

REPORT TO: Executive Board
DATE: 1st July 2010
REPORTING OFFICER: Strategic Director, Adults and Community
SUBJECT: Telecare Strategy 2010-2015.
Ward(s) Borough Wide

1.0 **PURPOSE OF REPORT**

1.1 To present the local Telecare Strategy for 2010-2015.

2.0 **RECOMMENDATION**

That

- (1) Executive Board agree the Strategy and implementation plan and
- (2) Executive Board agree the establishment of a dedicated telecare team

3.0 **SUPPORTING INFORMATION**

3.1 Introduction

The Griffiths report in 1988, into community care, placed a strong emphasis on the importance of establishing services to help people live in their own homes and retain independence, dignity and choice with an emphasis on early intervention and prevention. Since then a number of policy documents have reinforced this approach.

The use of technology has been increasingly identified within the policy framework as one of the services, which is effective in maintaining people's independence without the need for intrusive costly care where it is not needed.

3.2 As Local Authorities continue to be faced with the challenge of making best use of resources, evidencing value for money in frontline service delivery and the population of older people continues to rise. We are challenged with making the strategic shift from the provision of crisis response services, which are often high cost, such as residential and acute care, to a more preventative approach which has been evidenced as more effective in reducing the whole life cost of care.

- 3.3 The most likely way that Local Authorities can release monies for future investment is to reduce the proportionate spend on residential care. This has been happening nationally and locally at a steady rate over the past 5 years. Residential care does provide an essential environment for people to receive the care and support they need, however by developing an appropriate range of community services to support people to remain at home for as long as possible, at a lower cost than residential care, we can continue to provide the level of care and support people needs effectively. One of these alternatives is the mainstream use of telecare services.
- 3.4 Within the telecare strategy a number of best practice case studies have been described, which support the direction of travel in mainstreaming telecare provision to achieve better outcomes for users and value for money for the local authority. These case studies demonstrate best practice in the numbers of people supported and efficiencies achieved.
- 3.5 The most powerful case study to date is the North Yorkshire service; this service has also been highlighted in a variety of Department Of Health Documents, as providing a service to a large number of people and achieving positive outcomes for people.
- 3.6 Telecare provision in Halton has been developing since 2005, as an enhanced service provided by the Community Alarm Service, this has resulted in an increase in the numbers of people supported year on year. We are currently providing a service to 1765 people on the lifeline service and 70 people receiving a service using environmental telecare sensors.
- 3.7 Using the evidence provided in the North Yorkshire case study, (adjustments made for population differences) Halton should be aiming to increase the number of people supported with telecare to an additional 283 people using the environmental sensors.

4.0 **POLICY IMPLICATIONS**

- 4.1 The strategy is consistent with current Health and Social Care policy direction, to support people to live as independently as possible in their own homes earlier, with dignity and choice in how they live their lives.

5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

- 5.1 Within the strategy we have evidenced that the current telecare services have released £690,494 on community care spend, over the last 4 years, when compared with traditional care provision. This has enabled us to meet the needs of more people for the same resource. This is particularly important when we consider the

increasing older population, and the potential that public services will not receive growth funding in the near future to meet this challenge.

5.2 The use of telecare can defer or delay people needing longer-term services (the biggest single efficiencies can be made from reducing use of residential care) and creating better community-based services delivering better outcomes.

5.3 The strategy is based on an invest to save approach, by increasing the number of service users able to benefit from the service:

- The cost of increasing the service is £144,408 and once the service is fully operational will reduce community care costs by £444,932 annually. These efficiency targets have been reviewed and validated by the Department of Health CSED.

5.4 Decisions on future savings and investments will be discussed and agreed during the coming budget process.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People in Halton**

None identified.

6.2 **Employment Learning and Skills**

None identified

6.3 **A Healthy Halton**

Investment in Telecare to support vulnerable adults can impact positively on their health and well being, one example is the use of falls monitors which can reduce the impact of the fall on the person.

6.4 **A Safer Halton**

The use of Telecare can enable people to remain in their own homes and feel safer and more supported.

6.5 **Halton's Urban Renewal**

None identified.

RISK ANALYSIS

7.1 This strategy outlines the key risks and issues for the Local Authority in relation to an increasing older population and the financial implications, which we will face if we do not find an alternative way

to provide care services, and support people to maintain independent living for as long as possible.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A Community Impact Review & Assessment (CIRA) will be completed on the final strategy.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.