

NORFOLK ADULT SOCIAL SERVICES STRATEGY FOR ASSISTIVE TECHNOLOGY/TELECARE

1.0 National and Local Policy Context

Electronic assistive technology and telecare addresses a wide range of government policies and the Department of Health has outlined ambitious targets for telecare to be available in all homes where it is needed by 2010.

This Norfolk strategy supports the wider national policy framework for health and social care, particularly the White Paper, “Our Health, Our Care, Our Say”, the Supporting People with Long Term Conditions framework, the National Service Frameworks and the Wanless Review. (For additional relevant policy frameworks see Appendix A).

It also supports the local policy context particularly the Vision for Norfolk Adult Social Services, “Living Longer, Living Well”, Norfolk Strategy for Older People, and the Local Area Agreement.

The overarching theme of prevention is fundamental to both the national and local policy context and telecare forms a major element of any prevention strategy.

This is clearly illustrated in Norfolk by the Partnerships for Older People Project, “At Home, Not Alone”, which aims to deliver innovative and preventative services for

older people. This project is underpinned by this telecare strategy and it is technology that provides the element linking all the strands of this project together.

There will be a strong focus on low-level prevention by working closely with other partners.

Principles

This strategy is based on the principle of active engagement of service users and carers in all aspects of the implementation of this strategy and future models of service delivery.

In addition the technology service forms a key element of our overall strategy of support to carers.

1.1 The White Paper

Electronic Assistive Technology/Telecare will help to achieve the aspirations of the White Paper, which sets out four central aims:

- Better health and well-being
- Convenient access to high quality standards
- Support for those in greatest need
- Care in the most appropriate setting closer to home

The White Paper requires that service delivery should offer:

- Greater control over lives
- The enjoyment of a good quality of life
- Pro-active and tailored services which focus on prevention, individual needs and low level support

The implementation of this strategy will ensure that the Norfolk Assistive Technology/ Telecare service meets all of the above requirements

1.2 Contribution to Key Targets and Performance Indicators

National Standards, Local Action – Health & Social Care – Standards & Planning Framework 2005/06 to 2007/08.

Electronic AT will contribute towards achieving the following priorities:

- Priority II - supporting people with long term conditions (reduction in emergency bed days)
- Priority IV - increasing proportion of older people being supported to live in own home and increasing proportion of people supported by intensive

Telecare can also make a significant impact on achieving a range of Performance Indicators (see Appendix B for additional information on Performance Indicators).

1.3 Supporting People with Long Term Conditions

The development of a technology-based service will meet expectations of the Long term Conditions Policy framework as follows:

- it can help to create an environment where people feel supported with self care
- it can help to empower people with long term health & social care needs through greater choice and more control over their live

1.4 Securing Good Care for Older People - Wanless Review Appendix “Telecare & Older People”

Telecare has the potential to postpone and divert Older People from moving into residential care and possibly hospital, and in doing so will help enable the redistribution of costs and benefits around the system.

1.5 Vision for Adult Social Services in Norfolk

Since the original pilot project in 2003 to 2005 supporting people with dementia and their carers, the overall aim has been to provide a mainstream service across the whole of Norfolk to support older people and adults with disabilities.

Working closely with a wide range of partners a solid foundation of a mainstream service has been achieved during the course of 2005 to 2006 and this strategy aims to provide guidance for the further development and improvement of our current service.

Knowledge and awareness of telecare and telehealth and its potential to support people with a wide range of health and social care support needs, must be fully embedded in the culture of health and social care.

1.6 Living Longer: Living Well:

A long-term visionary strategy with a particular emphasis on the promotion of health and wellbeing and the prevention of ill health.

Assistive Technology is already referred to in a number of sections of this document as being an essential component necessary to achieve the vision.

1.7 Norfolk Partnerships for Older People Project: At Home, Not Alone

This two-year multi-agency project in Norfolk is funded by a £3.6 million Grant from the DH and aims to deliver a wide range of preventative services.

Electronic assistive technology and telecare services are fundamental to the delivery of four of the core streams of the project: falls support, home security, dementia support and urgent, unplanned needs support.

Additional simple technology, such as the telephone is a fundamental element of the two additional streams, teleshopping and the teleclub and it is anticipated that the use of other forms of technology (such as internet chat rooms, email and video conferencing) will support the aim of social inclusion.

1.8 The Local Area Agreement

The Local Area Agreement is a 3-year agreement with Central Government, which actively pursues a focus on preventative services and partnership working. This is being developed under the Governance arrangements for the Norfolk Strategic Partnership.

Assistive Technology can make a key contribution to meeting the aspirations of Block 2 Healthier Communities and Older People and Block 3 Safer and Stronger Communities.

1.9 Strategic Partnership Board for Older People

There is a plan to establish a Strategic Partnership Board for Older People, which would provide the highest level of Governance spanning all older peoples' issues.

The telecare strategy would be within the domain of this Board.

1.10 The Preventative Technology Grant

The PTG is an £80 million grant provided by Central Government to all Local Authorities with Social Services responsibilities (£30 million in year 1 and £50 million in year 2). In 2006 /2007 Norfolk will receive £542,000 and in 2007/08 £913,000.

The aim of the Grant is to support 160,000 older people to live at home with safety and security. The Norfolk share of this total is approximately 2,600 people.

The purpose of this Grant is to initiate a profound transformation in the design and delivery of health and social care services and prevention strategies to enhance and maintain the well being, self esteem, independence and autonomy of individuals by using electronic technologies to support them to live safely and securely at home.

The Grant is designed to help local authorities rise to the challenge of providing

services in a changing and ageing society with increased expectations. Being able to demonstrate the impact of assistive technology and telecare will enable the key stakeholders in Norfolk to transfer resources from acute to community and primary care services.

2.0 What is Telecare?

Telecare is a way of bringing health and social care into people's own homes by using information and communication technology. It can play an important role in maintaining independence for users and can also provide effective support for carers alongside traditional healthcare, social care and housing initiatives. It enables people to stay in their own home with increased safety, confidence and independence.

It is important that telecare is not seen as a service in isolation and is acknowledged to be just one part of a possible broader support plan, which will potentially include a range of other services.

Electronic assistive technology includes detectors or monitors often linked to community alarm systems that send an alert to a control centre where the appropriate response can be determined. Using the same technology, detectors can also be installed within the service user's home in a way that enables alert messages to go direct to the carer living within the property or to a carer living in a different household using mobile phone technology. Telecare sensors can help reduce risk by lessening the impact of a known hazard or lessening the impact of an incident.

In Norfolk the technology service also includes a small range of stand-alone items of technology, which are particularly aimed at supporting people with dementia and memory difficulties. One of the essential stand-alone items is the medication carousel and where a need for this form of assistance has been identified the technology service works very closely with the Medicines Support Service.

In addition, we also commission a prompting service from one of the Community Alarm Services, as a further service to assist people with memory difficulties.

(See Appendix C for full list of items currently provided in Norfolk)

Telehealth includes a range of technology that monitors vital signs, such as blood pressure, temperature, pulse, rate of respiration, oxygen saturation, and glucose monitoring. This technology transmits data from the person's home to a response centre or clinicians computer and can support reaching a diagnosis, ongoing assessment and further prevention of ill health or deterioration.

Telehealth is likely to fulfil a key role in supporting people with long-term conditions and the promotion and development of this aspect of the service needs to be aligned with the evolving role of Community Matrons.

There are three elements to the telecare/telehealth process:

Telecare - Alert, Monitor, Response
Telehealth - Alert, Review data, Intervention

3.0 Why Telecare and Telehealth?

There are a number of imperatives that underpin the need for Norfolk to focus on developing a sustainable and easily accessible, supportive telecare and telehealth service:

3.1 Demography

The current Norfolk figures for older people are:

- 171,611 over 65
- 47,000 over 80
- 22,000 over 85

Norfolk already has a higher than average number of older people compared to the rest of the country (with a 42% expected increase in the number of older people over the age of 65 by 2021), and a significant rise in the numbers of people aged over 85 years.

3.2 Falls prevention and falls reduction

The prevalence of falls is a significant issue for older people and in addition, in Norfolk we experience a very high rate of fractured neck of femur.

3.3 Dementia

Whilst people are currently living longer they are not necessarily living healthier lives and we have an increasing number of very older people with severe mental impairment.

The Norfolk figures for dementia are as follows:

	Total with dementia aged 65+	No of people aged 85+ with severe dementia
2001	12,540	1,487
2004	13,180	1,465
2006	13,760	1,666
2011	15,147	1,914
2016	16,889	2,317

Electronic assistive technology and other items of 'stand-alone' technology have already demonstrated and contributed to supporting people with dementia to continue to live at home.

3.4 Long-Term Conditions

There is an expectation that we will be supporting an increasing number of people with long-term conditions to live at home.

17.5 million adults in the UK live with a chronic disease, 80% of GP admissions to acute hospitals are related to this group of people and patients with a chronic condition or complications use over 60% of hospital beds.

The Norfolk figures for people experiencing long-term conditions are based on information provided by the Eastern Region Public Health Observatory. The figures for Long-Term Conditions, including those conditions in the Long-Term Conditions NSF that are neurological are approximately 27,000 people in Norfolk (migraine excluded). If dementia and stroke are included then there are approximately 42,000 people.

Based on information from the 2001 census – total Norfolk population at 2001 796,728:

	Norfolk	East of England	England
% with limiting long-term illness	19.4% (154,565)	16.2%	17.9%
% whose health was not good	9.1% (72,502)	7.6%	9.0%

3.5 Learning Disability

The overall policy aim is to promote independence and choice for people with learning disabilities and to enable them to live in an independent household whenever possible. Telecare will play a significant role in supporting people with learning disabilities and their carers, and will assist the drive to move people, who have older carers, into supported living, before a crisis situation occurs.

3.6 Mental Health

The department's expectation is that adults with mental health needs will, wherever possible, be supported to live within their own home and that there should be a reduction in the numbers of people supported in residential care.

Telecare will be able to make a contribution to this agenda particularly with the development of "Third generation" telecare, which will enable a more intelligent and predictive service that can contribute to determining changes in people's mental health.

3.7 Increased expectations of service users and carer and the general public

Existing and potential service users are increasingly expecting to be supported at home and with increasing awareness of technology are equally expecting that this form of service will add to their support

3.8 Performance Issues

3.8.1 Workforce shortage in health and social care

Norfolk is already experiencing difficulties with recruiting sufficient staff to meet the health and social care needs of existing service users and patients and will struggle in the future to meet the increased demands of both demographic changes and desire to be supported at home with health care needs.

Telecare can allow a redeployment of worker (and family carer) time, with a resulting shift of resources towards more meaningful interactions, and a focus on the personal/physical care tasks.

3.8.i New ways of working and new skills

The development and delivery of an assistive technology service will be necessary in order to encourage and promote the new ways of working and new skills required to meet the needs and demands of the 21st century.

3.8.ii Capacity in acute hospitals

The current issue of inappropriate admissions to the acute sector, contributing to it's inability to meet current demand and the policy shift from secondary to primary

care and community services is a further driver to develop supportive telehealth and telecare service.

An additional incentive is the drive to make public health more affordable.

4.0 The Benefits of Telecare

In organisational and systems terms telecare is a vehicle for change and facilitates the process of change management. It enables a whole systems approach to the management of the above issues and provides an exemplary model of partnership working: it provides the opportunity for and requires a cultural change in partner organisations and new ways of working and new skills and these in turn will lead to the transformation of services.

Telecare is based on the premise that older, disabled and vulnerable people should be able to remain independent and participate in their community as much as and for as long as possible. Care should therefore be delivered where it is most appropriate with the current policy expectation being that in most circumstances this should be in the person's own home or in other low intensity care settings.

In individual terms telecare offers the following benefits to people:

- Supporting them to stay at home
- Enabling them to feel safe
- Being confident of a timely response
- Supporting self-management of long term conditions and wider access to services

- Having greater choice
- Providing support to carers

Telecare can meet the desired outcomes set out in the White Paper, specifically:

- Social inclusion
- Respect
- Dignity
- Choice
- Control
- Least Intrusive
- Independence
- Empowerment

5.0 Eligibility Criteria

The eligibility criteria for directly funded and directly provided technology support from Social Services remain the same as for all other services ie. that the referred person or their carer has critical or substantial support needs.

However in addition, the Department will work with other partner agencies such as voluntary organisations and Home Improvement Agencies to develop a parallel preventative technology service, which will support its ambition to develop preventative and direct access services for people with low level needs and for the general public.

This parallel service will be able to offer advice and information about all aspects of electronic assistive technologies and will

receive direct funding from the PTG. Additional support will be offered to develop this service type in the form of shared knowledge, experience and training. There will be an expectation that these agencies will have a key role in raising awareness amongst the general public at an early stage of the potential support benefits that technology can provide.

Health and social care staff and other partner agencies will also be expected to encourage take up of Direct Payments when offering telecare support and also ensure that technology is also considered as part of the Individualised Budgets pilot.

Charging

For those adults who meet the Department's eligibility criteria there is no charge for the actual telecare sensors or for the installation of these sensors, in accordance with current legislation.

The service user will however, continue to pay the rental charge for the base unit to the Community Alarm Service providers, and in some cases an installation charge for this.

People who do not meet the criteria but who may be assisted by the parallel preventative services will be expected to fund both the purchase (or rental) of the sensors and the installation costs of these sensors.

6.0 Priorities for Receiving the Service

The main priority areas for support will be:

- People with dementia
- People with long term conditions
- Support to carers
- Avoiding inappropriate hospital admission
- Facilitating early discharge

AND .. In ANY situation where a person is being assessed as requiring residential care, the person **MUST** have been assessed for alternative support by technology/telecare before any agreement can be given for financial support for residential care.

AND .. In ANY situation where a person is being assessed for support on discharge from hospital then technology **MUST** have been considered as part of their support plan.

AND .. In principle technology should be considered for ANY adult of working age or older adult for whom it is thought that it may help to promote and support their independence.

In addition a preventative service will be developed by working closely with our partner agencies. This will include both a focus on very low-level prevention for people before they require any support from Social Care but also a focus (at review), on those service users receiving a low level of domiciliary support, ie. up to 5 hours, to assess whether technology may help avoid the need for increased domiciliary care in the future.

7.0 Current and Future Demand

In the initial 2-year pilot project in Norwich District (2003/05), which specifically focused on supporting people with dementia and their carers – 90 people were supported. In the first year (2005/06) of the countywide mainstream service, 400 people were supported (200 in the first 9 months and 200 in the last 3 months – approximately a 300% increase in provision).

As both awareness of telecare and understanding of the potential benefits grows amongst both professionals and service users and carers, the demand for and take-up of telecare will see continued dramatic increase. The Norfolk share of those anticipated being supported by the PTG is 2,600. From April 2005 to June 2006 (latest figures) Norfolk had already supported approximately 580 people. To achieve our national target Norfolk needs to support a further 2020 by March 2008.

8.0 Key Partners

In order to be able to implement the Assistive Technology/Telecare Strategy in the way that we wish to in Norfolk, we will need to engage with the following partners:

- Primary care trusts
- Acute trusts
- Mental health care trust
- Community Alarm Service Providers (local and national based)
- Emergency services - Fire, Police, Ambulance

- Home improvement agencies
- Voluntary organisations
- Manufacturers
- Housing -District Councils and Registered Social Landlords
- Independent sector
- Regulators
- Researchers/Academics

9.0 Desired Organisational and Commissioning Outcomes

From an organisational perspective telecare and telehealth services can help to achieve the following priority outcomes:

- Support people at home
- Provide reassurance to carers
- Reduce inappropriate hospital admissions
- Reduce unnecessary admissions to residential care
- Facilitate earlier hospital discharge
- Reduce accidents and falls in the home
- Better support people in residential and nursing home care
- Support people with dementia needs
- Better support people in residential and nursing home care

10.0 Activity required to achieve the objectives of the strategy service model

- a) Establishment of Smart homes
- b) Establishment of dedicated ATS worker roles in the Localities and review of these roles
- c) Establish additional dedicated Assistive Technology Support Workers in the 3 Acute Hospitals
- d) Embed technology as core skills and competencies required for health and social care staff
- e) Provide appropriate training for different roles and functions - a training strategy needs to encompass awareness raising, fuller assessment skills and installation skills as appropriate
- f) Service user and carer involvement in the future development of services
- g) Facilitate easy access by health staff based on use of social services eligibility criteria
- h) Investment in residential care – both Local Authority and Independent Investment by District Council and registered Social Landlord Housing providers
- i) Provide a range of items to support service users and carers
- j) Pump-prime investment in telehealth
- k) Develop an infrastructure to keep updated about new research and developments in the effectiveness of technology support

- l) Establish best value procurement model and ensure that all aspects of service delivery are provided in keeping with Gershon efficiencies
- m) Develop low level prevention and direct access service
- n) Transfer of resources (disinvestment and reinvestment by key statutory bodies)

11.0 Commissioning

Health and social care commissioners will need to focus and plan jointly as to how to most effectively and efficiently commission these services so as to meet the desired outcomes.

Telecare commissioning plan should be evidence based.

Telecare and telehealth should be considered when drawing up any commissioning plans or other strategic documentation effecting health, social care and housing.

Commissioners need to make the link between managing hospital capacity and investment in services, which support independence, such as telecare.

Particular links should be made between the use of Practice Based Commissioning and commissioning telehealth to support people with long-term conditions at home and reduce inappropriate admissions.

In addition links need to be made with Supporting People, in terms of ensuring best value, when commissioning the monitoring and prompting services from the Community Alarm Service Providers.

12.0 Training

It will be necessary to underpin the promotion of new ways of working and new skills, by providing appropriate and relevant training in electronic Assistive Technology/Telecare. Different levels of awareness raising, education and training will be required in accordance with people's status as referrers, assessors or general partners. In addition to local training, which should be delivered on a multi-agency, multidisciplinary basis, the Department should ensure that staff are encouraged to undertake national professional qualifications in EAT/Telecare as and when these become available.

13.0 Investment & Resources – IMPACT & COST EFFICIENCY

Telecare has the potential to be cost-effective:

- it can avoid or defer a move into a care home or hospital
- it can reduce or replace some of the routine input from carers
- it can speed up discharge from hospital
- it can help maintain a healthier lifestyle, thereby reducing or delaying future needs
- it can improve efficiency within a care home
- using wireless technology, most of the equipment can be easily installed and then decommissioned when no longer needed.

Whilst the benefits of electronic AT and Telecare are widely accepted and

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new types of worker
new types of working



acknowledged, particularly at a national level, the evidence base for its impact and cost efficiency are still limited. In order to successfully deliver this strategy on an ongoing sustainable basis, there is a fundamental requirement of Norfolk Adult Social Services, working with its partners, to invest time and resources in attempting to demonstrate, evaluate and evidence in 'hard cash' terms, the savings which accrue to all agencies by investing in telecare.

Unless we are able to demonstrate savings in a robust way and develop a business case for the long-term benefits, we will be unable to persuade our partners to make the required disinvestments and subsequent reinvestments in telecare, which would make for a sustainable service beyond 2008.

It will be both particularly essential, and difficult, to convince health partners, who are likely to be the biggest beneficiaries, to invest in telecare and telehealth.

It will be essential to demonstrate health gains, value for money and impact on health services if we are to convince health colleagues to invest in telecare services.

From a commissioning perspective we need to both draw up partnership plans for disinvestment and reinvestment with our external partners, and internally we need to develop robust systems to monitor the 'virtual' savings to our own Department over the next two years.

23 August 2006

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Appendix A

Key Policy Documents

Health Select Committee Report 2002

Telecare was specifically endorsed by the Health Select Committee in July 2002:

'The report recommends that the Department of Health establish 'a national strategy to promote the systematic development of telecare solutions as part of a spectrum of care at home'

Independence, Well-Being & Choice

Adult Social Care Green Paper (2005)

Telecare has huge potential to support individuals to live at home, and to complement traditional care'. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support and will make a contribution to meeting potential shortfalls in the workforce.

The Wider Policy Context

Other strategies and policies that support the development of telecare and illustrate its importance in helping to deliver better services:

- National Service Framework (NSF) for Older People
- NSF for Coronary Heart Disease
- NSF for Diabetes
- NSF for Long-Term Neurological Conditions
- White Paper, Valuing People: A New Strategy for Learning Disability for the 21st Century
- Social Care Long Term Conditions Model
- Expert Patient and Self Care Programmes
- Carer (Equal Opportunities) Act 2004
- NHS Improvement Plan
- Payment by Results
- The Choosing Health Delivery Plan
- Delivering 21st Century IT Support for the NHS 2002
- Supporting People
- Quality and Choice for Older People's Housing – A Strategic Framework
- Improving the Life Chances of Disabled People
- Opportunity Age – Meeting the Challenge of Ageing in the 21st Century – DWP – March 2005
- Everybody's Business
- New White Paper 30 Jan 2006 "Our Health, Our Care, Our Say: a new direction for community services"

Appendix B

Performance Indicators

National performance indicators relevant to telecare:

- Social Services Performance Assessment Framework (PAF, RAP)
- A5 Emergency admissions of older people (interface indicator affecting NHS indicators)
- C28 Intensive Home Care
- C32 Older people helped to live at home
- C33 Avoidable harm to older people (eg. falls)
- D41 Delayed discharges from hospital (interface indicator affecting NHS indicators)
- D42 Carer assessments
- D54 Percentage of equipment delivered in 7 days (Social Services)
- E49 Assessment of older people per head of the population
- E50 Assessment of adults and older people leading to the provision of a service
- Health Authority Performance Indicators
- SITREPS/DTOC reporting
- CHI indicator for percentage of equipment delivered in 7 days (PCTs)
- Health outcomes
- Emergency readmission following discharge from hospital
- Effective service delivery
- Proportion of people returning home after a stroke
- Proportion of people returning home after a fractured neck of femur Patient/carer experience
- Clinical effectiveness and outcomes

Appendix C

Telecare Equipment Being Provided by Social Services

- Bogus caller button
- Super smoke detector - can be linked to vibrating pillow/flashing strobe light
- Carbon monoxide detector
- Gas detector with automatic shut off valve
- Flood detector
- Temperature extremes detector
- Fall detector
- Bed leaving/chair leaving pressure mat
- Bed leaving pressure mat linked to lighting
- Door exit sensor device
- PIR movement detectors
- Epilepsy sensor
- Prompting service - may not yet be available across all of Norfolk

Stand alone items:

- Pressure mat with bell (carer alert)
- Medication carousel
- Memo minder
- Locator device
- Electronic calendars
- Large wall clock/calendar with date & time
- Voice annunciator
- Plus database for direct access