

Building Telecare in England

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Foreword

In England today, older people face a future of great promise. Over the coming years, many over 65s in England will be better off and better educated, with higher expectations of public services than retirees before them. They will have been accustomed to and will expect higher quality services.

Our goal is to ensure older people live out the promise of that future to the full.

We all know the challenges to which public services will have to rise. People are living longer but are less likely to have the support of an extended family. Over the next fifty years the number of people over 65 will rise from 9.3 million to 16.8 million.

We are less likely to be part of a close-knit family, although 6 million people are carers, looking after family, partners or friends.

The number of people requiring community based health and social care support, and the levels and complexity of those needs, is expected to increase considerably over the next decade, as our health service delivers better outcomes.

And people will have higher expectations and want a future where they have greater control over their own lives including being able to manage their own risks. They want independence, and after a life-time's work, they want and are entitled to, dignity for life.

Telecare is vital to unlocking this future.

Managing new demands requires health and social care commissioners to make important decisions on how they can best invest resources in technology, to shape new patterns of services, that both meet the changing care and support needs and lifestyle choices of people using services and that assist staff to manage the way services are provided to individuals

It is not realistic to plan to deliver care and support services in the way we do at present. We must embrace new ways of working both to meet the diverse needs and aspirations of people using services and to take full advantage of new and developing technologies.

Telecare offers choice and flexibility of service provision, from familiar community alarm services that provide an emergency response and sensors that monitor and support daily living, through to more sophisticated solutions capable of monitoring vital signs and enabling individuals with long-term health conditions to remain at home.

The potential of telecare to help meet our changing needs is gaining in recognition, not least through the recent Health Select Committee report on new technologies in the NHS, which recommended greater effort be taken to strengthen the links between health and social services to ensure the roll out of these technologies in domestic and community settings.

An estimated 90% of older people want to live in their own home. Approximately 500,000 older people, however, live in care homes. Research funded by the Department of Health suggests that as many as 35% of those people could be supported to live at home or in extra care housing schemes through the use of telecare.

Currently over half of people who die do so in hospital, a fifth die at home, with others dying in care homes or hospices. Yet surveys suggest that the majority of people would prefer to be supported to die in their own homes.

Over 1.6 million emergency admissions for patients aged 65 years and over were made in 2003/04. Telecare has huge potential to reduce unnecessary hospital admissions and improve people's quality of life. The expected introduction of a national tariff under Payment by Results (from April 2006) to cover pricing for A & E visits, emergency admissions and ambulance call outs, as well as elective surgery, provides a real incentive for PCTs to work with their partners to develop telecare.

Telecare has huge potential to support a diverse range of individuals to live at home. It can also give carers more personal freedom, meet potential shortfalls in the workforce and complement the work of clinicians and social care and housing providers to achieve outcomes that improve the health and well-being of people using services.

The Preventative Technology Grant injects much needed resources to assist commissioners to mainstream the further application of technology within social care and support services. Through this funding we have the opportunity to pump-prime the market and stimulate an industry of huge benefit – and create new opportunities to strengthen the front-line partnership between health, local government and others. We need to work with industry to co-ordinate demand for telecare, ensuring industry grows strong as fast as possible and as we move forward, we need to work closely with industry to inform the development and design of future technologies for the benefit of our communities.

Our approach therefore is three-fold:

- To provide initial investment;
- To co-ordinate demand to ensure industry grows strong as fast as possible;
- To educate and build knowledge and awareness amongst those who will be commissioning telecare services and those who will benefit from them.

It is for this final purpose that we have produced this guidance which has been developed following consultation with a wide range of stakeholders through the Department of Health Telecare Policy Collaborative.

Throughout the consultation, the need to find a balance between the use of technology and the continuation of human contact has been a recurring theme.

As we move towards the future, there is no doubt that new technologies will play an increasing role in all parts of our lives. However, we must take care not to allow these new technologies to control or isolate us and whilst the world around us is fast changing our basic human needs remain the same. Some care services will always be, quite rightly, delivered personally. Human contact is vital to maintaining quality of life. As we embrace the new possibilities and promise that the future brings we must make sure that our values are not weakened but strengthened by using these technologies to complement traditional forms of care to provide residents and their families with increased reassurance, safety, and, above all, peace of mind.



Liam Byrne MP
Parliamentary Under Secretary of State for Care Services

Executive Summary

Purpose

Telecare offers the promise of enabling thousands of older people to live independently, in control and with dignity for longer. This document provides local authorities and their partners with guidance on developing telecare services for their communities. It sets out the purpose of the Preventative Technology Grant and sets out expectations for the use of the grant.

Background

The Preventative Technology Grant, announced in July 2004, aims to increase the number of people who can benefit from telecare services. £80m in grant finance is allocated over two years from April 2006 as part of our commitment to modernising and transforming care services provided by local authorities and the NHS.

The grant is designed to help local authorities and their partners address the challenges of a changing and ageing society with increased expectations, such as the right to have choice about services, control over their delivery and the right to be able to live independently at home with dignity for life. By helping co-ordinate our approach, the grant seeks to create the best possible atmosphere for the new telecare industry to flourish.

Expected outcomes

The grant should be used to increase the numbers of people who benefit from telecare, by at least 160,000 older people nationally. Its use will:

- Reduce the need for residential/nursing care;
- Unlock resources and redirect them elsewhere in the system;
- Increase choice and independence for services users;
- Reduce the burden placed on carers and provide them with more personal freedom;
- Contribute to care and support for people with long term health conditions;
- Reduce acute hospital admissions;
- Reduce accidents and falls in the home;
- Support hospital discharge and intermediate care;

- Contribute to the development of a range of preventative services;
- Help those who wish to die at home to do so with dignity.

Increased reassurance for service users and carers resulting from the use of telecare will release services from constraints created by risk-averse policies and practices. In doing so, this will enable them to become more responsive to the lifestyles of individuals.

Deployment of the grant is also expected to contribute to the wider health, housing and social care policy agenda, including delivering on National Service Frameworks (NSFs), the NHS system reform agenda and the new Vision for Adult Social Care.

Implementation support

Accompanying this guidance, the Care Services Improvement Partnership (CSIP) in the Department of Health, has published an online detailed implementation guide to developing and delivering telecare services. The *Telecare Implementation Guide* is available at www.icesdoh.org/telecare

The guide and associated factsheets contain detailed information and best practice examples of telecare in action together with sources of additional information. There is also an accompanying CDROM learning and improvement tool that showcases what telecare can achieve available from CSIP Housing Learning & Improvement Network at www.changeagentteam.org.uk

The Preventative Technology Grant

What is it?

In July 2004, the Government announced its plans to invest £80 million, over 2 years from April 2006, through the Preventative Technology Grant. The purpose of the grant is to initiate a change in the design and delivery of health, social care and housing services and prevention strategies to enhance and maintain the well-being and independence of individuals.

How should it be used?

Through the grant, the Department expects councils to invest in telecare to help support individuals in the community. This aims to help an additional 160,000 older people to live at home with safety and security and reduce the number of avoidable admissions to residential/nursing care and hospital.

How will it be allocated?

The grant will be allocated to all local authorities in England with social services responsibilities using the Formula Spending Share for Older People Formula. £30 million will be made available in 2006/7 and £50 million in 2007/8. The grant will not be ring-fenced. A joint local authority and NHS Circular attaching the formal grant determination will be issued in early 2006.

Whilst the funding will go to local authorities, they are expected to work with partners in housing, health, voluntary and independent sectors and service users and carers. Local authorities and their partners may wish to consider using pooled fund arrangements and joint commissioning under Section 31 of the Health Act 1999.

What is telecare?

Telecare is as much about the philosophy of dignity and independence as it is about equipment and services. Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone.

It can include detectors or monitors such as motion or falls and fire and gas that trigger a warning to a response centre.

Case Study 1

Mrs A has dementia and was starting to forget to turn off the gas when cooking. She had a gas detector installed, with an automatic shut off valve when gas was detected in the air. This enabled Mrs A to stay in her own home, and still cook for herself.

In time, a movement detector was added. It can differentiate between her opening the door to retrieve the milk delivery and when she opens the door and leaves the flat. Carers are not, therefore, alerted every time the door opens, but can intervene if appropriate and help if she leaves the house on her own.

As well as responding to an immediate need, telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals. The same technology can be used to provide safety and security through bogus caller and burglar alarms.

Case Study 2

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

Another form of telecare often known as telemedicine is designed to complement health care. It works by monitoring vital signs, such as blood pressure, and transmitting the data to a response centre or clinician's computer, where it is monitored against parameters set by the individual's clinician. Evidence that vital signs are outside of 'normal' parameters triggers a response. To be successful telemedicine needs to be part of the local health and social care pathway for managing long term conditions.

All the examples outlined above can be used on their own or in combination in order to best meet the needs of the individual and get the best fit with local services, including those provided by family and friends. All telecare packages need to balance technology with other forms of care and support and be reviewed in the same way as all other packages of health and social care.

Current telecare provision

There are currently around 1.4 million people linked to a community alarm service and this infrastructure is capable of extending and enhancing the provision of telecare services to millions more. In some parts of the country, telecare is already a mainstream care option, part of existing domiciliary and intermediate care services, falls prevention and monitoring of medication.

Telecare is not new, local Integrated Community Equipment Services (ICES) provide adaptations and equipment, including telecare, as part of an integrated package of health, housing and social care.

Using the grant effectively

The 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 current evidence base for the effectiveness of telecare is in its use in supporting older people however telecare could be used to support people of all ages, including children.

Recent high profile reports, including by the Audit Commission, highlight the role telecare can play in delivering responsive, modernised, person-centred services for older people.¹

It is for each local authority and its partners to decide how best to use the grant to modernise local services and incorporate telecare into mainstream health, housing and social care services. The *Telecare Implementation Guide* provides several examples of existing telecare services. The examples below are intended to illustrate the potential for change:

1 *Assistive Technology – Independence and Well-being 4*, February 2004, *Older People – Implementing Telecare*, September 2004, *House of Commons Health Select Committee Report – The Use of New Medical Technologies in the NHS*, April 2005.

Case Study 3: Telecare supporting people with dementia

One project aims to support the independence of people with dementia by using technology to compensate for disabilities arising from dementia.

Referrals to the project can be made by a social or health care professional, and a full assessment is undertaken, to identify technology tailored to meet specific needs. The project worker also has responsibility for obtaining and arranging for the installation of this technology, and liaising with the local control centre who co-ordinate any social response.

Risk management is a major feature of the project, for example, technology that can detect the presence of gas and isolate the supply to a stove or fire that may have been left on unlit, and an alert can be raised. This means people with dementia can continue to cook their own meals.

Key findings were that people without telecare were four times more likely to leave the community for hospital or residential care over the 21 month evaluation period. The equivalent cost saving was £1.5 million over the 21 months.

Case Study 4: Telecare to support people with Long Term Conditions

This project is part of the overall Long Term Conditions strategy and part of the local assistive technology programme, a joint health and social care initiative. The service which is a health project is situated in the council alarm service and is co-ordinated by a nurse based in the call centre. The project aims to help individuals with long term conditions to:

- Self manage and increase treatment/medication compliance.
- Identify earlier than currently possible when patients' conditions deteriorate, thus averting an acute exacerbation of their condition.
- Increase access to, and amount of, information readily available to healthcare professionals.
- Reduce the risk of individuals on the project becoming 'Intensive Service Users'.

25 'suites of equipment' are available and are being used for as many people as possible over the first year. People will be on the service for 30–60 days in order that they becoming self-managing.

Case Study 5: Telecare to support vulnerable adults

This project has an emphasis on using technology to improve the lives of the most vulnerable in society. The council has taken a flexible approach so that health and social care professionals can refer people to the project. To be eligible, the case has to meet one of a number of national objectives e.g. falls prevention, supporting carers, keeping people in their own homes for longer, and preventing delayed discharges. The project initially began in one area, but is now being rolled out to the rest of the borough.

Case Study 6: Telecare as part of Intermediate Care

A number of authorities use telecare as part of their intermediate care service. On discharge from hospital people's homes are fitted with a basic telecare package. They also receive regular visits and calls from the community alarm service alongside rehabilitation and care from health and social care staff. The telecare equipment and service are provided free of charge for six weeks. It is a very popular part of the package and one which many individuals choose to retain.

Implementation Issues

Summary

Before advantage can be taken of telecare, local authorities will need to ensure that infrastructures are in place to deliver:

- staff training and development;
- the supply and management of equipment;
- the supply of relevant 24-hour/seven day contact services; and
- the supply of 24-hour/seven day care response services.

The grant is intended to pump prime these processes and changes in the delivery of mainstream services. The *Telecare Implementation Guide* provides detailed guidance on developing and implementing a telecare service. The paragraphs below are intended to highlight key issues that local authorities and their partners will need to address at a local level.

Partnerships

Telecare should be an integrated health, housing and social care service. Key partners include:

- housing providers;
- health (including PCTs, the ambulance service, Out-of-Hours services, GPs and where appropriate hospital and foundation trusts);
- police and fire service;
- equipment suppliers;
- independent and voluntary sector; and
- people using services and their carers.

In some places effective partnership arrangements may already be in place for example, through Integrated Community Equipment Services, Local Strategic Partnerships, Supporting People arrangements, Extra Care Housing and local Crime and Disorder Reduction Partnerships. Where this is the case these may form good foundations on which to build partnerships for telecare.

Planning

One of the emerging themes from the forthcoming listening exercise on out of hospital services may be the use of telecare and telehealth systems more generally. When planning a telecare service local partners will need to consider how the service will fit with longer-term developments for telecare and telehealth systems.

Local partners should develop a local telecare strategy, showing how telecare services contribute to other strategies, frameworks and priorities and how services integrate into existing health, housing and social care pathways. Consideration should be given to the existing infrastructure, such as community alarm services, that can act as a platform for telecare services.

Effective use of this grant should see an increased use of technology-based services alongside modernised, mainstream health, housing and social care services at local level. Service strategies and policies should be formulated so that people with differing levels of need (ranging from those managing self-care, intermediate care, and people with acute needs) can have the choice to remain at home whenever possible.

Smaller authorities may wish to consider economies of scale by planning and commissioning services with neighbouring authorities.

Information and advice

People using services, carers and professionals will need access to information and advice on telecare and the services available locally. The Housing Learning and Improvement Network is compiling an online directory of demonstration sites and SMART houses at www.changeagentteam.org.uk. Authorities will need to consider how information and advice is provided locally. In some areas, local partners in the voluntary and independent sector may be best placed to provide that service. Where appropriate, local information and advice services will need to be available in a variety of languages and media e.g. braille, audio tapes etc. Information will also need to be available to enable people to use direct payments to purchase telecare.

The response service

This is a critical element of a telecare service. The response protocol must be agreed with the individual (or their advocate or carer where informed consent is not possible). For example, in some cases, individuals may not wish their carer or family member to provide the response or to be informed of the alarm trigger, or they may not want social services to be informed.

Procurement

As a general principle, local authorities should follow procurement best practice. They should seek economies of scale in procurement and lower unit costs for equipment and where possible use existing framework agreements and preferred supplier lists e.g. where telecare equipment forms part of the Integrated Community Equipment Service.

There are several options for the supply and ownership of telecare equipment. These include:

- direct purchase and ownership;
- leasing;
- Rent/Managed Service; and
- Self Purchase.

The Department is working with the NHS Purchasing and Supply Agency to develop a detailed procurement guide for telecare, designed to take authorities through a step-by-step process on how to conduct their procurement including the key considerations.

Governance

In integrated health and social care services there is a requirement for robust systems and procedures for clinical governance to safeguard the individual. Details are set out in the *Telecare Implementation Guide – Governance Factsheet*.

Information sharing and good professional practice

There should be systems for the local evaluation, development and monitoring of all policies for handling, obtaining, recording use and sharing of individually identifiable information. These systems should comply with data protection, data confidentiality, freedom of information and privacy policies.

NHS Connecting for Health is creating the necessary information infrastructure to support the development and implementation of telemedicine and telecare applications, including specifically the establishment of a national broadband network and a national NHS Care Records Service, as part of a phased implementation from 2005 to 2010. When developing telecare applications local authorities and healthcare organisations will need to consider how best to integrate these with the NHS Care Records Service.

Ethics

The construction, delivery and removal of a telecare package is subject to the same ethical processes as any other care package.

Some telecare equipment gathers information about the lifestyle and activities of the individual in their own home. Other packages may include passive devices (where the individual does not have to interact for a call to go to a call centre). These packages will require specific ethical considerations around informed consent.

The individual, or their advocate or carer where informed consent is not possible, should understand the implications of the information that may be generated from a telecare package. They will have access to that information and what conclusions may be drawn from the data generated.

Charging

Where, as a result of a community care assessment, telecare equipment is provided by a local authority as an aid for the purposes of assisting with nursing at home or aiding daily living, it should be provided free of charge.¹

A charge may be made for the service elements (revenue) of telecare. Charging should be in line with local *Fairer Charging and Fairer Access to Care Services* (FACS) policies.

Where it is part of the local strategy to provide telecare packages to people who are not assessed as requiring them as an aid for the purposes of assisting with nursing at home or aiding daily living, for instance as a preventative service, a charge can be made for the equipment and the service (revenue) elements. In these instances the FACS means test can be used, in the same way as for Supporting People charging assessments.

Where telecare is part of a joint package of health and social care providers will need to agree their respective responsibilities and charge accordingly.

Capacity and expertise

Local authorities and their partner organisations should develop local training strategies to ensure that appropriate staff in social services, housing, health, community alarm services and the voluntary sector have the knowledge and skills needed to ensure the success of their local scheme.

1 See the Community Care (Delayed Discharges etc.) Act (Qualifying Services) (England) Regulations 2003 (S.I. 2003/1196). This applies only to aids provided after 9th June 2003.

Staff undertaking assessments must have sufficient knowledge and information to arrange the provision of, or signpost clients to, appropriate equipment and services. There will be significant potential for changes to staff roles and skill mix to deliver more effective services using telecare technologies.

Review and evaluation

As telecare will be part of service modernisation it will be important to develop a robust evidence base for its use. Where appropriate, local authorities and their partners should agree project proposals or evaluations with the Research Ethics Committee to ensure they comply with ethical standards and protect the rights, safety, dignity and well-being of individuals.

Performance assessment

We will be developing, in partnership with the Commission for Social Care Inspection, a method of identifying the numbers of people benefiting from telecare over the two years of the grant from 2006/7 to 2007/8.

Local authorities and their partners may wish to develop locally agreed targets or outcome measures. Examples could include:

- the numbers of people who benefit from telecare;
- the numbers of carers receiving a telecare service as a result of a carer's assessment;
- the number of people using direct payments to buy telecare;
- telecare being incorporated into local training packages for health and social care workers; and
- satisfaction surveys of users of telecare and their carers.

Contribution to key targets

Telecare services may also contribute to the achievement of key national NHS and social care targets, set out in *National Standards, Local Action – Health and Social Care Standards and Planning Framework 2005/6 – 2007/8*, including:

- **Priority II – Supporting People with Long Term Conditions**

To improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008 (from the expected 2003/04 baseline), through improved care in primary care and community settings for people with long-term conditions.

- **Priority IV – Patient and User Experience**

To improve the quality of life and independence of older people by supporting them to live in their own homes where possible by:

- increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008; and
- increasing the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care by 2008.

PCTs and their partner organisations will also be expected to deliver the existing commitment from 2003-6 of reducing delayed transfers of care to a minimal level by 2006 and to maintain that level of performance beyond the target date as well as considering how to increase patient choice within primary care and for people with long term conditions.

Through *Payment by Results* and the expected introduction of a national tariff for emergency admissions from April 2006, PCTs and practice based commissioners will be further incentivised to reduce unnecessary hospital admissions.

The wider policy context

A number of DH strategies and policies support the development of telecare and illustrate its importance in helping to deliver better services. These include:

- NHS Improvement Plan
- Green Paper on Social Care – Independence, Well-being and Choice
- 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
- Carers (Equal Opportunities) Act 2004
- The Choosing Health Delivery Plan
- Delivering 21st Century IT Support for the NHS, 2002

Other Government strategies include:

- Supporting People
- Quality and Choice for Older People's Housing – A Strategic Framework
- Improving the Life Chances of Disabled People
- Opportunity Age



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