from the Department of Health including the National Framework Agreement for Telecare recently developed by the NHS Purchasing and Supply Agency (NHS PASA).

8.3 Protocols and Ethics

There is currently much debate about risk management, and achieving the right balance between protecting individuals and enabling them to make their own decisions about their lives, including assessment of the risks that such decisions might involve. All services must strive to achieve this balance.

Telecare can gather potentially sensitive information about people's activities or lifestyles. This is particularly significant in relation to people with dementia or learning disabilities. There are ethical issues concerning the use of certain kinds of equipment, in particular those devices that monitor someone's day to day activity which could potentially intrude on their privacy.

Very clear protocols will be developed between commissioners and providers, staff and service users that will protect service users and their well-being. The protocols will address ethical issues and consent, based on the Principles for the Service outlined in section 1 of this strategy and will be adopted by the partnership.

8.4 Equality and diversity

It is important that telecare services are accessible to, relevant and culturally appropriate for people from Black and Minority Ethnic Communities and other socially excluded groups. The same service criteria will apply, but there will be a particular focus on:

- Being clear about the range of needs requirements.
- Building these requirements into any specifications, contracts and job descriptions.
- Developing a directory of information and services along with explanations on how equipment works and producing this in the main community languages and in spoken formats (disc and tape).
- Identifying and supporting a Telecare Champion from the BME community.
- Undertaking an Equality Impact Assessment in relation to this strategy.
- Involving partner agencies

8.5 Commissioning and Contracting by all Telecare Providers

The contracting and commissioning of telecare services within Worcestershire shall be carried out in a fair and robust way with the aim of providing high quality, value for money services for local people.

The plans in Worcestershire include:

- All telecare providers to follow the Department of Health's advice on procurement which includes the National Framework Agreement for Telecare recently developed by the NHS Purchasing and Supply Agency (NHS PASA). Using this free service providers will select from a range of products and services from approved suppliers. Through this national

pricing structure there is the potential to make savings through collective public sector buying power and negotiated discounts.

- Exploring other options that are available from suppliers who are not currently on the PASA list including equipment which may not yet be perceived as having a Telecare application
- Working with and learning from other Telecare providers within and beyond the West Midlands region through the Telecare Network to share procurement knowledge and opportunities.

8.6 Commissioning and Contracting for Services via the Preventative Technologies Grant

The County Council's Adult and Community Services will ensure a robust commissioning approach to implement the commissioning intentions which are attached as Appendix A. These intentions have been informed by this Strategy and based on the range and level of need identified across the County. This approach will ensure that the services commissioned will deliver the best value possible

Specifications will be drawn up covering the equipment, monitoring and response services, where the latter are required. The Government is encouraging all County Councils and their partners to use modern methods of procurement wherever possible.

8.7 Charging Arrangements for Telecare Services

There are a range of price structures operating within Worcestershire depending upon eligibility and level of need.

All equipment services provided by the County Council, including Telecare are provided free of charge. People whose needs meet the County Council's eligibility criteria (critical and substantial) and who require a Telecare monitoring service from a call centre will be able to access a Fairer Charging Assessment to ensure their charges are appropriate. Different levels of service are possible, governed both by the range of technologies for the person in question and the type of response service that is required. It is proposed that a single charge will be made for the call monitoring service, regardless of the number of sensors in the property (including in Extra Care Schemes). Charges may vary but are based on the cost of the equipment, monitoring and maintenance. The charges are normally based on initial installation costs followed by weekly rental charges. Some items of equipment may be available for purchase. Some service users may be eligible for additional financial assistance and details will be provided by the relevant Telecare provider.

9. Sustainability

It is essential that all telecare service provision within Worcestershire is sustainable to enable a reliable, consistent service for service users and carers providing quality of life outcomes for local older and vulnerable people.

The Preventative Technology Grant from the Department of Health will last until April 2009, and beyond that, identifying investment for future services is a complex matter.

There may be the possibility of attracting new investment or through achieving positive outcomes identify efficiency savings in health, and social care which can be redirected into telecare services

The approach in Worcestershire will be based on evaluating individual outcomes for service users through the development and implementation of a simple evaluation process to assess the relative costs of any Telecare services provided compared to the likely alternative (non-Telecare) service.

There are a number of issues to take into account:

- There is the potential for additional funding to be invested from Supporting People or by some of the Telecare providers in attracting new business from outside of the county.
- It is acknowledged that Telecare can replace some activities presently carried out by individual social care and health staff. It is possible, for example to use Health Act flexibilities to free up PCT funds so they can be transferred to a budget for care and support technology. However, research will be required by the Council and the PCT to identify appropriate activities and funds.
- The County Council and the PCT could decide to top slice portions of their existing spend on older people's services to create a dedicated budget.
- Through careful procurement, costs can be kept down. This would not create any extra funds but would ensure good value for money.
- The charging policy of the various Telecare providers will help to ensure sustainability
- It is necessary to demonstrate that the installation of equipment is paying for itself by freeing up money that would otherwise be spent on traditional care services. A simple form is being developed to be used on follow up reviews with service users to check whether the specified outcomes are being met. There will also be the option to assess and compare the costs of support / care packages for Telecare users with non-Telecare users).
- The Telecare Strategy will allow for the possibility of other funding opportunities arising locally, regionally or nationally.

10. Managing the programme

The Project Management Board will continue to oversee the implementation of this Strategy until the end of April 2008 and thereafter Telecare services will be co-ordinated via the Telecare Strategy Implementation Group, which will be reconvened at regular intervals to oversee the general progress of the Strategy and examine the issues of sustainability.

11. Reviewing the strategy

The implementation of this strategy will be formally reviewed by the Telecare Strategy Implementation Group during 2008, in conjunction with the Telecare User and Carer Reference Group. This review will include a cost/benefit analysis to ensure that the Telecare services being provided within the county are sustainable and meeting it's the desired outcomes outlined in section 6 of this strategy. Following this review, decisions will be taken about the future of the service and the commissioning intentions for 2010-2011.

Technologies will develop quickly as manufacturers and suppliers appreciate more fully the way that Telecare services can assist in empowering people and helping in relation to their support and care needs. Such changes and the growth in service provision within the county will mean that it will be necessary to keep services under constant review. This will enable problems to be identified and quickly resolved, and to ensure that any new risks are managed and kept under review.

Commissioning Intentions for 2007/8 and 2008/9

1. To ensure service users and carers have a voice in the way Telecare services are planned, commissioned and delivered in Worcestershire			
Approach to be used	<ul style="list-style-type: none"> • Creation of a reference group of service users and carers • Provision to the group of all necessary information about Telecare services to enable them to provide proper scrutiny and advice to the Telecare Project Steering Group • Provision of necessary resources to enable the group to meet (travelling, venue, refreshments, distribution of reports, photocopying, etc) 		
Responsible	<ul style="list-style-type: none"> • Telecare Project Steering Group + Carer and User Involvement Team 		
Milestones 2007/8	<ul style="list-style-type: none"> • Ongoing support to group in order to attend to its business 		
2008/9	<ul style="list-style-type: none"> • Review with group 		
Resource Implications	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • Venue + refreshments • Transport • Admin </td> <td> <ul style="list-style-type: none"> • £100 per meeting • £150 per meeting • £20 per meeting </td> </tr> </table>	<ul style="list-style-type: none"> • Venue + refreshments • Transport • Admin 	<ul style="list-style-type: none"> • £100 per meeting • £150 per meeting • £20 per meeting
<ul style="list-style-type: none"> • Venue + refreshments • Transport • Admin 	<ul style="list-style-type: none"> • £100 per meeting • £150 per meeting • £20 per meeting 		
Outcomes	<ul style="list-style-type: none"> • Target: • Group established • Group able to offer scrutiny and advice • Review with group in 2008 		

2. To enable service users, carers, professionals and the general public to have access to up-to-date information on the range of Telecare equipment available	
Approach to be used	<ul style="list-style-type: none"> • To create a website providing information on the range of telecare equipment available • The website to enable people to post reviews of the telecare equipment they have tried • The website to have a message board so that people can post questions which can be answered by other site users
Responsible	<ul style="list-style-type: none"> • Telecare Provider Managers
Milestones 2007/8	<ul style="list-style-type: none"> • Obtain outline costs for development of the website
2008/9	<ul style="list-style-type: none"> • Link website to Health, Social Care and Housing sites • Commission website • Monitor use of website • Evaluate website to determine long term sustainability
Resource Implications	<ul style="list-style-type: none"> • Initial cost of building site (approx. £1,100) • Annual renewal of hosting (approx. £100) • Ongoing moderating (to be determined)

Outcomes	• Raised awareness of the telecare equipment available within Worcestershire
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3. To provide opportunities to demonstrate Telecare equipment to potential users and carers in order for them to try these out and determine suitability	
Approach to be used	<ul style="list-style-type: none"> To provide the following services with suitable equipment for demonstration and trial use: <ul style="list-style-type: none"> The three Resource Centres for Older People (in Kidderminster, Worcester and Malvern) The County Reablement Services The WiNN mobile unit The proposed Independent Living Centre (ICES) as above To consider developing further demonstration units (Wise houses) elsewhere in the county
Responsible	<ul style="list-style-type: none"> Various Service Managers
Milestones 2007/8	<ul style="list-style-type: none"> Determine the telecare equipment requirements of the services mentioned above Determine the infrastructure to support the use of the above equipment in these services
2008/9	<ul style="list-style-type: none"> Installation of suitable equipment in the places identified above Training of staff in the facilities on assessment and use Monitor and reviewing usage of equipment installed Evaluation of impact of above proposal on service
Resource Implications	<ul style="list-style-type: none"> Costs of procurement and installation
Outcomes	<ul style="list-style-type: none"> Increase in take up of telecare services Better understanding of peoples needs and the combination of telecare devices to be used

4. To ensure appropriate assessments are carried out for all Telecare equipment so that people's needs are adequately met	
Approach to be used	<ul style="list-style-type: none"> To develop a robust assessment process which can be used by all telecare providers To ensure a review is carried out after the first 4 weeks after installation and thereafter on annual basis or on a change of circumstances to ensure the equipment being provided is meeting the needs of the service users
Responsible	<ul style="list-style-type: none"> Telecare Project Steering Group
Milestones 2007/8	<ul style="list-style-type: none"> Agree the assessment process and associated paperwork Determine a common approach to review Implement for the Preventative Technologies Grant work
2008/9	<ul style="list-style-type: none"> Consider roll out beyond the PTG work
Resource Implications	<ul style="list-style-type: none"> Stakeholder staff time
Outcomes	<ul style="list-style-type: none"> A high percentage of service users and / or their carers being satisfied with the package of telecare services being provided to them and less interventions needed by health

	and social care
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5 a) To benchmark with other telecare services to ensure best value and b) develop a lasting evaluation model to assess the benefits of telecare based on outcomes for service users and carers	
Approach to be used	<ul style="list-style-type: none"> • To compare costs with similar schemes • To develop a benchmarking survey • Seek responses from similar 2 tier Local Authority areas • Research good practice in evaluation of telecare services • Assess lessons to be learned from pilot projects and new services • In partnership develop a lasting evaluation tool
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones 2007/8	<ul style="list-style-type: none"> • Identify similar areas to benchmark with • Ensure both quantitative and qualitative questions included in the survey • Review good practice examples • Review lessons learned
2008/9	<ul style="list-style-type: none"> • To undertake survey of telecare service provision in other similar areas • Evaluate the results • Develop future evaluation tool and agree timescales for future evaluation
Resource Implications	<ul style="list-style-type: none"> • Staff time • Design and printing of the survey • Postage • Evaluation process
Outcomes	<ul style="list-style-type: none"> • Assessment of whether achieving best value within Worcestershire • Action Plan to make changes where needed

6. To promote and market the provision of telecare services within Worcestershire	
Approach to be used	<ul style="list-style-type: none"> • to work in partnership to develop a joined up approach • consider shared funding sources
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones <u>2007/8</u>	<ul style="list-style-type: none"> • Produce a common Communications Strategy • Consult the Reference Group for their views
<u>2008/9</u>	<ul style="list-style-type: none"> • Develop a shared leaflet regarding telecare services available within Worcestershire • Promote the benefits of telecare services through the media • Identify opportunities for raising awareness e.g. local partnership meetings, fora etc,
Resource Implications	<ul style="list-style-type: none"> • Stakeholder staff time • Funding for the design and printing of promotional material

Outcomes	<ul style="list-style-type: none">• Target: To raise awareness and market the telecare services available within Worcestershire to existing and potential service users and local stakeholders
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7. Ensure emerging technologies contribute to current and future Strategic issues across Worcestershire	
Approach to be used	<ul style="list-style-type: none"> • Annual review of the Telecare Strategy for Worcestershire • Publication of achievements against strategic intentions • Ensure telecare staff attend national and regional telecare training events and keep up to date with telecare developments • Ensure equipment procured meets latest specifications
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group in conjunction with the Users and Carers Reference Group • Telecare Service Managers
Milestones 2007/8	<ul style="list-style-type: none"> • To hold stakeholder event in 2008
2008/9	<ul style="list-style-type: none"> • Produce annual report outlining progress, new strategic links and any new targets
Resource Implications	<ul style="list-style-type: none"> • Hosting of the stakeholder event • Staff time to produce the annual review report • Staff time to attend training, cost of courses
Outcomes	<ul style="list-style-type: none"> • Robust monitoring of the Telecare Strategy • Regular review of strategic links and appropriate targets

8. To explore the need for a night time care response service for users of telecare equipment (where linked to a Monitoring & Response Centre) to supplement existing daytime services	
Approach to be used	<ul style="list-style-type: none"> ▪ Collection and needs analysis of existing data from community alarm providers and Intermediate Care Teams ▪ Research the role paramedics currently responding to alarm calls that do not result in hospital admission ▪ Analysis of the reasons for delayed hospital discharge from hospital ▪ Further mapping of current use of out of hours services
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones 2007/8	<ul style="list-style-type: none"> • Completion of data collection
2008/9	<ul style="list-style-type: none"> • Analysis of data • Conclusions and recommendations
Resource Implications	<ul style="list-style-type: none"> • Approximately 6 weeks project management time
Outcomes	<ul style="list-style-type: none"> • Evidence to inform the decision as to whether a night time care response service is needed •

9.To explore innovative approaches to using telecare to improve people’s quality of life and well being, where possible improving services and creating efficiencies, so extending the reach of services

Approach to be used	<ul style="list-style-type: none"> • Specific initiative with health colleagues to reduce unnecessary admission to hospital of people with chronic health conditions • Explore the possibility of linking telecare services with general home visits • Explore the opportunities to work with Home Care Service to monitor visits and to use telecare to provide prompt calls to check people are taking medication on time and trial medication dispensers to promote greater independence for service users • Work with health services to ensure telecare services compliment emerging telehealth services to support people to manage their health conditions more effectively and build telecare into individual care pathways
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones 2007	<ul style="list-style-type: none"> • Identify opportunities for innovative working • Identify potential stakeholders for each initiative • Produce Project plans
2008	<ul style="list-style-type: none"> • Prioritise initiatives • Identify Task & Finish Groups
Resource Implications	<ul style="list-style-type: none"> • Staff time • Funding • Partnership working required with all agencies
Outcomes	<ul style="list-style-type: none"> • Development of new uses for telecare which will result in efficiencies in joint working

10. To ensure that Telecare services within Worcestershire are sustainable for the future.

Approach to be used	<ul style="list-style-type: none"> • Identify other potential funding sources • Identify where efficiencies may enable reinvestment from other service areas • Review charging policy
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones 2007	<ul style="list-style-type: none"> • Review existing budget profile • Investigate potential funding sources
2008	<ul style="list-style-type: none"> • Evaluate budget projections • Review charging policy • Develop Year 3 and 4 commissioning intentions
Resource Implications	<ul style="list-style-type: none"> • Staff time • Reprioritisation of existing resources
Outcomes	<ul style="list-style-type: none"> ▪ To sustain the provision of telecare services within Worcestershire at minimal cost to service users

Appendix B

1 Membership of the Telecare Strategy Project Steering Group 2006/7

Sue Pidduck	Locality Manager, Older People and Physical Disabilities, Adult and Community Services
Catherine McWalter	Commissioning Manager, Adult and Community Services
Sue Williams	Consultant
Heather Gill	Wyre Forest Older Persons Team Manager
Andrew Parry	Telecare Project Manager
Margaret Dow	Service User and Care Representative
Emma Matthews	Supporting People Contracts Officer
Kate Pike	Reablement Team Manager, Adult and Community Services
Keith Parry	Housing Manager, Malvern Hills District Council
Nigel Fain	Wyre Forest Community Housing Manager
Robert Redman	Worcestershire Telecare Providers Group representative
Jenny Stanford	Manager, Integrated Community Equipment Service
Prisca Hall	Joint Commissioning Manager, Worcestershire Primary Care Trust
Sally-Anne Osborne	Clinical Development Manager, Worcestershire Primary Care Trust
Richard Vakis	Emergency Care Practitioner Manager (Ambulance Trust)
Mike Fowler	Occupational Therapist, Mental Health Partnership Trust

Appendix B continued

2 Membership of the Telecare Strategy Adult and Community Services Project Management Board 2006/7

Sue Pidduck	Locality Manager, Older People and Physical Disabilities
Andrew Parry	Telecare Project Manager
Charles Huntington	Business Systems Manager
Terry Davies	Information and Performance Manager
Catherine McWalter	Commissioning Manager
Andrew Morley	Access Centre Manager
Louise Clarke	Assistant Locality Manager, Older People and Physical Disabilities

3 Membership of the Telecare Strategy Implementation Group 2008

Sue Pidduck	Locality Manager, Older People and Physical Disabilities, Adult and Community Services
Elaine Salter	Housing Services Manager, Wychavon District Council
Nigel Fain	Wyre Forest Community Housing Manager
Prisca Hall	Joint Commissioning Manager, Worcestershire Primary Care Trust
Nisha Sankey	Clinical Development Programme Lead, Worcestershire Primary Care Trust
Jenny Stanford	Manager, Integrated Community Equipment Service
Mike Fowler	Occupational Therapist, Mental Health Partnership Trust
Alison Farnworth	Senior Occupational Therapist, Worcestershire Primary Care Trust
Margaret Dow	Service User and Care Representative
Louise Clarke	Assistant Locality Manager, Older People and Physical Disabilities, Adult and Community Services
Sarah Masterson	Contracts Officer, Adult and Community Services
Vicki Seymour	Sensory impairment and Telecare Team Manager, Adult and Community Services
Emma Matthews	Supporting People Contracts Officer

Louise Wilson

Reablement Team Manager, Adult and Community
Services