

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

3 June 2010

Update on Implementing Telecare

Report of the Corporate Director – Adult and Community Services

1. Purpose of the report

- 1.1 To update the committee on progress in telecare as a service offer to enable people to remain independent as possible in their own homes. Telecare is a range of environmental and personally activated equipment that can be linked to a monitoring centre which as part of an enhanced package of home care can allow people to stay at home longer, give more control over their lives and allow them to manage risks effectively.

2. Background

- 2.1 This committee last received a report in November 2008 outlining the deliberations of the Scrutiny Telecare Sub Group which covered the position at that time in relation to use of telecare, efficiencies, case studies, publicity and training.
- 2.2 The use of telecare is a key priority for North Yorkshire as outlined in 'Strategic Commissioning for Independence, Well-being and Choice' and a corporate stretch target in the Local Area Agreement. The telecare stretch target was the first one to be achieved, a year early, after a rigorous audit procedure had been undertaken. The use of telecare was also cited as a key element of North Yorkshire achieving a green flag in the Comprehensive Area Assessment for older people. It is part of a range of solutions for older and other vulnerable people, which includes extra care, reablement and promoting accessible housing for all.
- 2.3 Adult and Community Services continues to invest in the development of telecare with a central strategic commissioning post and the four locally based telecare coordinators who have shown exceptional entrepreneurial skills in making telecare a reality for the people of North Yorkshire. The telecare coordinators have implemented the service from the bottom up, making sure that everyone on their patch is aware of the benefits of telecare, trained over 4,000 people in a year from agencies as well as being hands-on with individuals and their carers providing expertise and reassurance about the equipment, often working out of hours to do so.
- 2.4 They have produced a telecare installation guide, and checklists and flowcharts for staff to understand assessed risk and whether telecare could contribute to the support. They have made sure that telecare is used in our own residential care homes to promote dignity and respect and have provided a leadership role for

other social care agencies to use telecare in a range of settings. Most importantly they have battled to influence the culture of staff that telecare enhances the care that they provide. Now comprehensive training packages are being drawn up to ensure telecare awareness is passed on through the induction programme and the roll out of the reablement training pathways.

2.5 ACS continues to work in partnership with the seven main housing providers in North Yorkshire who have been providing lifeline and sheltered housing services for many years. The partnerships mean that existing systems for monitoring and maintaining equipment can be used and housing support staff can fit and maintain equipment as well as being able to assess or refer people who may benefit.

2.6 There are now over 2,000 people and their carers who are benefitting from Telecare enhanced packages. 974 people have remained in their own home for at least 12 months. Each will have a personalised solution and below are some solutions and outcomes for people:

- **Medication management** - Betty needed 14 quarter hour visits per week to manage her medication needs. This was replaced by a medication reminder which prompted Betty to take the right pills at the right time.
- **Falls solution** - John needed two 'pop-in' visits per day to make sure he hadn't fallen getting out of bed or visiting the bathroom, etc. This was replaced by a fall detector which maximized his personal dignity and his respect and improved his emotional wellbeing because he now knows if he does have a fall someone will be alerted.
- **Wandering issues managed** - Mary was due to go into a permanent EMI (elderly mentally infirm) placement as she was just starting with dementia. She was at risk of falls and going out of house inappropriately putting her in danger. This was replaced by 10 home care visits of half an hour per week, a property exit sensor and fall detector. Mary was where she wanted to be - at home and her family were greatly reassured.
- **Dementia issues managed** - Marj, who has dementia, lives in a farmhouse with her daughter and son-in-law. She was due to go into a permanent EMI placement as she would leave the property at inappropriate times, putting herself at risk and also leave the taps on in the kitchen and bathroom. The telecare care package to manage risks for Marj consisted of a property exit sensor, flood detector, bed sensor, light module and pager. As soon as an alert is raised, the family would be paged and they would come to mum's aid immediately, wherever they were on the farm. This maintained Marj at home and happy in familiar surroundings.
- **Telecare for learning disabilities enables privacy and dignity** - Mike is 21, has learning disabilities and lives in a supported living property. Staff carried out hourly checks during the night, as the client experiences epilepsy and has issues with continence. There were also concerns regarding another tenant who was entering Mike's bedroom during the night. An epilepsy sensor and enuresis sensor was installed which meant that staff only attend when

required; ensuring privacy and a better quality of sleep is maintained. A universal sensor with door contacts (fitted to the bedroom door of the other tenant) alerted staff if the client who is entering Mike's bedroom uninvited leaves their bedroom. Telecare has reduced the number of night carer visits, reducing the cost and giving Mike more freedom and dignity.

3. Mainstreaming and Performance Management

- 3.1 Telecare is now considered in all ACS business and, for example, the design and ethos guide for extra care includes expectations regarding appropriate technology being built in at the start, the service specification for domiciliary care includes an expectation from commissioned services that they will see telecare as part of their offer to deliver outcomes and people with a learning or physical disability are getting access to telecare solutions. A telecare coordinator is part of the dementia network and the dementia strategy outlines solutions.
- 3.2 Performance monitoring for the directorate includes targets down to a team level for new telecare services. A challenging target has been set for 2010 for 20% of all people receiving services to have telecare as part of their solution.

4. National and Regional Recognition

- 4.1 ACS has had a high profile in the last couple of years with respect to telecare:
- Adrienne Lucas, Strategic Commissioning Officer has been seconded to the Regional Improvement and Efficiencies Partnership to promote telecare throughout the Yorkshire and Humberside Region.
 - Shortlisted in the national Risk Management Awards 2009, Making a Difference Yorkshire and Humber Awards, the Great British Care Awards 2010
 - Visited by Phil Hope, then Minister of State for Care Services which led to a range of publicity including items on BBC Look North and Radio York.
 - North Yorkshire Case study being used as part of the launch of Building a National Care Service

5. Recommendations

- 5.1 Members are invited to:
- i. Note the update on progress in implementing telecare
 - ii. Together with officers of the directorate, remain aware of national developments and best practice and promote the benefits of Telecare to their communities.

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Background Documents: Strategic Commissioning for Independence, Well Being and Choice

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