

Darlington Telecare Strategy



2011-2014



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Foreword



Councillor Copeland

This Telecare strategy is an important development in helping us to respond to the challenges of the 21st century, which include significant demographic change, increasing public expectations for convenience, choice and customer service, and current financial constraints.

Telecare helps towards delivering on Darlington's Sustainable Community Strategy 2008-2021 by supporting an ageing population to remain in their own home and maintain independence.

It is clear that most older and vulnerable people wish to stay in their own homes, remain healthy and safe and have as much control of their own lives as possible. The implementation of Telecare services in Darlington can help us to meet

those aspirations, by helping to give vulnerable people the confidence to live their lives in a way they want - independently - but knowing that help is at hand if they need it.

We are very aware of the challenges this will present, as Telecare is still a relatively new concept. By working across partner agencies in health, housing and social care, we have been able to develop and validate services which have been proven to help improve outcomes for vulnerable people. Funding secured for 2011/13 allows us to develop the service further and for more people. This resource will help local agencies to transform the way that technology is used within health and social care services.

Our aim is to develop a robust, fair and equitable service across the Borough. I am therefore very happy to issue the Telecare strategy in conjunction with our partner agencies, and I'm confident it will help us to continue to design innovative and successful services, which are increasingly based on the needs of individual people.

A handwritten signature in black ink, appearing to read 'V. Copeland'. The signature is written in a cursive style.

Executive Summary

The current community alarm service (Lifeline Services) provided by Darlington Borough Council has the ideal infrastructure to build additional services such as Telecare.

Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living. Devices such as fall detectors, door exit alerts, chair and bed sensor, GPS buddi trackers etc (for list see Appendix 1).

Telecare creates benefits for both the individual, carer and family using the service and the organisations involved in providing the service. Telecare can increase independence and choice for service users.

There are approximately 3,500 people in Darlington in receipt of a Lifeline service and approximately 70 benefiting from the Telecare service. The local targets are to increase to 100, 150 and 200 user of Telecare by December 2011, 2012 and 2013 respectively.

It is estimated that Lifeline services and Telecare saves the emergency services £155,000 per annum through responding to calls made because the devices have alerted. An example of the type of benefits Lifeline and Telecare can have is demonstrated by the following case study.

Presenting risk:

Individual moving from a supported living environment from outside the area.

Individual assessed as needing to move to an Extra Care scheme and wanted to retain independence as much as possible.

Individual at high risk of falls and repeated episodes of falls whilst alone within flat at night.

Equipment installed:

Falls Detector and Bed Sensor

Outcome following installation:

Individual able to remain living within Extra Care with minimal support and reassurance that equipment will give early detection of falls.

Maintaining independence and minimising risk.

Reducing hospital admissions, need for more family input or increase of care package.

1. Introduction

Purpose of Strategy

This strategy has been developed in partnership, with key representatives from health, housing, adult social care, community and voluntary groups and is to be used as a framework document for stakeholders to develop future Telecare services in Darlington.

Background

Since 2005 Darlington Borough Council has been proactively looking into how new and emerging technologies can help to support older and vulnerable people to stay in their own homes. The completion and evaluation of two Telecare pilots demonstrated the need to integrate the use of technologies into mainstream services.

In order to do this, a 'Service Model for the Delivery of Telecare' was developed during 2008-09. The introduction of a 'Leading Edge' Assistive Technology Project throughout 2008-09 allowed for thorough process, system and evaluation work to be carried out to produce a sustainable Telecare service model for Darlington.

To drive forward the use of Telecare throughout the country, the Government announced the release of the 'Preventative Technology Grant' which provided local authorities with £80 million over two years from April 2006, to provide alarm technology to 160,000 vulnerable elderly people.

The purpose of the Preventative Technology Grant was '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 by using electronic technologies to support them to live safely and securely at home.'¹

The non ring-fenced grant was allocated to councils with social services responsibilities who were accountable for achieving agreed outcomes. The Borough Council agreed to make available the full £158,000 over two years for the purpose for which it was intended. Within Darlington, the grant was seen as a unique opportunity to 'kick-start' the piloting of Telecare.

What is Telecare?

The existing community alarm service infrastructure provided the ideal framework on which to build additional services utilising new technologies. By building on this infrastructure, the project has considered how various Telecare sensors and intelligent monitoring systems can flag up problems or crisis situations and automatically raise an alert at the local community alarm control centre, where staff will then initiate a response. The generic term for this sort of monitoring of vulnerable people is 'Telecare' and it is something that relies heavily on inter-agency partnership working, which has been demonstrated within the previous pilots and subsequent work.

¹ DH: Building Telecare in England (2005), available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4115303

Definition: *“Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living”*. There are other technologies such as assistive technology, electronic assistive technology and information and communication technology that could also be encompassed in this sphere. Technologies can help overcome functional or physical barriers or help overcome social isolation and aid independent living. This strategy will establish which technologies will come under Telecare provision.

How can Telecare help?

Telecare can:

- Facilitate earlier hospital discharge and help reduce admissions to residential care and re-admissions to hospital.
- Increase independence and choice for service users.
- Increase capacity for maintaining people at home and access to preventative services.
- Give carers effective support, respite and peace of mind.
- Help to manage risk in the home and reduce accidents and falls.
- Help address pressures caused through an ageing population and enable more effective use of scarce resources.
- Enable agencies to provide improved and focused care delivery.

- Enable work in other partnership priorities to be facilitated (e.g. integrated falls and stroke services).
- Help with self-care.
- Detect deterioration in/enable more early intervention with long-term conditions.

Many older and disabled people express the wish to live as independently as possible and stay in their own homes. However, as they become more frail they can be at risk from falls, hypothermia, consequences of forgetfulness, fires, floods and wandering. It is often as a direct concern about these issues that people are admitted into hospital and or residential care, as they are considered unsafe to live alone.

Many admissions are avoidable but once in an institutional setting, few people return to their own homes. If a tailored ‘package’ of intensive home care is put in, such as with intermediate care / reablement, crisis situations can be overcome and the person rehabilitated in their own home. The use of Telecare can prove to be most beneficial in the ‘weaning off’ and confidence building stage, when some people may be at their most vulnerable.

Telecare sensors can give statutory agencies the ability to manage people who are felt to be at risk by alerting community alarm control centres if there is a crisis situation and to monitor and record the amount of incidences a person experiences thus acting as an ‘early warning’ system. Many falls go unrecorded because the person is not

badly enough hurt or considers the fall not serious enough to notify anyone or ask for help. By monitoring falls, agencies are able to spot any rate of decline and intervene before the situation becomes an emergency. By increasing home care, giving advice on health care, assessing and, where appropriate, modifying environmental and personal risk factors, a crisis situation may be managed in the

person's own home. This scenario may also be applied in a hospital discharge situation for reablement / rehabilitation purposes.

Who can Telecare help?

Telecare can support people with differing needs together with their carers. For example:

People in Extra Care/sheltered housing	Increases home safety Manages risk of independent living Allows people to remain in own home
People with increasing frailty	Allows people to remain at home for longer Increases home safety and security Manages risk of independent living
People with Physical Disabilities	Increases home safety and security Manages risk of independent living
People with Learning Disabilities	Increases home safety and security Manages risk of independent living
People with Mental Health conditions	Increases home safety and security Allows people to remain at home for extended periods Manages risk of independent living
People with Sensory Impairment	Increases home safety and security Manages risk of independent living
Children with a Physical Disability	Increases home safety and helps to manage risk
People being discharged from hospital	Provides reassurance and peace of mind reducing stress and anxiety Increases home safety and security
People with Chronic Disease or Long Term Condition	Helps manage self care at home while allowing patients to stay in contact with carers
Informal Carers	Provides reassurance and peace of mind reducing stress and anxiety

Learning from Pilots

Through the pilots and subsequent installations that have been carried out over the last four/five years, significant experience has been gained in overcoming teething problems by assessing how the technologies work practically, gathering client, carer and staff views on the use of Telecare, and by developing working practices and procedures in order to deliver a seamless service using partnership working.

Evaluation of the pilots provided evidence that the use of Telecare can help in many scenarios. It facilitated early hospital discharge and helped combat the 'revolving door syndrome. It prevented inappropriate admission into residential care and supported people with dementia in their own homes for extended periods. It detected falls and so lessened the long-term consequences. It alerted services to emergency situations, which were then responded to. It improved clients' quality of life by giving them more choice in their own care arrangements. One of the most evident benefits was found to be the respite and peace of mind it gave to informal carers. It also showed that the use of Telecare can result in cost savings to health, housing and social care partners.

How was it developed?

A project group made up of representatives from NHS Darlington and Darlington Borough Council developed the strategy. The group met monthly to discuss issues raised and various working

groups were set up to resolve more complex issues such as charging, procurement, commissioning arrangements, training and joint funding. Consultation and marketing with various groups and individuals was undertaken throughout the pilots.

Specific consultation was undertaken in relation to the existing Telecare charge. A Disability Equality Impact Assessment was undertaken and is available on the Darlington Council website. In addition an independent evaluation of the pilot was undertaken by Newcastle University and is available upon request.

Telecare Service Model Pilot

Evaluation of Darlington Borough Council's Assistive Technology Project 2008-09 considered the critical success factors to be:

- a) Increased awareness amongst professional staff from health, housing and social care agencies,
- b) Establishment of a pooled budget across agencies,
- c) Sound partnership working practices, and
- d) Robust protocols including referral, assessment, installation, monitoring, response and removal.

As part of this project, service user views sought to determine the success of the proposed service in providing good outcomes for themselves and their families. How they accepted Telecare and the benefits perceived were two of the

evaluation criteria that were used. The following quotes are a reflection of the general consensus, returned from service users.

“I know I will get help if I need it”

“That it can summon help for you when you can't raise the alarm yourself”

“Staff on duty are always helpful at call centre”

What does Telecare include – Scope?

The proposed Telecare service in Darlington includes a list of agreed devices (see Appendix 1) which can be used as additional equipment to a Lifeline alarm unit and linked to the Lifeline alarm service control centre in order to initiate a response to an emergency situation or crisis. It can also include some other types of technologies such as the ‘low tech’ Key Safes – but only if part of a Telecare package and not just to provide access to home carers or district nurses. In supported living settings equipment can bypass the Lifeline service direct to a carer on site.

Other specialist equipment/technology e.g. possum, automatic door openers, and other ‘low tech’ equipment such as bath aids, chair raisers, etc. should be accessed through the Council’s Occupational Therapy Team.

This strategy will review any previous and current Telehealth pilot work. Telehealth is the delivery of health-related services and information via telecommunications technologies. In partnership with NHS Darlington, two Telehealth pilots were undertaken (2008-09). The two pilots focused on patients who were diagnosed with a long term condition either chronic obstructive pulmonary disorder or heart failure. Evaluations demonstrated improved quality of life for patients, positive feedback from community matrons and specialist heart failure nurses and organisational efficiencies. An additional project was set-up through the North East Improvement and Efficiency Partnership (April 2010) to develop Telehealth equipment within two Care Homes in Darlington. These were evaluated post April 2011. Telehealth will be a natural progression once Telecare has been fully integrated into mainstream services.

2. Policy Context

Vision for strategy

Our vision for this Telecare strategy is to help to promote independence, choice and quality of life for service users and to support a higher number of people in their own homes or in a supported housing setting by developing a framework with which to deliver an integrated, mainstream and equitable service across Darlington.

Key Drivers

National Context

The Government is committed to promoting independence for older and vulnerable people and supporting them in their own homes wherever possible. The Government has made it clear through a

number of key documents that Telecare has a fundamental and innovative role to play in addressing this agenda.

National Strategies and Initiatives



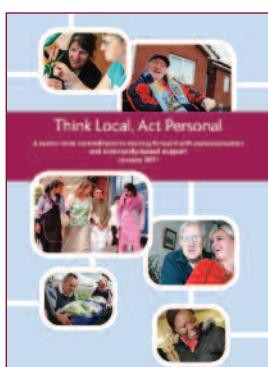
Independence, Wellbeing and Choice: Our vision for the future social care for adults in England (March 2005) - “Telecare has huge potential to support individuals at home, and to complement traditional care. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support and will make a contribution to meeting potential shortfalls in the workforce”.



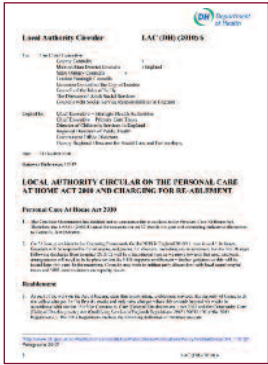
White Paper: Our Health, Our Care, Our Say: a new direction for community services (Jan 2006) - The White Paper highlighted the contribution Telecare and other assistive technologies can make in helping people retain their independence and improve their quality of life.



The Putting People First (2007), concordat highlighted: ‘Person centred planning and self-directed support are to become mainstream and define individually tailored support packages. Telecare is to be viewed as integral not marginal’.



Think Local, Act Personal: a sector-wide commitment to moving forward with personalisation and community-based support, January 2011 highlights the importance of “Supporting prevention and avoiding crisis admissions to hospital and other high cost services by combining health and social care personal budgets, crisis support, equipment, adaptations, reablement and the better use of housing opportunities. Telecare, Telehealth and other forms of equipment are crucial to achieving the vision in this agreement.

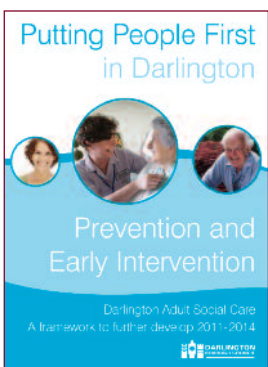


The Local Authority Circular (DH) (2010) 6: “Local Authority Circular on the Personal Care at Home Act 2010 and Charging for Reablement” states “in future, hospitals will be responsible for arranging and paying for aftercare, including any reablement, for the first 30 days following discharge from hospital. 2011/12 will be a transitional year as we move towards that goal, and local arrangements will need to be in place so that the NHS supports reablement. Funding will therefore be targeted at supporting effective discharge from hospital. Telecare will be crucial.

Local Context

Stakeholder partners in the Borough are committed to taking Telecare forward and this is reflected in local plans and strategies. The Council has Telecare clearly mapped out to support the personalisation and preventative agenda and the developments towards an intermediate care plus model, encapsulating enablement, reablement, intermediate care, recovery and rehabilitation (see page 36 for definitions).

Local Strategies and Initiatives



Putting People First in Darlington, Prevention and Early Intervention: A Framework to further develop 2011-14. Darlington Borough Council and NHS Darlington have drawn

up this framework to establish a clear framework and rationale to support an increased shift to improving preventative and early intervention services in the Borough. The framework’s action plan highlights on page 34; “to make better use of equipment to support independent

living”. Two ways to do this are highlighted. Firstly to target people over 85 years old with Telecare and secondly developing a Telehealth Strategy with regional partners.

Local Priorities

Using outcomes based accountability methodology the Council’s plans are designed to deliver key actions which will contribute to the outcomes for Darlington residents as set out in Darlington’s Sustainable Community Strategy One Darlington: Perfectly Placed².

These are:

- Everybody in Darlington is able to enjoy the Borough’s prosperity and quality of life
- Everyone in Darlington aspires and is able to achieve their full potential and maximise their life chances
- People in Darlington live long, healthy, active and independent lives
- People in Darlington enjoy an attractive, clean, green and sustainable environment
- All people feel safe and live in a crime free environment

² One darlington: Perfectly Placed. A Vision for Darlington: 2008-2021, Darlington’s Sustainable Community Strategy, <http://www.darlington.gov.uk/ConnectingwithCommunities/Consultation+Feedback/scs/>

Achievement of the outcomes set out in One Darlington: Perfectly Placed will ensure that all residents benefit from an improved quality of life. In order to know what this will look like and how we will know if it has been achieved the following themes were developed:

- Prosperous Darlington
- Aspiring Darlington
- Healthy Darlington
- Greener Darlington
- Safer Darlington

Each of the above five themes is linked to a number of measures (or performance indicators). The Telecare strategy aims to contribute towards the Healthy Darlington theme by contributing towards the following measures:

Healthy Theme:

People in Darlington live long, healthy, active and independent lives



Sustainable Community Strategy

Outcome:

People exercise choice and control over the services they receive

Departmental Outcome:

People who use adult social care services exercise choice and control over the services they receive – they can design what, how and when they are delivered to match their needs

Service Delivery Priorities:

- People have access to services which improve health and wellbeing
- People have good physical and mental health.
- Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions
- People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support
 - NI 124 - Long term condition supported
 - NI 125 - Achieving independence
 - NI 127 - Self reported experience of social care users
 - NI 131 - Delays from hospital
 - NI 132 - Timeliness of assessment
 - NI 134 - Number of emergency bed days
 - NI 136 - Supported to live independently

Strategic Objectives

Darlington's Telecare Strategy will adopt the strategic objectives recommended in the Department of Health Telecare Strategy Self-Assessment Framework. These objectives are listed below.

Overall Aims - Outcomes and Efficiency

- Prevent or reduce the escalation of support needs through wider use of Telecare
- Increase primary prevention, encourage / enable more people to assess their own needs and arrange Telecare directly with service providers
- Increase secondary prevention / the number of people who are able to live independently for longer through wider use of Telecare
- Widen the scope of Telecare / Telehealth services to support better health and personal care
- Reduce care costs for people who use services and the Council
- Reduce emergency, and / or re-admissions to hospital
- To develop a Telecare service, which will contribute to the wider health, housing and social care agenda, in particular being integral in the development of the intermediate care plus model. In other words providing a 'whole system' approach to prevent hospital admission, supporting discharge, and supporting those with long term conditions
- To develop an equitable Telecare service, which will demonstrate best value and be delivered by informed

and skilled professionals.

- To integrate Telecare with and complement other support and preventative services in the Borough.
- To enable people to be supported safely in their own homes wherever possible for longer, irrespective of tenure.
- To provide support to all vulnerable client groups and promote independence.
- Allow people to stay in their own homes.

Information and Advice

- Widen the availability of Telecare information and skilled advice to increase the number of people who take action to protect their own independence and safety

Assessments and support plans

- Integrate Telecare in all social care assessments, support planning and review processes
- Improve convenience / reduce the time taken to assess and provide Telecare support

Charging

- Increase income from charges
- Improve the consistency of charging across the Council area

Supply and Installation

- Integrate Telecare with equipment service
- Integrate Telecare with telehealth service
- Expand / upgrade installation service

Call Centres and Response Services

- Merge / extend existing response services

Review and Re-assessment

- Extend Telecare options for existing people who use community services and carers
- Extend Telecare options to supported residents in care homes / group homes

Commissioning and Procurement

- Consider value for money from a possible re-tender to expand or upgrade equipment suppliers / call centre / response service providers

Performance Management

- Introduce Telecare performance management
- Integrate Telecare performance measures with wider social care performance management

Strategic Outcomes

- Increase choice and independence for service users.
- Reduce the need for residential/ nursing care.
- Reduce emergency and acute hospital admissions.
- Reduce accidents and falls in the home.
- Facilitating early discharge.
- Support hospital discharge and intermediate care.
- Contribute to care and support for people with long term health conditions.
- Contribute to the development of a range of preventative services.

- Provide carers with peace of mind and enable them to have more personal freedom.
- To give people more choice in their care, housing and support arrangements.
- Provide service users with best value through more effective partnership and an integrated approach to service delivery.
- Unlock resources and redirect them elsewhere in the system.
- Integrate services across all Adult Social Care user groups.
- To provide a more joined up, whole systems approach to health and social care delivery allowing people to have more choice and say in their own care arrangements.
- To provide new and innovative ways of delivering services.



3. Local Need, Demand and Performance Measures

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

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. Telecare is vital to unlocking this future.

Demographics

'An estimated 90% of older people in the U.K. 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'³.

The borough population is around

100,400 people living in 45,000 households. Approximately 86,300 people live in the town of Darlington. The most significant demographic trend is the ageing of the population. It is estimated that by 2015 over 19% of the population will be of retirement age (65+)⁴. The very elderly age group (85+) is set to increase at an even greater rate from approximately 2,400 people in 2010 to 3,500 in 2025 (a 46% increase). Since most of the people in this age group will require some measure of healthcare intervention, this predicted rise has obvious implications for health, housing and social care partnerships in the Borough.

The following is useful data relating to Darlington, at 31st March 2010 (unless other date specified):

- 100,400 – total population
- 17,270 – 65+ population
- 3,330 – services users supported by Darlington Borough Council
- 1,424 – 65+ population supported to live at home with homecare
- 522 – people in residential care
- 146 – people in nursing care

Current Telecare Statistics

- The number of people in Darlington in receipt of Telecare in Darlington – 70 (August 2011)
- The number of people in Darlington in receipt of a Lifeline service (unit, pendant and or pull cord) – 3,500 (August 2011)

³ Department of Health, "Building Telecare in England" (2005)

⁴ Joint Strategic Needs Assessment (2008)

Call outs – 1st April 2010 – 31st Dec 2010 (9 months)

Service Type	Total Call Outs (9 months – actual)	Total Call Outs (12 month – estimated)
Lifeline	425	567
Scheme	377	503
Hardwired	163	217
Telecare	81	108
Extra Care	16	21
Total	1062	1416

Therefore the total number of call outs from Telecare equipment estimated for a yearly period for 2010/11 was 108 (7.6% of all call outs). The largest number of call outs (approximately 40% of total call outs) will be made from the activation of a Lifeline Unit (e.g. the pendant).

Falls

Statistics around falls:

People aged 65 and over predicted to have a fall, by age, projected to 2030 in Darlington

	2010	2020	2030
People aged 65-69 predicted to have a fall	1,007	1,194	1,463
People aged 70-74 predicted to have a fall	1,048	1,397	1,424
People aged 75-79 predicted to have a fall	798	974	1,166
People aged 80-84 predicted to have a fall	854	1,046	1,501
People aged 85 and over predicted to have a fall	1,075	1,419	2,193
Population aged 65+ predicted to have a fall	4,782	6,030	7,747

*Projecting Adult Needs and Service Information System⁵

⁵ Care Services Efficiency Delivery: supporting sustainable transformation: Projecting Adult Needs and Service Information System, available at: <http://www.poppi.org.uk/>

People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2030 in Darlington

	2010	2020	2030
People aged 65-69 predicted to be admitted to hospital as a result of falls	25	30	37
People aged 70-74 predicted to be admitted to hospital as a result of falls	40	54	55
People aged 75 and over predicted to be admitted to hospital as a result of falls	313	394	541
Population aged 65+ predicted to be admitted to hospital as a result of falls	378	478	633

*Projecting Adult Needs and Service Information System⁵

Fall attended by Mobile Response - 1st April 2010 - 31st Dec 2010 (9 months)

Service Type	Total Call Outs (9 months – actual)	Total Call Outs (12 month – estimated)
Lifeline	156	208
Scheme	72	96
Hardwired	13	17
Telecare	15	20
Extra Care	4	5
Total	260	346

Therefore, the total number of estimated falls for 2010/11 was 346. Comparing this to the Projecting Older People Population Information System data predicting 4,782 older people to have a fall in Darlington 2010/11 means that 4,436 will not receive a call out from a mobile Lifeline officer. This will have a bearing on the emergency services such as the Police and Ambulance Service and Accident and Emergency.

Performance Measures

The Department of Health Telecare Strategy Self Assessment Framework provides essential performance measures that should be captured to monitor and develop any local Telecare service. These are:-

- Number of people receiving Telecare
- Number of people trained to provide advice on Telecare
- Percentage of all Telecare assessments that are self assessments
- Percentage of Council funded support packages that include Telecare
- Average number of days from completed assessment to installation of Telecare equipment
- Average response times from confirmed alert to arrival of professional services
- Percentage of reviews and re-assessments that lead to the provision of Telecare
- Return on investment achieved through Telecare

Local Targets

- By December 2011, Telecare is to be provided to approximately 100 people.
- By December 2012, Telecare is to be provided to approximately 150 people.
- By December 2013, Telecare continues to be provided to approximately 200 people.

4. Current Service Infrastructure

Links to other services

This section outlines the infrastructure of services that Telecare is hinged on and the implications that Telecare holds for them.

Telecare service providers in the Borough

The community alarm service is the ideal infrastructure on which to build future Telecare services. There is currently one main community alarm provider (Lifeline Services) in Darlington, which can deliver Telecare services. Telecare is an excellent enhancement of the Lifeline Service.

Falls Services

Telecare has a fundamental role to play in helping to overcome physical barriers, increasing a person's confidence and detecting falls quickly and in doing so reducing the long term effects of the 'long lie'. Fall detectors and bed sensors have both successfully and automatically detected falls and prevented more serious consequences by facilitating a quick response. The use of temperature extreme sensors can detect if a person's house is too cold and their mobility impaired as a result. Key safes can save a person rushing to answer a door and falling in the process.

Intermediate Care / Reablement

If a tailored support package of intensive home care is arranged, such as with Intermediate Care or Reablement, crisis situations can be overcome and the person rehabilitated in their own home. The use of Telecare can prove to be most beneficial in the 'withdrawal and confidence building stage', when older people may be at their most vulnerable. Intermediate care and reablement are time limited services.

Emergency Services

Emergency services including the Fire Service, the North East Ambulance Service and the Darlington Constabulary are those partner agencies that have historically been most associated with the current Lifeline service. They will play an important role in Telecare services when they may be needed to respond to potential fires, floods, falls and emergency health problems or to safety or security alerts.

Hospital Discharge/ Rehabilitation

Telecare can provide statutory agencies with the ability to manage 'at risk' older people by alerting community alarm control centres if there is a crisis situation and to monitor and record the amount of incidences an older person experiences. Many falls for instance go unrecorded because the person is not badly hurt or they consider the fall not serious enough to notify anyone or ask for help. By

monitoring falls, agencies will be able to spot any rate of decline and intervene before the situation becomes an emergency. By increasing home care, giving advice on health care, assessing and, where appropriate, modifying environmental and personal risk factors, a crisis situation may be managed in the person's own home. This scenario may also be applied in a hospital discharge situation and for rehabilitation purposes. Obviously when a person is discharged from hospital they are at a very vulnerable time and often lack confidence. The use of Telecare can reduce the 'revolving door patient' syndrome in which people discharged from hospital can panic due to this lack of confidence, ring the emergency services and be admitted again within a short period of time. Telecare can give them reassurance that if there were a problem the Lifeline officers would respond.

Home Care

Home workers are those, along with Lifeline officers, who perhaps have the most contact with older people on a day to day basis. If a client has an intensive package of home care then Key Safes can allow home carers into the home without the need for numerous keys having to be cut or without the risk of the client falling as they try to get to the door to open it.* They are also in a prime situation of identifying the need for Telecare if they recognise their clients are becoming more frail or at risk. In some cases Telecare may be used to reduce home care hours, especially pop-ins

purely to check on clients, but it is not seen as a substitute for personal contact, merely a way of targeting care hours more effectively.

* Key safes can also facilitate emergency access for Lifeline officers responding to a call out when a key holder cannot be located. Historically doors or windows may have had to be forced to gain entry leaving the property and possibly the person more vulnerable.

Informal/Family Carers

There are clearly advantages for informal/family carers from the use of Telecare. Worrying about the safety of a loved one and constant vigilance can put a considerable strain on informal/family carers. The use of Telecare provides them with peace of mind and reassurance that if there is a problem then an alert will be raised. This can enable them to have a lot more freedom than they previously had for fear of leaving family who were at risk. We are now finding that with better health services the life expectancy of people with learning disabilities is increasing.

Telecare can play an important role in providing support and increased reassurance for informal/family carers who may now be elderly and vulnerable themselves.

Residential Care/Nursing Care/Community Hospitals

Telecare can play a role in these institutional settings by alerting staff if patients/residents have left their bed, fallen or gone out of the building. It is especially beneficial at night when there

are fewer staff to oversee many patients. It was found that a large proportion of falls happened when people got out of bed during the night to use the toilet. Some residential homes in Darlington currently have bed sensors which automatically turn on a light and which are linked to pagers worn by care staff who can attend to residents immediately when they are alerted that they are out of bed.

Home Equipment Demonstrations

A Telecare equipment demonstration room is available at the Extra Care Scheme at Rosemary Court. People can see the devices demonstrated and be directed to their local community alarm service (Lifeline Service – Town Hall) as a private customer, if they have not been referred by either Health or Adult Social Care.

Crime and Disorder/Bogus Callers

Certain Telecare devices can be linked to a control room and open up an audio channel which enable operators to hear conversations taking place at people's front doors or in the case of domestic violence in people's homes. There is also potential to use these devices to support children at risk.

Other types of housing

Extra Care, Sheltered Housing and Supported Living

The four Extra Care schemes in Darlington are able to use Telecare for tenants who have been assessed as needing it. Telecare in Extra Care uses the local community alarm service for monitoring or response during the night. However, during the day, the Telecare equipment links to the Extra Care warden link service.

Telecare is being used for tenants in some of Darlington's Sheltered Housing and Supported Living. Carers are available and play an important role in responding to alerts by any devices.

5. Key Components of the Future Telecare Service Model

Proposed Service Process

A Telecare service pathway outlining the roles and responsibilities in each service component has been developed. This can act as a reference tool for developing the services with partner agencies.

Awareness and training provision

Awareness of the benefits of Telecare and the devices available is crucial to the implementation of a Telecare service. Awareness sessions will need to be re-ongoing to keep health, social care and housing staff up to date with new and emerging technologies. A training course called Telecare is available on a monthly basis. This covers a general overview of the service.

Eligibility criteria

These criteria should be used to ensure equality of service across the Borough.

1. The person must be currently, or willing to be, connected to the Lifeline Service*
2. An active referral with Adult Social Care or Health.

*(Note: requires active phone socket and phone line).

Referral procedure

Referrals can be made by an individual directly to Lifeline services or through a GP, health and/or social care professional. Referrals should be made to the Council by calling 01325 346200.

Referral / Assessment / Installation

A social care assessment for Telecare will form part of a holistic assessment of need and be undertaken by a professional social worker or a member of an integrated health and social care team (the assessor). The Lifeline service will carry out the installation.

Monitoring / Call Handling

The Lifeline services system holds information on all their clients, what type of Telecare device they have and what response the operator should initiate. They provide valuable information for Telecare data recording to assist with performance management as to how many alarm calls have been received, whether they were active calls or false alarms, and what action was taken. Lifeline officers also make regular calls on clients and therefore are often the most appropriate people to notice changes in a client's circumstances.

Response Services

The Lifeline service is responsible for initiating and in most cases responding to an alarm call. Certain responses can involve the emergency services, a doctor, a family member or neighbour or a plumber or other tradesman e.g. gas shut off valve. Lifeline services follow protocols and procedures so that all operators know exactly what to do when an alarm call is received, however, these may vary for individual cases as and when they arise.

Repair and Maintenance

Maintenance of the Telecare sensors is the responsibility of the Lifeline service, who will develop systems, policies and procedures to ensure that maintenance of equipment is carried out in line with requirements stipulated as part of any Service Level Agreement.

Review

Adult Social Care Telecare referrals will be reviewed after 6 weeks and annually, following the existing current community care assessment review processes. Reviews for private clients will be carried out by the Lifeline service. The Lifeline service will then carry out an annual review visit to check that the Telecare equipment remains effective and in good working order.

Equipment Removal and Recycling

There are two main routes to trigger the removal of equipment; a request by the client or where the client has deceased. The type of equipment will determine who removes it. If the devices are in good working order, the equipment will be cleaned and put back into stock. The Control Centre Call Handling Software will be updated by Lifeline Services and they will notify the referrer of any change where appropriate. Wherever possible Telecare devices should be recycled and made available for re-use. This must include arrangements for any necessary cleaning or sanitising process.

Telecare Provision Monitoring

The provision of Telecare must be recorded in order to inform future direction of the service and to gather evidence for performance management. Once a Telecare referral has been made and installed, the provision will be recorded by the Council. Telecare provision will be monitored monthly.

Data Collection

The collection of data by all partners is crucial for evaluating the service and should be incorporated into daily working practices.

Ethics

Telecare raises ethical questions about surveillance and possible loss of privacy and autonomy and concerns around 'Big Brother'. Issues are often expressed about monitoring people in their own homes. However, it has been found through the pilots that these concerns can be alleviated by providing information and explanations to clients and their carers/family on how the technologies work and reassuring them that there are no cameras 'watching' them and what the data will be used for.

The implementation of a Telecare package is subject to the same processes as any other care package. Telecare will only be used with the person's consent, or that of the carers or next of kin where informed consent is not possible. Some Telecare equipment gathers information about the client's lifestyle and activities in the home. Clients, or their carers, must be made aware of what information may be generated from Telecare systems and should have access to that information and any conclusions drawn from the data collected. The ASTRID guide provides useful guidance on ethical issues in the implementation of Telecare and assistive technology. While its main focus is the use of technology in dementia care, its principles are applicable to other client groups. See www.astridguide.org. As the

service grows it may become apparent that there is a need for new roles. It has already been recognised through the service model pilot that there may be a need for additional Lifeline officers who will oversee and or co-ordinate the Telecare service process. Interest has also been expressed in developing a 'hybrid role' of a Lifeline officer with some basic nursing skills. This will be considered for the basis of future Telecare services.

Joint/pooled budgets

Debate will take place about which agencies obtain the most benefit from the use of Telecare. Whether it is delaying hospital discharge, preventing admission to hospital or preventing admission to residential care, most people agree that the benefit is reaped by all agencies and Telecare should therefore be funded by joint or pooled budgets. The current service has been funded initially through a one-off Government Grant (Prevention Technology Grant) followed by on-off support from NHS Darlington and then solely by the Borough Council.

Telecare Service Review

Lifeline Services will undertake a formal evaluation of the service on an annual basis where the service will be reviewed in terms of effectiveness and best value. Ongoing review will take place informally by Lifeline officers and control centre operators who often have more day to day contact with clients, and are more likely to notice if the Telecare isn't being effective, or any change in circumstances that the client themselves may not think worth reporting.

6. Charging Policy, Strategic Commissioning and Calculating Efficiencies

Charging Policy

National and local Telecare charging research was considered to develop a charging policy for Darlington. This proposal was sent to all existing Telecare clients at that time for their comments. A Level Two Disability Equality Impact Assessment was carried out as part of this consultation and is available upon request.

Who pays?

Individuals who live in Extra Care schemes and in supported housing / shared living accommodation (which have stand alone devices) with staff on duty at all times to respond to the devices will not pay a charge and are exempt. The policy will be subject to annual review as part of the standard annual review of charges within Adult Social Care. The charge is included within the Council's Fairer Contributions Policy for Non Residential Social Services and some people may be asked to contribute towards the cost of the service.

How much?

The existing Lifeline Service charge is

£4.99 per week (effective April 2011). If the individual is eligible for Supporting People relief then this charge is reduced. The payment for this is set up during the installation process by one of the Lifeline officers. This can be paid by a number of means, either weekly, monthly or annually. To benefit from Telecare a Lifeline service is needed to allow the Telecare equipment to talk to Darlington's Control Centre. This does not mean that you will have to take a pendant and/or pull cord, as you may wish to benefit from Telecare only. However, you will require the Lifeline unit, of which there is a cost attached. The Darlington Telecare charge is £1.50 per sensor per week. For more information on charges please contact Lifeline services on 01325 388508. Telecare is free to service users during the time limited intermediate care / reablement service.



Private Purchase

For those clients who wish to benefit from Telecare without a social care or health assessment, then there are two options:

- i) Arrange a visit to the demonstration room
- ii) Contact Lifeline Services for further information or for installation

By going through this referral pathway, the client would be asked to pay either an up front cost or rental option for the equipment and the weekly Telecare charge for the monitoring and response.

How is the money collected?

A mandatory agreement form requires the client (or representative's) signature before any installation will take place. This covers both the Lifeline service and the Telecare service. A Lifeline services officer will run through the various payment options during the installation for example monthly direct debit. For more information about the costs related to Telecare devices please contact Lifeline Services on 01325 388508.

Strategic Commissioning

It is generally acknowledged that the benefits of Telecare are reaped by all agencies which is why the use of joint budgets is advocated. In deploying Telecare the first principle must be seen as a two way partnership between the Borough Council and NHS Darlington. During the Preventative Technology Grant period, statistical evidence and stakeholder cost benefits has been calculated to identify possible cost sharing arrangements for future pooling of budgets and sustainability of the service.

Specifications for the required services will be reviewed for value for money, in the form of Service Level Agreements with Telecare providers and installers.

Commissioning arrangements will need to encompass assessment of need, monitoring, response, review, functionality and operation of equipment, installation, programming, uninstallation and recycling of equipment. They will also need appropriate methods of monitoring and measuring performance.

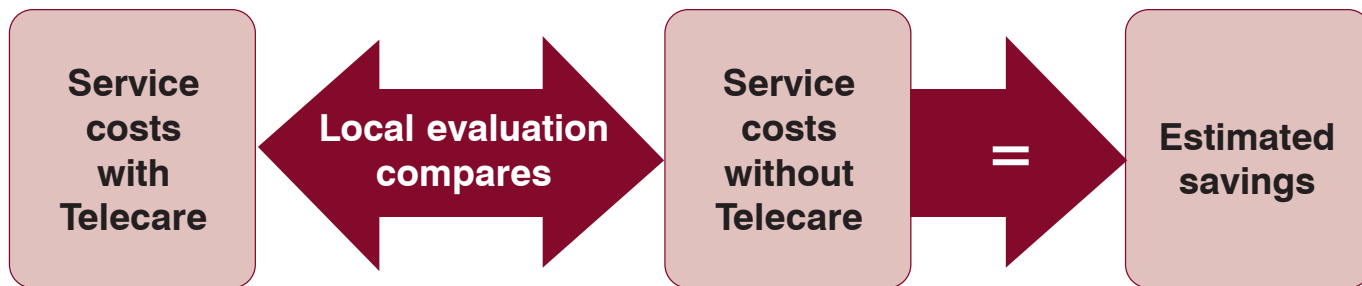
Capturing efficiency savings

The Care Services Efficiency Delivery published an evaluation tool (18th February 2011) to support organisations to make a case for expanding their existing Telecare service. It states that Telecare can be "an efficient use of resources." However, building a strong business case to expand Telecare services requires:

- Accurate local analysis of existing outcomes and costs, and
- Informed judgements about what outcomes and costs might have been incurred had the Telecare service not been available.

This is not always straightforward.

Savings are easier to demonstrate where Telecare is a safe substitute for other services, removing the need for waking night staff or reducing the number of home care visits. Local judgement can help quantify savings where Telecare is used to avoid or reduce the escalation of care needs." The savings model that will be adopted by this strategy produced by The Care Services Efficiency Delivery is demonstrated overleaf.



An example of the type of savings made in 2010/11 relating to falls was as follows:

- In excess of 500 (523) attended per annum (2 staff and lifting equipment to each)
- Of these at least 83% (or 434) dealt with solely by Lifeline Response Officers – no input or other services required
- 60 to 70% needed some form of Personal Care from making a cup of tea to toileting and direct personal care
- The cost of an ambulance is calculated at £160
- Therefore savings estimated to have been made 2010/11 relating to falls was £69,500



7. Taking the Strategy Forward – Action Plan

A Telecare group will manage the implementation of this strategy. The group will complete a review in 2011, to include a cost benefit analysis to ensure that the Telecare service is meeting its desired outcomes. Technologies develop quickly as manufacturers and suppliers appreciate more fully the way that Telecare services can assist in empowering people and helping their support and care needs. Such changes and growth in service provision will mean that it is necessary to keep the service under constant review.

Elements of an effective Telecare Service	Good Practice	Timescale
Category: Information and Advice		
Freely available public access to information , regardless of funding status	<ul style="list-style-type: none"> • Standardised, fully accessible information for the general public including council website, contact centres, libraries, voluntary sector organisations, GP surgeries, hospitals • Standard website for information on Telecare / Assistive Technology equipment, including ratings and reviews by users and carers, focussed on the public rather than social care and health staff 	2011
Freely available public access to skilled advice on appropriate Telecare packages and solutions, including for carers	Face to face advice available, e.g. via <ul style="list-style-type: none"> • GP's • Trusted assessors (e.g. voluntary organisations) • Accredited suppliers 	2012
Category: Assessments and support plans		
Simple Self Assessment available to all, with clear link forward to assisted assessment if complex or eligible needs	Available: <ul style="list-style-type: none"> • Online • By phone • Via trusted assessors • Via trained Adult Social Care assessors 	2012

Elements of an effective Telecare Service	Good Practice	Timescale
Category: Assessments and support plans		
Access to trained assessors for all entering via the formal care system: including training in the conduct of assessments that automatically include review of simple Telecare solutions	<ul style="list-style-type: none"> • Reablement team trained in, and routinely assess for and prescribe, Telecare as part of first consideration • GP's are engaged and knowledgeable • Specialist expertise is also available for complex or multiple need assessments • Training resource & coaching support (including induction and regular team updates) are routinely available to all assessment staff • Shared knowledge base of latest equipment and technologies, and case file examples of best practice 	2012
Personal budgets and RAS system geared to accommodate Telecare solutions	<ul style="list-style-type: none"> • Resource Allocation System can be used to create personal budgets that include allowable charges / costs for Telecare services 	2012/13
Support plans include "default" use of Telecare where safe and cost effective	<ul style="list-style-type: none"> • All support plans, self directed or otherwise, have relevant fields and prominent guidance or prompts for Telecare solutions 	2012/13
Category: Charging		
Service charges and information about possible sources of income are clearly explained.	<ul style="list-style-type: none"> • Information for self funders and eligibility clearly differentiated • Charging incentivises growth • Consistent application of charges across the Council area. • Low transaction costs 	2011
Category: Supply and installation		
Access to demonstration facilities , including stand alone equipment	<ul style="list-style-type: none"> • SMART house, mobile or similar. • Simple demo kit available in offices, surgeries and hospitals 	2012

Elements of an effective Telecare Service	Good Practice	Timescale
Category: Supply and Installation		
<p>Suppliers & installers respond quickly and safely to install and check equipment</p>	<ul style="list-style-type: none"> • Self funders can go through Council link (or other route) direct to accredited supplier • Accredited range of suppliers giving some choice and availability of specialist advice • Service Level Agreement with clear and managed response times and safety conditions/protocols • Effective de-commissioning and re-cycling of equipment • Good value for money 	2012
Category: Call Centres and Response Services		
<p>Effective 24/ 7 call monitoring</p>	<ul style="list-style-type: none"> • Reliable 24/7 call monitoring facility with clear and effective protocols. May be shared with other councils / health partners • Contract including automatic provision of regular management data allowing the identification of call patterns – individual and geographic, and • recording responses and outcomes on an individual basis – to allow for entry to the individual client record system 	2012
<p>Effective 24/7 response service</p>	<ul style="list-style-type: none"> • Operates across all areas (with comparable response times) • Multi-skilled • Accredited • Working to clear set of response protocols • Contract includes automatic provision of management data, as above 	2012
Category: Review and Re-assessment		
<p>Telecare solutions are built into reviews guidance and documents as a requirement</p>	<ul style="list-style-type: none"> • Applied in care homes and home based support packages 	2012

Elements of an effective Telecare Service	Good Practice	Timescale
Category: Commissioning and Procurement		
Population needs assessed and Telecare impact projected	<ul style="list-style-type: none"> • Deployment of current Telecare across service user groups and carers analysed for effectiveness and economy • Reliable estimates of potential benefits and efficiency gains for wider deployment over 3-5 year period. Includes potential non-benefits and cost management risks 	2012/13
Business case prepared	<ul style="list-style-type: none"> • Economic rationale for strategic expansion established • Reliable evidence of current and potential efficiency gains 	2012/13
Charging policy in place and is consistently applied	<ul style="list-style-type: none"> • Charging levels contribute incentive to defer or avoid high cost support options • Income due is collected immediately on commencement of service (few voids) • Income from charges is calculated as integral part of business plan 	2011/12
Investment funding agreed (including funds from partners) and adequate to meet targets for development/ expansion over a strategic period.	<ul style="list-style-type: none"> • Telecare spending is seen to substitute safely and effectively, or provide adjunct or alternatives, for other services (e.g. delaying care home admissions, or reducing home care package escalation costs) • Secured investment 	2012/14
Procurement is managed effectively	<ul style="list-style-type: none"> • Providers' strengths and weaknesses are assessed and recorded • Specifications are developed for all aspects and operations • Regular scanning of the market for innovation and cost effective solutions (i.e. not locked in to a single supplier) • Services are procured through tender • Tender documents and process in place by date of next renewal: key information / intelligence and data sources identified and able to produce regular feedback. 	2012/14



Elements of an effective Telecare Service	Good Practice	Timescale
Category: Commissioning and Procurement continued		
	<ul style="list-style-type: none"> • Equipment is purchased on a flexible basis that allows for possible cross-council procurement framework; • Commissioners have evidence to assess value and quality, and effectiveness of operations 	2012/14
Category: Performance Management		
Telecare performance measures are an integral part of routine performance reporting	<ul style="list-style-type: none"> • Telecare expansion project milestones are included in commissioning and providers performance management systems • Indicators are produced for regular report. For example: <ul style="list-style-type: none"> • Number of people receiving Telecare • Number of people trained to provide advice on Telecare • Percentage of all Telecare assessments that are supported self assessments • Percentage of Council funded support packages that include Telecare • Average number of days from completed assessment to installation of Telecare equipment • Average response times from confirmed alert to arrival of professional services • Percentage of reviews and re-assessments that lead to the provision of Telecare • Return on investment achieved through Telecare 	2012

Appendices

APPENDIX 1 – List of Telecare Devices

Image	Description	Installation	Does the device need to be fixed to the wall?
	SayPhone 21 Telecare Dispersed Alarm Unit (NB Comes with 1 pendant)	Lifeline Officer	No
	Pendant Wrist/Neck/Brooch Selectable	Lifeline Officer	No
	Fall Detector	Lifeline Officer	No
	Radio Smoke Detector	Lifeline Officer & Fire Service	No
	Radio Heat Detector	Lifeline Officer & Fire Service	No
	Radio Carbon Monoxide Detector	Lifeline Officer & Fire Service	No
	Radio Gas Detector - Mains 240 v AC	Lifeline Officer & Fire Service	No
	Radio Flood Detector	Lifeline Officer	No
	Radio PIR Movement Detector	Lifeline Officer & Handyman	No
	Radio Temp Extremes Detector - High/Low	Lifeline Officer & Handyman	No
	Radio Combined Gas & CO Detector - Mains 240 v AC	Lifeline Officer & Handyman	Yes

	Radio Bed Occupancy Alarm	Lifeline Officer	No
	Bed Occupancy Mat - To work with above ZXT430	Lifeline Officer	No
	Chair Occupancy Mat - To work with above ZXT430	Lifeline Officer	No
	Pressure Mat - To work with above ZXT430	Lifeline Officer	No
	Radio Enuresis Detector (3yr 9v battery)	Lifeline Officer	No
	Spare Enuresis Mat	Lifeline Officer	No
	Radio Pill Dispenser (1yr x4 AA batteries)	Lifeline Officer	No
	Spare Pill Dispenser Cassette	External Installer	No
	Radio Client Wandering Keypad (battery 5 years)	External Installer	No
	Radio Door Contact (battery 5 years)	External Installer	No
	Radio Panic/Bogus Caller Button (battery 5 years)	Lifeline Services & Handyman	No
	Radio RNID Smoke Alarm Kit (battery 5 years)	External Installer	Yes
	Radio Door Alarm + Keyswitch (battery 5 years)	External Installer	No
	Radio Variable Pressure Switch (battery 5 years)	Lifeline Services	No

	Radio Epilepsy Sensor (battery 5 years)	External Installer	No
	GPS buddi	Lifeline Services	No
Battery	Battery for Sayphone21	Lifeline Services	-
Battery	Battery for Fall Detector, Radio Temp Extremes Detector - High/Low, Radio Bed Occupancy Alarm	Lifeline Services	-
Battery	Battery for PIR Movement Detector, Radio Enuresis Detector	Lifeline Services	-
Battery	Battery for Radio Pill Dispenser	Lifeline Services	-

**For more information on these please contact
Lifeline Services, 01325 388508**

Additional equipment may be added to this list as it becomes available.



APPENDIX 2 – Case Study

Lifeline and Telecare in an Extra Care setting

Presenting risk:

- Individual moving from a supported living environment from outside the area.
- Individual assessed as needing to move to an Extra Care Scheme and wanted to retain independence as much as possible.
- Individual at high risk of falls and repeated episodes of falls whilst alone within flat at night.

Equipment installed:

- Falls Detector and Bed Sensor

Outcome following installation:

- Individual able to remain living within Extra Care with minimal support and reassurance that equipment will give early detection of falls
- Maintaining independence and minimising risk
- Reducing hospital admissions, need for more family input or increase of care package.



APPENDIX 3 – Definitions

Assistive Technology: Any product or service that is designed to maintain or improve someone's independence. Assistive technology includes innovations to assist with communication, monitoring of need/activities, equipment for people with a hearing impairment, access for people with a visual impairment, computer access for people with a learning difficulty, and equipment to assist with mobility or personal care. [See also Telecare]

Control Centre: The team where calls are initially transferred and data held.

Eligible needs: Those needs which fall within the Council's eligibility criteria. [See also Eligibility Criteria].

Eligibility criteria: When assessing an individual's support needs, local authorities will take into consideration how serious a risk is to an individual's independence. Eligibility criteria provide the framework for evaluating the level of risk to an individual's independence, and thus provide a structure for determining eligibility for adult social care. Councils must follow the Fair Access to Care Services (FACS) guidance when determining eligibility criteria. The FACS guidance sets four eligibility levels: Critical, Substantial, Moderate and Low. Darlington Borough Council regards needs as being eligible where the risks to a person's independence fall within the Critical, Substantial, Moderate and Low bands.

Emergency: A situation which, in the opinion of the call handler, poses an immediate risk to health, life or property and requires urgent intervention to prevent a worsening of the situation or where no response is received from the service user following an alert.

Emergency services: Police, ambulance and fire service.

Enablement: Enablement aims to provide the person with adequate support, authority, means and opportunity, to enable them to regain control over their lives.

Equipment: Any items purchased or provided by the Council in accordance with this agreement.

Intermediate Care: Intermediate care is a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. (Intermediate Care – Halfway Home: DH July 2009).

Lifeline: equipment which when activated by the service user generates a call to the control centre

Lifeline response officer: the Council worker who will attend the service users property

Nominated contact: person named within the Client Support Plan

Personalisation: Personalisation is about putting individuals firmly in the driving seat of building a system of care and support that is designed with their full involvement and tailored to meet their own unique needs.

Preventative Agenda: Preventative services for people with poor physical or mental health, to avoid unplanned or unnecessary admissions to hospital or residential care, which can include short-term and longer term low-level support.

Service User: An individual receiving social care support from the Council.

Reablement: Reablement aims to help people accommodate their illness or condition by learning or relearning the skills necessary for daily living. (Care Services Efficiency Delivery Programme, Home Care Reablement Workstream, 2007).

Rehabilitation: Rehabilitation is a goal orientated and time limited process

aimed at enabling a person to maximise their physical, mental and social functioning. It can also aim at providing a person with tools to deal with their loss of and change in function.

(Dictionary of Physiotherapy Porter S. 2005)

Recovery: Recovery and recuperation is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems. Recovery represents a movement away from pathology, illness and symptoms, to health, strength and wellness. (Shepherd et al 2008).

Telecare: a continuous, automatic and remote monitoring of real time emergencies over time in order to manage the risks associated with independent living.

The Council: Darlington Borough Council

An inclusive approach

If English is not your first language and you would like more information about this document, or if you require information in large print, Braille or on audio please contact the Policy Unit on 388017.

This document will be made available in request in Braille, audio or large print.



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Urdu اگر آپ کو یہ کتابچہ انگریزی کے علاوہ کسی دوسری زبان میں درکار ہو تو برائے مہربانی ٹیلیفون نمبر 01325 388017 پر فون کر کے حوالہ نمبر بتائیں۔

Punjabi ਜੇ ਇਹ ਪਰਚਾ ਤੁਹਾਨੂੰ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਬਿਨਾਂ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਨੰਬਰ 01325 388017 ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਰੈਫਰੈਂਸ (ਹਵਾਲਾ) ਨੰਬਰ ਦੱਸੋ।

Hindi यदि आप यह प्रकाशन अंग्रेज़ी के अलावा अन्य भाषा में चाहते हैं तो कृपया संदर्भ नम्बर (रेफरन्स नम्बर) बताकर निम्नलिखित 01325 388017 पर संपर्क करें।

Cantonese 如果你需要其它语言的版本, 請與以下電話聯係並報出參考號碼: 01325 388017

Bengali যদি আপনার ইংরেজী ছাড়া অন্য কোন ভাষায় এই প্রকাশনাটির দরকার থাকে, তাহলে নম্বরে ফোন করুন এবং সূত্র নম্বর উল্লেখ করুন। 01325 388017

Arabic إذا رغبتم الحصول على هذه النشرة بلغة أخرى غير اللغة الإنجليزية نرجو الاتصال بنا على رقم الهاتف التالي : 01325 388017 مع ذكر رقم الإشارة.

Polish Jeśli chciał(a)by Pan(i) otrzymać polską wersję językową tego dokumentu, proszę zadzwonić pod numer 01325 388017 i podać numer identyfikacyjny dokumentu.

Darlington Telecare Strategy 2011-2014