GETTING STARTED WITH TELECARE

SOUTH EAST REGION PROJECT

FINAL REPORT

September 2003 - March 2004

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CONTENTS

1. SUMMARY

The Change Agent Team has recently highlighted the problems,
Particularly facing Acute Hospitals in the South East Region, particularly with their ability to control waiting lists and the growing problem with delayed discharges.

In order to begin to tackle this problem the Change Agent Team in partnership with the National Integrated Community Equipment Service (ICES) Team (Ref 1) funded a short project between September 03 and March 04. The project was to evaluate the benefits of using telecare to promote safety and independence, thereby reducing unnecessary hospital admissions and help to speed up hospital discharges

A project manager was appointed to work with three designated control sites within the SE Region, to raise the profile of telecare and to support the evidence already in existence of the benefits of telecare to help improve bed capacity. Three projects were to be set up and if possible evaluated during the timescale agreed. The three areas were to tackle different initiatives:

- Medway- Supporting people at home/admission avoidance if possible.
- Eastbourne - Hospital Discharge
- Isle of Wight- People who have fallen or are at risk of falling.

All sites were offered information, advice and support to explore alternatives to traditional packages of care. During the planning stages issues such as project leadership, training and preparation of staff, choice of telecare sensors and monitors, referral criteria ,response systems and mechanisms for evaluation were addressed. Pragmatic decisions were made in all areas to focus their telecare development on their well established Community Alarm Services in the first instance while they continue to progress the ICES agenda.

Key to the progress of all the projects was to ensure the infrastructure was in place to enable joint working across Social Services, Health, Housing and Community Alarm Services as well as to achieve agreed funding. The emerging general lessons learned were the development of front line "Champions" with vision and enthusiasm for change, early involvement of key staff, well planned and delivered training and wherever possible linking telecare development with other major government agendas, such as the National Service Frameworks (Ref2), promoting independence as well as issues around Social Services penalties for delayed discharges. Strategic commitment is an important factor to ensure sustainability of telecare, as well as the ongoing development of telemedicine.

The achievement of this project was to set up within six months three very different telecare projects which led to the acquisition of a great deal of learning of important lessons, these have been put into a form to be disseminated to other people by way of a web based practical pack. (www.icesdoh.org/telecare)

2. INTRODUCTION

Background

The Change Agent Team funded a short project from 01 September, 2003 to 31 March, 2004. This project was set up as a joint approach by the ICES National Implementation Team and the Change Agent Team to raise the profile of telecare as an aid to dealing with identified national problems, especially around prompt discharge from hospital and reducing the number of unnecessary hospital and residential care home admissions.

The NHS Plan (Ref. 3) places great emphasis on supporting independence by improving services for older people, particularly focusing on an integrated provision of a variety of equipment including further development in telecare. In view of the potential savings to health and social care economies from using telecare to reduce home care and intermediate care costs, this project was set up to specifically work with three areas in the South East Region,where bed capacity issues and long hospital waiting lists had been identified.

Purpose of the Project

- To support evidence already in existence and evaluate the benefits of telecare within some small controlled studies.
- To demonstrate the use of this technology in enabling people to remain at home safely.

Description of Telecare

"Telecare is the use of information and communication technology to deliver care services to people in their own homes." (Curry 2003)

" Telecare is the remote or enhanced delivery of health and social services to people in their own homes by mean of telecommunications and computerised systems" (Barnes)

ICES Vision for Telecare

1. To enable people of all ages and disabilities to live safely and independently with dignity in the place of their choosing.
2. That Telecare becomes part of mainstream services.
3. That it is easily accessible through ICES
4. It is seen by users and carers as an acceptable way of managing risk.

Project Objectives

1. To raise the profile and enable more people to assess for and receive services via telecare.
2. To demonstrate the funding and infrastructure needed to set up telecare by following the progress of the three chosen sites.
3. To demonstrate the value of telecare as a realistic cheaper alternative to Residential Care and managing delayed discharges.
4. To help reduce avoidable hospital admissions thereby creating further bed capacity.

Project Risks

There was a risk that partner agencies would not be able to fund this initiative appropriately or sign up to long term commitment.
Due to the very short length of the project, a six month half time post, that the timeframe will be too short to fully meet the objectives particularly demonstrating outcomes.

3. METHODOLOGY

1. Induction- Raise awareness of both Telecare and ICES issues.
2. Draw up a project plan with ICES telecare lead.
3. Make regular contact and work with the three sites including visiting areas as and when required.
4. Regular review meetings and contact with ICES leads.
5. Promote ICES website, build up telecare information as it becomes available.
6. Encourage the sharing of good practice across the three sites and nationally on request.
7. Report findings from the project to Change Agent Team.
8. Present findings at the ICES National Conference in March 2004

4. IMPLEMENTATION

The three control sites were chosen by the Change Agent Team for their willingness to work with ICES, their range of ideas and initiatives and their receptiveness to change. The three agreed areas within SE Region and project focus were:

- Medway- Supporting people at home./admission avoidence where possible.
- Eastbourne- Hospital Discharge.
- Isle of Wight- Supporting people who have fallen.

a) Summary of Work with Medway

Background

Medway is in Kent and lies within the Thames gateway 30 miles east of London. Ninety percent of the 250,000 population live in an urban setting but half of the land mass is rural with some issues of geographical isolation. Approximately 12.5% (30,500) of the population are over 65years (Ref 4) Medway is a unitary authority and has recently put in a bid to the Department of Health for Telecare development as part of their E-Government plan.Prior to this a business plan was written and presented to their Information Technology (IT) Steering Group. This was successful in raising £70,000 to develop a telecare project alongside developing an E-Sentinel system for managing home care services.
There is a well established Community alarm service set up in 1987 serving 3,500 clients.

During the first part of 2003 a sheltered housing telecare initiative was set up with supporting people monies to equip all their council sheltered housing units with basic telecare sensors, this was achieved but unfortunately not evaluated.

The Project

The project aims to implement a pilot with clients from Medway council's Social Services Department to develop a suitable model of telecare for other authorities to reference, which should ensure reductions in time spent in hospital and reduction in re-admission.The project also aims to develop independent living and lessen the interventions by Social Services and the local health trusts in conjunction with the supporting people programme (Ref 5).

Equipment Used

Tunstall lifeline base units plus a variety of different monitors and sensors. Fall detectors, smoke alarm, Bogus caller monitor, PIR, Flood detector, heat extreme monitors. For more information about products (www.tunstall.co.uk) (Ref 6).

Partners

- Medway Council
- Tunstall Health Promotion
- Medway PCT
- Lifeline service

Quality of Partnership

Medway have worked hard on their partnership with health but more needs to be achieved to ensure a truly integrated approach is developed for the implementation of telecare. Their telemedicine project however is being led by Health in partnership with the Councils Health Promotion Unit.

Funding Agreement

£70,000 made up of £40,000 IT monies and £30,000 Occupational Therapy slippage. Funding for the 1 year duration of project only.

Area Telecare Champion

Time had been allocated to lead this project with support of a project board and two days a week from an operational manager

Strategic Commitment

The development of telecare in Medway is recognised within the Medway Local Implementation plan(LIP) and a second DOH bid has been submitted awaiting outcome in February 2004.

Project Plan

A project plan had been agreed and an awareness workshop for staff had been held prior to September 2003, and a proposed start date agreed as Novemeber 2003.

Issues that were to be Addressed

1. Write user agreement as an exit strategy at the project end.
2. Agree criteria and response system
3. More detailed training of referring teams.
4. Consultation with users would be at the point of referral due to this being a pilot only.
5. Client identification: 30 people to be referred from 5 client groups:
   - Falls Management
   - Mild dementia
   - Hospital discharge
   - Socially isolated
   - Geographically isolated
6. Complete evaluation questionnaire.

Progress so Far

Start date was delayed until January 2004 due to the time it took for the legal department to approve the user agreement and a supply issue for the Falls monitors which had recently had to have a change in the radio frequency that was used.
To date 4 of the proposed 30 users have been fitted with telecare monitors and sensors as a result of their assessment of need. Clients are from the following groups: Recovering Stroke, Aspergers Syndrome, Elderly lady living isolated from family, Mild Dementia. There are 3 more clients awaiting installation of equipment and more referrals pending.

Evaluation and Learning Points

Questionnaires were devised and given to clients,carers,referrers and lifeline staff. Review visits were proposed at two monthly intervals but due to the delay may be done more frequently to gain outcome information that is required.

OUTCOMES	LEARNING POINTS
1. Client and carer confidence in risk reduction and safety, improved independence with 24 hr monitoring, decrease in social isolation	Well structured questionnaires help to provide particularly qualitative evaluation. Review visits is an effective way of obtaining learning points from individual cases.
2. Prompt supply of equipment following assessment vital. Comprehensive service agreement with supplier beneficial.	Important to have partnership with supplier at an early stage and agree timescales in order to avoid delays in providing care.

3. Well planned and implemented project	Identified project lead with dedicated time. Clear project brief, regular meetings of project board for monitoring decision making and budgetary control
4. Involvement of all staff	Early workshop with all key staff for clarity of project, to agree their involvement and agree draft criteria.
5. Appropriate referral	A virtual operational group set up with key people from referring teams for closer telephone contact with project manager and saving time with busy front line staff. Despite this there were still a number of referrals made which were not suitable for the project.
6. Clear user agreement	Agreement signed by all clients taking part. Equipment will be provided free of charge for the duration of the project. At the end of the year the client options will be to change to standard lifeline charged service or remove the service. Issues will arise from this decision and will need to be reviewed.

Ongoing Work

Medway will continue the pilot for one year and are hopeful that the results will inform a solid business case for mainstreaming telecare at the end of the project. Their ICES work has a delayed start date, but it is hoped that Telecare will be included in their Section 31 agreement (Ref 7) by that time. Medway Primary Care Trust (PCT) also has a small telemedicine project with 4, Chronic Obstructive Pulmonary Disease COPD, patients which will be starting soon.

b) Summary of work with Eastbourne

Background

East Sussex is a two tier county council with a population of 500,000. There are 5 borough and district councils and 4 PCT's in the county.
Eastbourne as a geographical area lies on the south coast and is one of the major population centres in East Sussex. The population is 92,000 and 24,100 are over 65.(Eastbourne Borough Council area) (Ref 8).

The telecare project is running within Eastbourne Downs PCT area, which unfortunately is not co-terminous with the Borough Council area. The PCT takes in 3 Borough and District Councils, although the main council is Eastbourne.

The Commissioning body for Supporting People identified the need to develop telecare at the end of 2002 making £45,000 available to do so. Most of the work in 2003 focussed on planning and the identification of 4 pilot schemes: Intermediate Care, Extra Care, Hospital Discharge and Older People with Mental Health Problems.
Plans are already being discussed to merge the lifeline services of Eastbourne and Wealden in partnership with Tunstall.The Eastbourne lifeline service was set up in 1986 so is well established, it provides a service for 1000 Eastbourne clients installing and monitoring telecare equipment. It also acts as a control centre for about 1000 Rother homes and monitors sheltered housing units on a contract basis on request.

The Project

Due to the short timescale of the South East project and in order to move telecare development on more quickly it was decided to commence with one small project which was the Hospital Discharge one. Initially telecare will be piloted in the Eastbourne Downs PCT area. Findings from this pilot will be evaluated and used to inform decision making about extending telecare to other geographical areas in the county. This pilot is being used to test the use of telecare in different settings and with different people. The Hospital Discharge Project aim was, to develop a pilot in order to evaluate whether patients can be discharged home more quickly and gain greater sustainable independence by using telecare devices as part of their care. package to manage their risks.

Equipment Used

Tunstall Lifeline system and Vivatec wristcare system. This system worn like a wristwatch requires no installation and is able to detect changes in the users condition through skin conductivity. It alerts the call centre if the users normal range of movements change. It was decided that this system would be beneficial for Hospital Discharge patients. More information can be obtained from:(www.vivatec.co.uk).(Ref 9).

Partners

- Eastbourne Borough Council
- Lewes District Council
- Wealden District Council
- Tunstall
- Vivatec
- Occupational Therapy Services in Health and Social Services

- East Sussex Social Services Department
- East Sussex County Healthcare Trust.

Quality of Partnership

Good with all partners operating within a strategic framework.However there are significant challenges to partnership working due to the complexities of working in a two tier authority and the lack of coterminosity in boundaries.

Funding Agreement

£45,000 agreed for all telecare pilots.This has come from mainstream Social Services funding (£20,000) and Public Service Agreement stretch target funding (£25,000).

Area Telecare Champion

Appointed in December 2003 and working on telecare for 2 days a week.There was also an agreement to employ a consultant for specific pieces of work covering a limited number of days, up to the value of £5,000.

Strategic Commitment

The Commissioning Body for Supporting People commissioned the Telecare Pilot Project in the Eastbourne Downs PCT area in Nov. 2002.It was agreed by the Commissioning Body that the Strategic Housing Group in Eastbourne Downs should oversee the project and provide progress reports to the Commissioning Body when required. Thus Health, Housing and Social Services are supporting the development of Telecare in East Sussex.

Proiect Plan

A project plan was agreed in November 2003 but project time could not be allocated until December 2003.

The target group was to start with 5-6 people from Eastbourne District General Hospital and from St. Anthony's Intermediate Care Unit. The criteria was that they were at risk of delayed discharge thereby blocking beds and the proposed start date was mid January 2004.

Issues that were to be Addressed

- Discuss ICES links
- Agree criteria for referral

- Work with manufacturers to agree sensors and monitors to be used and procurement of equipment arrangements
- Agree procedures with data collection and consent issues.
- Finalise project plan.
- Arrange training of Care Managers, Hopsital discharge team, and Intermediate Care Team.
- Agree response system with lifeline service.
- Agree evaluation arrangements.

Progress so Far

Training for over 50 front line staff has taken place and detailed discussions which are still ongoing have been looking at ensuring the response mechanisms are in place to commence the first group on the pilot.

Much importance is being placed on ensuring the clients and carers have a good understanding of the wristcare system and can make an informed consent as to whether to agree to be supplied with such a product which collects data about their well being. Twenty Vivatec Wristcare systems have been purchased but the project would start with 5 identified people to be discharged to test out the arrangements.

To date three people are in receipt of telecare (Appendix 1 case study) and further referrals are expected to follow soon.

Evaluation and Learning Points

Evaluation will be approached by collecting "well being" data from the Vivatec Wristcare system and with the help of the manufacturer, local care managers can be helped to interpret the data to be used with the clients at the review meetings.Qualatitive evaluation will also be collected from the reviews and lessons learned from the draft criteria, draft client information leaflet and response systems will be refined for the ongoing hospital discharge project and to inform the future planned telecare projects.

OUTCOMES	LEARNING POINTS
1.Project commenced early February 04.	Project start date depended on a project manager being in post, good understanding of equipment and staff training being completed.

2.Project board was set up to lead the project with clear terms of reference, telecare to be developed within the strategic priorities of each organization.	Important to spend time getting operational links in place to move forward the developments in telecare which were linked with other work such as developing extra care housing.
3.Lifelines will be hopefully be merged by April 04 when 3 out of the 5 District councils will have lifeline services merged.	Merger will offer more consistency of service provision , economies of scale, better value for money and a reduction of duplication of service within a 10 mile radius.
4.Working with more than one manufacturer will offer more flexability to meet clients needs	Manufacturer choice can be limited dependent on compatability with technology and the current lifeline system.
5.Beginning to take a joint strategic approach to OOH's services which will help to improve and extend the response system.	With new GP contracts and reviewing of out of hours (OOH's) the time is right for a strategic approach to medical reponse which can link to lifeline services.
6.Role of the PCT and their ability to be involved with telecare development due to other priorities.	Whole systems approach will depend on financial pressures and priorites within partnerships.
7.Process devised to be tested with clients over client understanding of data collection on "well being" from wristcare and client consent.	A draft leaflet was written to be discussed with client by assessor and to be left in the house with explanation of system. Review visits after 4-6 weeks could offer an opportunity to discuss issues identified from the data. Data software and where it should be held is still under discussion.

Ongoing Work

Telecare in Eastbourne is now well on the way and the other projects planned will be starting soon. A Demonstration flat is in the process of being set up and the lifeline services will be merged by the spring. The community alarm service will be addressing the skills and support planning needed to be an enhanced service for response, OOH's co-ordination between agencies and the increasing demand for 24/7 services. Consultancy time will be used to support this area of work.

c) Summary of Work in the Isle of Wight

Background

The Isle of Wight lies a short ferry journey off the South Coast and is a well known rural holiday destination.The island is a unitary authority with one District General Hospital and one PCT. 23% of the islands population of 132,771 are above retirement age and 81% of homes are owner occupied. Approximately 6% of the residence live in residential care and 90% live in their own homes (Ref 10) -The island has strong foundations of joint working and this has provided an excellent basis for telecare development. There is a well developed community alarm service (Wightcare) which began in 1987 and now it provides monitoring and emergency support from mobile wardens for the 2100 homes plus residents in housing assosciation sheltered schemes for over 600 residences. Between April and September 2003 1183 of their calls were Falls related which was one of their drivers for telecare development. At the beginning of the ICES project the IOW had no identified monies to either upgrade their lifeline system or progress with a telecare project, but following much hard work from a group of enthusiastic key people by January 2004 not only had a project been agreed but also funding to upgrade the lifeline had been securred.

The Project

Due to the small amount of allocated community care funding available, it was decided that the project would set up a small target group of people who have fallen,and who are currently receiving lifeline services from a variety of housing environments. The Project aims to pilot telecare as part of their care package and to evaluate the impact on the client, Health and Social Services.

Equipment Used

Tunstall lifeline and Falls monitors (Ref 6).

Partners

Social Services
IOW Housing Association
Community Equipment Service
IOW PCT/Social Services Commissioning
Primary Care District Nurses
Primary Care Falls Co-ordinator,St Marys Hospital Trust.
Wightcare Services (Lifeline, Mobile Response Unit and Domicillary Care Providers)
Tunstall

Quality of Partnership

Unitary Authority with good partnership working and no boundary issues.

Funding Arragements

None specifically identified but small amount of community care budget to be used.

Area Telecare Champion

A project lead was identified in January 2004 but there are also three champions within the group which are pushing forward the development of telecare.

Strategic Commitment

Telecare development not yet written into Strategic plans or their Public Service Agreement but the PCT had agreed to include in their Local Development Plan from November 2004.

Project Plan

A project plan was agreed in November 2003 to select 12 people who had recently fallen and who currently had a lifeline system in place. 12 people would also be selected as a control group by way of evaluating outcomes. The project would be linked with the NSF Falls Management group (Ref 2 section 6) involving two District Nursing teams in order to see telecare developments as part of existing falls management work. A Falls and Fragility Screaning tool developed by the NSF group would be pilotted with the 24 project participants and the client identificaton would come from the Falls Co-ordinator, the Mobile warden service and the District Nursing teams.

Issues that were to be Addressed

- Generally raise awareness of telecare with all existing groups, particularliy the Falls monitors to be used in the project.
- Identify project lead.
- Set up a project board and agree terms of reference.
- Continue to persue funding for upgrading Lifeline system (raised first 3 year ago)
- Ensure referral selection criteria and response systems are in place.
- Clarify project monitoring and evaluation.
- Training for staff from teams in Cowes, Freshwater and Shanklin (sheltered housing)
- Agree publicity and promotion of the project

Progress so Far

A project board has been set up which now meets regularly and this includes all key people from Health, Social Services,Wightcare ,Housing and the Community Equipment Store.

Funding of £55,000 for upgrading the lifeline system has now been agreed which will enable further development of telecare and telemedicine on the Island.The response system using the mobile warden service and Wightcare's excellent links with the Police, Fire Service, Ambulance Service and out of hours GP service has been looked at to ensure it can adequately respond to the 12 people who are at risk of falling. Referral criteria have now been agreed and training has taken place.

A project lead was able to be identified in January 2004 and a realistic start date for March 2004 was planned, to ensure all referring teams are ready. It is hoped that all 24 clients will be identified for the pilot by the end April 2004.

The selection criteria has been agreed and publicity is being worked on. Firm links with Primary Care have been established.

Evaluation and Learning Points

Evaluation will be comparing the group supplied with Falls Monitors with the carefully selected control group over the full year of the project or for as long as is possible.A qualatitive questionnaire and review visiting is also being planned.

OUTCOMES	LEARNING POINTS
1.Lack of identified funding seriously delayed the development of telecare and limitted project options	Strategic commitment needed prior to embarking on telecare development. Small sums can often be found within revenue budgets but this will depend on the commitment of local managers.
2.Lack of project time early in discussions again led to delays in progress.	Champion within the services can lead development with hard work and determination. This led to the identification of some project time by January 2004 to ensure continuing progress of the project.
3.Project start date too late for good evaluation for the ICES project but excellent progress has been made so far despite the lack of funding.	Strategic leads need to be approached as early as possible to ensure top level commitment. On the IOW project development by a small group and links to NSF raised the profile of telecare and funding was then approved for upgrading the lifeline system.
4.Strengthening of collaborative working and viewing telecare development as part of ICES and NSF targets	Useful to bring on board existing groups to generally raise awareness and to lay good foundations for future new ways of providing care.. Important to have collaboration of work between telecare , NSF targets and pathways of care to strengthen case for mainstreaming.
5.Manufacturers brought into planning at a later stage than was advisable due to lack of funding to purchase equipment.Choice of manufacturer also was limited due to only one representated on the Island for ease of ongoing support.	Earlier involvement and partnership agreement would have been beneficial.

Ongoing Work

The project will continue for one year and evaluation results will be put forward for forming a business case to mainstream telecare. The PCT have now agreed for telecare to be put into their Local Development Plan and are considering Telemedicine development within their review of Intermediate Care Services later in the year.

The agreement to upgrade the lifeline system will also open up opportunities for all the private Housing Assosciations to be connected and will have the capacity to cover the whole Island. By summer 2004 a basic Integrated Community Equipment Service should be in place but there still remain problems with Health Funding.

5. GENERAL LESSONS LEARNED

- CHAMPIONS- It is important when starting telecare development that champions can be identified, these should be front line staff or managers with vision and enthusiasm to inspire others.In all three projects progress was dependent in part due to some dedicated time being made available for planning and implementation.It should be noted that champions are not necessarily the same person as the project manager who should drive changes and ensure evaluation takes place.

- START SMALL/ NOT TO BE TOO AMBITIOUS- It appeared to be beneficial to start with a relatively small number of clients while selection criteria and response systems are tested out .In all three areas planning and development time took longer than first anticipated but it is clearly vital to have each part of the development well planned in order to ensure good outcomes for clients.

- GOOD PREPARATION AND LEADERSHIP- At the onset of telecare development it is important to be clear about the care objectives in order to determine the most useful technology option to be chosen. A project board with clear terms of reference, correct membership from all key organisations and clearly agreed reporting mechanisms are needed to ensure project risks are addressed and that sound financial contol is in place. It is useful that the project board is a sub group from a wider Strategic group such as Supporting People and can also be helpful if linked to the NSF Local Implementation Team.and ICES development.

- EARLY DISCUSSIONS WITH STAFF- An early workshop such as the one held in Medway can be a useful way to involve a wide multidisciplinary and multiagency group.This can help not only to enthuse staff but also to identify champions to progress development within their staff groups, and maybe also to encourrage reviewing different ways of service delivery within their own Service Development Planning Process. Other methods of consulting staff can be via existing groups such as NSF's and Team meetings.It is important that awareness raising is in addition to and not as an alternative to well planned and delivered education and training to ensure correct referral and assessment.

- DEVELOP JOINT WORKING/ PARTNERSHIPS when determining funding. It was clear with all the areas that identified monies for telecare was important, this funding should include project time, equipment and repair and ongoing maintainence. Obvious benefits of writing telecare into the section 31 agreement (Ref 7) for pooled funding for ICES must be considered in order to access the Access and Systems Capacity Grant Funding.

- MONITORING AND EVALUATION- All areas approached this in different ways but it is an important element in the planning process. Methods such as questionnaires, review visiting, control groups and using manufacturers and lifeline findings were all used. In all cases qualatitive information from users and carers was a priority.

- COMPATABILITY OF EQUIPMENT – During the ICES project we were keen to see all areas considering alternative suppliers. There were some issues raised over compatability with lifeline systems and where representatives were based for ongoing support.All suppliers offered help with training staff.

6. SHARING GOOD PRACTICE

- Throughout the project all three areas were encouraged to share work they had done and examples of their work formed part of the Web based Telecare Pack put together by the ICES telecare group.

- The ICES website was a useful medium to promote new projects across the county.

- The ICES team did presentations and attended areas on request to offer help and support and to promote telecare development.

- The ICES National Conference(*March 2004 in Coventry)* will also offer an opportunity for networking and raising awareness

7. FUTURE WORK

Telecare has been demonstrated from the 30 projects that have taken place across the UK as being a significant addition to and in a few cases a replacement for traditional care packages.
Some emerging issues in shared risk taking and joint agreements with Health, Social Service and Housing staff as well as clients have led to some people being able to be

discharged from hospital or kept out of care for longer. This can play a significant part in helping to create extra bed capacity which should in turn eventually eleviate some of the waiting list issues within the South East Region.

This short project has successfully demonstrated that three areas in the Region have worked through the planning and infrastructure issues needed and have now set up three very different telecare projects. All areas hope that by the end of the year they will be able to demonstrate that telecare can meet their local needs and will be included in future Strategic Development Plans for Promoting Independence,and that telecare will become part of mainstream equipment within Integrated Community Equipment Stores.

Ongoing work that needs to be achieved includes sustaining the work that has been achieved so far in the S.E. Region and ensuring that the new web bases Telecare Pack is kept a live document by being regularly updated as more lessons and experiences are recorded.Some major areas that will need addressing within ongoing work are:

- How to engage the public in using telecare to promote well being and independence.
- How to involve clients to ensure all ethical issues are scrupulously met including informed concent and patient choice.
- How to ensure assessors are well enough equipped to refer correctly for telecare.
- How to ensure that credible evaluation takes place.

ICES and the Change Agent Team are planning future roadshows this spring and summer to begin the process of dissemination of the telecare message.

7.<u>Acknowledgements</u>

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The ICES team members
The Change Agent Team and Audit Commission

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5. Medway Business Case Proposal 2002

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7. Department of Health Health Act Flexibilities 1999.

8. East Sussex County Council Services for Older People Needs Analysis 2003.

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10. Island Plan for Health and Well Being 2000-2003 Isle of Wight Council.

APPENDIX 1

The Role of Telecare – A Case Study

We will use the following case study to illustrate the role of Telecare in supporting independent living and the way in which it interfaces with other IT based initiatives. We are grateful to East Sussex County Council for providing the material.

The client, Ms S, is a 68 year old female who has a history of frequent admissions to hospital, in some cases resulting in long hospital stays. She lives alone and has relatively complex social care needs. Historically, she has been supported by conventional red button social alarm system which she has used effectively to call for help.

Her lifestyle has resulted in a history of self neglect which is compounded by epilepsy. Her professional carers in Social Services are concerned for her safety, to the extent that a consensus was emerging that she would be safer in Residential Care.

East Sussex Social Services referred her to the WristCare Service. The Service consists of:

1. A WristCare unit: a watch like social alarm which includes a manual button with built in sensors to monitor the wearer's well being. The WristCare sends manual and automatic alarms when needed eg if the wearer appears to be unconscious.
2. A base unit in the clients home, connected to a phone line to transmit alarms and provide a voice connection.
3. Eastbourne Lifeline, who receive alarms from WristCare via their Tunstall PNC3 receiver.

Social Services had the following objectives from the referral:

1. To help her stay at home
2. Avoid readmission to hospital.
3. To give the confidence and increased safety

The client fell badly in November 2003 and was admitted to hospital. Two months late, on February 9 2004, she was discharged home, under the protection of WristCare.

The installation was carried out by Eastbourne Lifeline staff, who noted that the client (who was known to them from her previous use of a conventional red button alarm) did not appear well or self assured. This was perhaps to be expected, given the length of hospital stay.

On her first night, the client had a partial power failure triggered by her electric fire overloading her fuse board. Her WristCare system switched to back up battery mode and sent an automatic alarm to Eastbourne Lifeline, whose staff resolved the problem the next morning.

The client fell and hit her head on 15 February. She used her WristCare manual alarm to call for help and was taken to Accident and Emergency. Staff at A&E identified that it was it was incorrect self administration of medication that led to the fall - perhaps the result of being in hospital so long? The client was able to return home immediately.

Following a visit on 20 February, Eastbourne Lifeline staff noted that the client seemed much better, in respect of both her physical well being and self esteem.

The client will continue to receive the WristCare Service for the time being as she has a history of quite dramatic swings in well being. With the client's consent, Social Services will also use Activity Data generated by WristCare to assess her well being and to make amendments to her Care Plan if needed.

The use of WristCare has already met some key requirements:

1. The client was able to leave hospital after a long stay.
2. She has not been readmitted to hospital.
3. She has not been admitted to Residential Care.
4. She was able to receive care quickly after a fall.
5. Her self esteem has increased.

Event in Case Study	Role for Telecare	Improvement in Outcome
1. Hospital Discharge	WristCare reduced the risks faced by the client when at home.	Admission to Residential Care avoided / delayed.
2. Client fall	Because WristCare is worn throughout the day and night, and automatically notifies Lifeline when removed, Social Services can be sure that the manual alarm is available at all times.	Reduced risk that the client would not have been able to call for help. If the client had been unable to call for help due to unconsciousness, WristCare would have sent an automatic alarm.