Telecare Strategy
For Bridgend County Borough 2008 - 2011
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Section One: Introduction

1.1. Vision for Telecare in Bridgend

The Telecare Project Board has agreed, in consultation, that the Telecare service in Bridgend County Borough Council will be called Bridgelink. Our vision for Bridgelink is that:

A person is able to access and use Telecare as the part of a care plan or a preventative measure which enables them to continue to live in and perform daily tasks within their home irrespective of the limitations imposed by their frailty or disability.

1.2. Purpose of the Strategy

This Strategy aims to ensure a coordinated, consistent and integrated approach to the development, funding and delivery of Telecare and Telehealth Services across Bridgend County Borough over the period 2008 – 2011 and beyond. It will focus initially upon implementing Telecare but will do so in way that will also provide a sound basis for the introduction of Telehealth.

1.3. Telecare Capital and Revenue Grants

In 2006, the Minister for Health and Social Care announced that Telecare Capital Grants would be allocated to Local Authorities with the aim of supporting an extra 10,000 people in Wales with Telecare equipment. The capital is to be spent on the purchase of equipment, and any costs directly attributable to bringing it into working condition for its intended use, such as installation costs. Subsequently, a Telecare Revenue Grant has been made available to support the development and operation of telecare and/or telehealth service delivery over the period of the Telecare Capital Grant.

1.4 Desired Outcomes from the Grant Funding

In total £8.92 Telecare Capital Grant has been allocated throughout Wales. Bridgend received an allocation of funding from this Grant of £376,000 to be spent by March 31st 2009, with a target of 500 new Telecare users by the end of the grant period. Whilst the Welsh Assembly government have stated a specific target for new users, it is clear that the Grant is designed to alter outcomes for people and assist the modernisation of services. The Grant must therefore be used to provide new services to new people and to add value to existing services.
Section Two: What is Telecare?

- Definitions of Telecare and Telehealth

Telecare and telehealth are different types of Assistive Technology that seek to support an individual’s dignity and independence.

2.1. Telecare is defined by the Welsh Assembly government, for grant purposes, as a means by which care and support can be provided to people with or without other services, through telecommunication and technologies in the home. Equipment is designed to support the individual in their home and to be tailored to meet their needs. Telecare typically employs sensors and automated devices that enable the well-being of an individual to be monitored remotely and contributes to people’s health, mobility, well-being and security.

2.2. Telehealth equipment is designed to complement health care. Telehealth devices work by monitoring vital signs, such as blood pressure, and transmitting the data to a response centre or clinician’s computer, where it is monitored against parameters set by the individual’s clinician. Evidence that vital signs are outside of ‘normal’ parameters triggers a response. To be successful, Telehealth needs to be part of the local health and social care pathway for managing long term conditions.

2.3. Used effectively Telecare and Telehealth can support the independence and well-being of older and disabled people. The technology enables carers to respond more quickly to a crisis and can help prevent problems arising in the first place by providing early indications of deterioration in an individual’s health or well-being. Telecare offers help when needed, and privacy at other times.

- Benefits of Telecare

2.4. The outcomes expected from Telecare include:

- For service users, an increase in confidence in maintaining their independence as a result of increased security or reassurance that there is support available if needed;
- For carers, the confidence and re-assurance that there can be rapid contact if there is a problem.

2.5. Telecare supports the overall strategic direction of social care and housing policy. It provides an additional service choice to the increasing numbers of older people and people with disabilities who wish to remain in their own home and their carers. Telecare provides a platform for the operation of existing community based services and supports the re-modelling of existing services to meet the demands placed on social care service delivery. Cost comparison exercises are beginning to demonstrate that
Telecare services can be good value for money, with savings derived from a reduction of time spend in residential care, nursing homes and hospitals.

2.6. The people who can benefit the most from Telecare technology and therefore who form the target groups for this Strategy are:

<table>
<thead>
<tr>
<th>Potential service users</th>
<th>Benefit</th>
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<tbody>
<tr>
<td>Older people, people with disabilities receiving care packages</td>
<td>Supports users in their own homes through care packages, as part of general and supported housing services. Provides confidence and reassurance that there care be rapid contact if there is a problem</td>
</tr>
<tr>
<td>People with a history of falls/at risk of falling</td>
<td>Increased confidence to live at home. Rapid response to fall decreasing likelihood of hypothermia, fear and complications. Supports development of falls prevention services</td>
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<tr>
<td>People with mild dementia</td>
<td>Improves service user and carer confidence, decreasing level of risk associated with cognitive impairment</td>
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<tr>
<td>People with epilepsy</td>
<td>Increased confidence to live at home for service user and carers</td>
</tr>
<tr>
<td>People with long term conditions, for example, COPD, heart failure, angina etc.</td>
<td>Enhanced Lifeline Alarms and Telecare services providing the basis for the monitoring of vital signs using telehealth equipment.</td>
</tr>
<tr>
<td>People receiving Intermediate Care packages</td>
<td>Supports the rehabilitation process by increasing confidence to live at home, especially following hospital discharge.</td>
</tr>
<tr>
<td>People with feeling anxious about managing home safety risks, including a fear of violence intrusion or bogus callers</td>
<td>Increased confidence to live at home Provides confidence and reassurance that there care be rapid contact if there is a problem</td>
</tr>
</tbody>
</table>

2.7. Telecare can not only benefit the user, but it can also provide reassurance and practical assistance to carers, families and associated organisations.

<table>
<thead>
<tr>
<th>Wider Impact</th>
<th>Benefit</th>
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<tbody>
<tr>
<td>Carers</td>
<td>Can be contacted via the monitoring centre or directly e.g. through a mobile phone to warn them of a problem in a family member/friends home Support carers, via a carers emergency card and the mobile response service, to enable them to lead less restricted lives</td>
</tr>
<tr>
<td>Parents and family</td>
<td>Confidence and reassurance that there can be rapid contact if there is a problem</td>
</tr>
</tbody>
</table>
### Housing Associations
- Can provide rapid response cover to support users in sheltered housing rather than admission to care home

### Social services
- Supports users in their own homes as part of a care package
- Contributes to ‘step up’ facilities such as intermediate care to prevent a move to a care home

### NHS Trust
- Contributes to ‘step up’ facilities such as intermediate care to prevent admission to hospital.
- Supports effective hospital discharge

### Primary Care
- Effective part of a case management system to prevent a move into a care home or admission into hospital

### Voluntary Organisations
- Support to users and carers directly funded through statutory agencies

### Section Three: Strategic Drivers

- **National Context**

  3.1. Telecare addresses a number of different policy agendas dating back at least a decade. Some to these relate to helping vulnerable people live independently and safely at home, others to the reform of the health service delivery. More recent policy documents have specifically focussed upon Telecare.

  The introduction of a Telecare service supports the Assembly Government’s strategic direction for Health and Social Services throughout Wales. The **Review of Health and Social Care** advised by Derek Wanless emphasised the importance of prevention and earlier intervention across health and social care.

  The opportunities arising from the wider development of telecare services, to maximise independence and support more domiciliary (rather than residential) care features prominently in the Social Services Direction Paper **A Strategy for Social Services in Wales over the next decade: Fulfilled Lives, Supportive Communities**. It advocates that telecare is seen as a new platform of service and stresses the importance of addressing systematically the currently fragmented and inconsistent pattern of Telecare service development across Wales.

  **Designed for Life** also identifies the need for improvements in Telecare and as part of its plans to re-design health services in Wales it acknowledges that ‘greater use of technology... will reduce the need for hospital visits or residential care.... The results of these developments will give individuals greater control over their own quality of life’.
The **Strategy for Older People in Wales** and the **NSF for Older People in Wales** promotes independence for older people and supports the aim to shift service provision towards the community, enabling people to remain within their own homes for longer. The NSF promotes the effective use of available technologies to support this aim. Telecare is beneficial, in particular, in managing the health of older people with long term and chronic conditions and those with dementia within their own homes.

- **National Performance Measures and Targets**

3.2. A specific new Social Care target for Telecare has been introduced. The implementation of Telecare will also potentially affect Bridgend’s performance in relation to the other targets that are listed:

<table>
<thead>
<tr>
<th>National Core Set Indicators (Adult Social Care)</th>
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<tr>
<td><strong>SCA/010</strong></td>
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<tr>
<td><strong>SCA/002</strong></td>
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<td><strong>SCA/003</strong></td>
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<tr>
<td><strong>SCA/001 (NS1)</strong></td>
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<td><strong>SCA/011</strong></td>
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<table>
<thead>
<tr>
<th>SAFF Indicators (Health )</th>
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<tbody>
<tr>
<td><strong>16</strong></td>
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<td><strong>17</strong></td>
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<td><strong>18</strong></td>
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<td><strong>19</strong></td>
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To reduce the numbers of delayed transfers of care (excluding mental health) per 100,000 population

20

To reduce the number of days delayed for delayed transfers of care (excluding mental health) per 100,000 population

○ Local Context

3.3. The overarching Strategic Objective of the Telecare Strategy is to support the vision and values of the Bridgend County Borough Health, Social Care and Wellbeing Strategy that:

- The health and well-being of the people of the County Borough of Bridgend will be among the best in Wales
- Everyone has appropriate access to first class services delivered by organisations working together.

Also that the strategic development of Telecare and Telehealth in the County Borough will also be key to the ‘Delivering Integrated Services’ partnership project across the health and social care community within the area of the Abertawe Morgannwg University NHS Trust

3.4. The development of Telecare in Bridgend is occurring at a time of considerable change within existing adult social care services. A priority within this remodelling is to ensure that Telecare services are developed as a core element of mainstream services and their continuing sustainability is ensured.

Section Four: Service Aims, Objectives and Outcomes

4.1. The aim of developing a Telecare service is to contribute to a coherent and integrated range of services that are person-centred and are designed to assist and maintain people in their own home with an increased sense of safety, security and confidence.

4.2 The objectives of the service are to:

- Offer people a flexible and non-institutional tool to help them maintain independence, maintain confidence, have greater control and choice as a result of increased security or reassurance that there is support available if needed
- Create potential for keeping people at home for longer before needing a residential care placement and for helping people to return home from hospital with greater confidence
Enable an increasing numbers of older people and people with disabilities with more complex needs to remain in their own home without growing numbers of carers

- Assist in the development of an integrated and streamlined approach to service delivery, that avoids duplication of effort and resources, and provides value for money
- Provide carers with confidence and re-assurance that there can be rapid contact if there is a problem and thus increase their ability to fulfil their caring role.
- Ensure a strong service process including appropriately sourcing, procuring, storing, delivering, installing, collecting, recycling, maintaining and testing of equipment

4.3 Telecare and Telehealth services offer the potential to:

- Provide reassurance and support the confidence of service users and their carers
- Give users greater control of their own lives by reminding them of tasks that they wish to compete or providing information about developing risks.
- Identify changes in the personal circumstances of the user and enable an immediate and appropriate response.
- Support professionals in making risk and care assessments
- Enable care professionals to shorten the time period between the occurrence of an event and the delivery of the appropriate care interventions
- Provide effective support for carers alongside traditional healthcare, social care and housing initiatives.

Section Five: Service Development Process

- **Strategic Planning Framework**

5.1 The overall responsibility for the development of Telecare in Bridgend County Borough rests with the Health and Social Care Partnership Board. Progress on the development and review of the Telecare Strategy will be reported from the Bridgend Telecare Project Board via the Joint Executive Team to this Board.

- **Project Management**

5.2 The Bridgend County Borough Telecare Project Board was established in September 2006 is a multi agency group to oversee the development and implementation of this Strategy. The Board’s Terms of Reference proposed a structure that ensures, when necessary, task and finish groups will be formed to identify the detail of Telecare service components and ensure that they complement core services.

5.3. The Telecare Project Board has agreed the following principles as a basis for implementing the Telecare service.
• Exploring options for further developing joint commissioning and working arrangements with other statutory agencies and other providers.
• Viewing a range of multi agency approaches adopted for commissioning services with the aim of formalising specific arrangements with Bridgend County Borough Local Health Board using Health Act 1999 flexibilities
• Strengthening partnership arrangements with the independent and voluntary providers in accordance with the Bridgend Compact agreement with the voluntary sector and ‘Promoting Partnership in Care: Commissioning social care and health services’
• Exploring in partnership with the LHB, NHS Trust and Local Authority community case managers working with people with long-term conditions the benefits of extending the use of Telehealth technology where appropriate
• Evolving further our notion of regional commissioning in line with ‘Making the Connections’ by forming regional partnerships for jointly commissioning social care and housing services with other local partners.
• Working closely across services to ensure that the development of an integrated community equipment service between the Abertawe Morgannwg University NHS Trust, Bridgend Local Health Board and Bridgend County Borough Council in partnership with neighbouring authorities enables the effective implementation of the Telecare service.

5.4. A Telecare Project Manager has been appointed on a fixed term contract to lead the initial stages of the implementation process.

   o  Ethics

5.5. The introduction of the Telecare service raises ethical concerns. The service will initially use technology which is more sophisticated than the simple community alarm but not so advanced and intuitive as the computer-based high-technology systems. An ethical framework for the service will form part of the operational procedures and will be informed by the existing policies of the partner organisations.

This framework needs to be applicable for all levels of technology and to cover issues such as the capacity to give informed consent, the minimising of intrusion, respect for individual privacy. There needs to be constant vigilance with regard to the rapidly changing technology available to ensure that the ethical issues posed are debated and resolved as the service develops.
Section Six: Service Components

○ Operational Management

6.1 It is envisaged that as the service becomes operational, a Telecare Co-ordinator will be required. The Coordinator will provide day to day operational co-ordination of the new Telecare service and will continue to develop systems and procedures to ensure that Telecare becomes an integral part of managing prevention and maximising independence within Bridgend.

The Co-ordinator will act as a link between professional staff, contractors, call centres, response services, users and carers. The Co-ordinator will handle referrals, assessments and reviews for the Telecare service, offering advice and assistance to ensure that the appropriate Telecare products are identified, installed, maintained and recycled.

The Co-ordinator will also safeguard the performance of the Telecare service, overseeing the development and management of a robust performance monitoring process to ensure continuous service improvement.

○ Eligibility

6.2 The service will be entirely needs based. Telecare will be available to people living in any part of Bridgend. There are no restrictions on the age of the person who may benefit from the provision of telecare or any criteria linked to the tenure of the person’s home.

6.3. The following outcomes will be considered as indicators of a person needing a Telecare service:

- Reduction in risks associated with falls
- Reduction in anxiety/improved well being of informal carers
- Preventing future hospital admissions
- Prevention of placement into a care home
- Reduction in the provision of care
- Reduction of risks of mental health or learning disabilities
- To support wellbeing/independence upon hospital discharge
- Reduction in anxiety due to social isolation
- Reduction in anxiety resulting from crime or fear of crime

6.4 The priority target group of people for this Strategy will be those older and disabled people who, following a unified assessment, have been determined as eligible for services to support them to live in their own home. Telecare services will contribute to their care plan as an integral part of the other social care services provided or as a preventative measure to delay the need for other services. It will therefore be aimed at potential/new and existing users of the Council’s Social Care services.
6.5 The needs of their carers will also be taken into account when assessing for a Telecare service and a carers’ emergency card linked directly to the monitoring centre will be developed to provide additional reassurance if they are delayed or incapacitated whilst away from the cared for person.

6.6 The criteria will include people who live in residential care homes and other supported living environments in the community and the use of Telecare equipment will assist in providing help when needed and privacy at other times.

6.7 Following more detailed costing, it may be possible to identify a further group of people who are demonstrated to benefit from a preventative Telecare service and who may be offered Telecare equipment and installation.

6.8. All other Bridgend residents will be advised about entering into private arrangements with the Monitoring Centre used by the Council or another of their choice but will meet the full cost of the service outside the current grant arrangements.

   o Assessment

6.9. Telecare service will become one means to meet the needs of those who are assessed as requiring help to remain in their own home, following a unified assessment under the NHS and Community Care Act.

6.10. It is envisaged that the specialist assessment for Telecare will initially be part of a holistic Occupational Therapy Assessment. As the equipment becomes more familiar then it is anticipated that social workers and care managers will be able to prescribe standard home safety packages. The Occupational Therapists will retain responsibility for the assessment of more complex packages.

6.11 In the initial grant period, the Community Occupational Therapists will also work closely with Bridgend County Care and Repair in order to expedite the assessment of standard Telecare packages to increase home safety. The Care and Repair Agency will offer risk assessments to those people who already have community alarms and fit Home Safety and Home Security packages where appropriate in the initial grant period.

6.12. Occupational Therapists employed by Aber Bro Morgannwg University NHS Trust will also be able to undertake specialist assessments for Telecare in order to expedite hospital discharge.

   o Equipment: Procurement

6.13 The Welsh Assembly Government have confirmed that all the suppliers, products and services on the NHS Purchasing and Supply Agency (NHS PASA) National Framework Agreement for Telecare (NFA) for Telecare have been competitively market tested via an OJEU/EU Public Procurement
tendering exercise. They are satisfied that Local Authorities using the agreement are therefore not required to undertake their own tendering exercises.

6.14 Purchasing through the NHS PASA framework has enabled the Council to make savings on Telecare equipment costs. There is the potential during the period covered by this Strategy to obtain further price discounts by making volume purchases via a regional or national procurement forum.

- **Equipment: Stock Control**

6.15 Telecare equipment is in itself not different from any other equipment supplied to assist people with activities of daily living, except for the different maintenance requirements of the various items. It is the intention that in the medium term that Telecare equipment will be managed within the Integrated Community Equipment Service (ICES) and all stock control, storage, delivery, and recycling will be included in this contract.

6.16 In the short term, Vision Products in Pontyclun who currently supply the County Borough with other equipment have entered into an agreement with the Council to provide this facility.

- **Equipment: Installation, Maintenance and Recycling**

6.17 It is essential that Telecare equipment is installed, maintained and removed by trained staff. The Council has therefore extended its current contractual arrangements with Bridgend County Care and Repair Agency to act as trusted assessors to offer risk assessments and provide this service in respect of Telecare equipment.

- **Monitoring Service (Call Centre)**

6.18 The monitoring centre is the key to a successful Telecare service both in terms of response to users on a day to day basis and also as a route to emergency and other services. The County Borough does not currently have a monitoring centre, and this provides the opportunity in the period covered by this Strategy to consider how this aspect of the service may best be provided.

6.19 Currently, Merthyr County Borough Council monitors approximately 1100 Community Alarm users from Bridgend, many of whom are existing users of social care services. The County Borough is developing a Service Level Agreement with Merthyr County Borough Council in respect of the provision of Telecare packages. The Wales and West Housing Association Monitoring Centre in Cardiff also monitors approximately 650 residents of Bridgend who are their tenants or those of Valleys2Coast out of hours. This arrangement will
continue if any tenant has telecare installed. Other people within the County Borough will have community alarms that are monitored by other monitoring centres such as Age Concern.

6.20 As soon as the Response Service is fully operational, a carers’ emergency card will be introduced. The Merthyr County Borough Council monitoring centre will be required to provide support to carers who carry a carers’ emergency card in an emergency. Carers will be able to contact the Monitoring Centre directly and ask for support for the cared for person if they are unable to perform their caring role as a result of an unforeseen event arising whilst they are away from home.

- **Response Service**

6.21 One of the benefits of the implementation of Telecare services is the ability to respond to real time needs and emergencies notified both via the community alarms and through the Telecare sensors. Many such alarms require a social care rather than an emergency service. Consequently, it is necessary to develop a service that can be called upon at any time, 24 hours a day. The planned service will deal with lower level emergencies, working in partnership with GPs and also the emergency services, especially the ambulance service.

6.22 The need for such a service is evidenced by the fact that that the number of people who have private contracts with the Monitoring Centres are limited by the requirement to provide two key holders. Others provide details of neighbours who by virtue of their own frailty are unable to offer an effective response. In consequence, many of the most isolated are unable to receive a service for which their need may be greatest. Consultation with older people has confirmed this to be the case, and also given indications that this is a service that people would welcome to provide reassurance whilst maintaining independence and dignity.

6.23 A ‘Task and Finish’ Group was established by the Project Board to develop an emergency response service model and to ensure its integration with other services. The group includes representatives of users and carers, the Ambulance Trust and the Fire Service. From the outset, this group has been committed to ensuring that the proposed service will have close links to the emergency services, current community health and social care services, such as the Home Care and the District Nursing services, and also to Intermediate Care services.

6.24 In Bridgend, there has been a long standing recognition of the need to develop a comprehensive range of rapid response services as part the agenda to develop integrated services that promote independence.

Such a service was established on a small scale in 2001, and there is now one Rapid Response Officer available during office hours on weekdays and mornings only at the weekends. This has had a beneficial effect upon the number of Delayed Transfers of Care in the County Borough. The need to
expand of this service, both in terms of the number of staff available, and the number of hours a day that the service operates, has been acknowledged for some time.

6.25 The full implementation of Telecare will take some years as public awareness about the potential value of the service develops. The need for a response service to support Telecare is however immediate. The Task and Finish Group decided that to combine the proposed mobile response service with the existing rapid response service would be beneficial. This would ensure the maximum flexibility of response at all times provided by staff that are able to provide personal care. It would also ensure that the staff working in the service would be fully employed from 8.00 am to 8.00 pm, with a large enough staff team to operate a viable rota which would include two staff being on call from home overnight. The staff will be supervised by a Team Leader who will be responsible to ensuring that they are effectively deployed and ensuring that activations of sensors are monitored and appropriate action taken.

6.26 The Telecare Project Board has approved a model for the BridgeLink Response service that incorporates the present home care rapid response service and the mobile response service required to support Telecare. The service will be provided 24 hours a day, seven days a week.

6.27 The Telecare Project Board has also approved the proposal that any person accessing Telecare as part of an assessed package would be required to include the BridgeLink response service as one of their responders in order to mitigate the risks associated with installing Telecare equipment without the appropriate range of responses in place.

6.28 It is anticipated that performance information from the BridgeLink response service will drive other changes in service delivery such as the provision of more flexible home care, emergency night sitters and new services such as falls prevention services.

- **Charging**

6.29 The Welsh Assembly government is quite explicit that there can be no charge for equipment purchased, supplied and installed through the Telecare Capital Funding Grant. A charge can however be made for revenue services associated with Telecare, in particular, the monitoring and response services.

6.30 The current average cost of the proposed Telecare packages is £700, within a range from £390 to £1200 and, depending upon type, the equipment needs replacing after one to five years. In order to ensure that the service is sustainable, provision needs to be made to cover this expenditure. It is anticipated that demonstrable savings by delaying the need to access home care and residential care will offset some of this cost.

6.31 Initially the Telecare service will be targeted on those people for whom Telecare is provided as part of an assessed care plan, enabling people to stay
at home. The costs will therefore be charged within the Council’s Fairer Charging and Fairer Access to Care services (FACS) policy. This policy currently includes a 40% disregard on the cost of services which is applied when calculating how much an individual will pay for services provided to them.

6.32 It is proposed that a single charge is made for the Telecare service to include the call centre monitoring, the maintenance of the equipment, and the mobile response service for those people who will access Telecare as part of any assessed package of care. A current charge of £5.26 per week is proposed, to be reviewed in line with charges for other non residential services.

6.33 A phased approach to the implementation of Telecare is planned. It is recognised that it will be possible to identify other groups of people who could benefit from a preventative Telecare service who will fall outside the Council’s Fairer Charging and Fairer Access to Care services (FACS) policy. The additional costs of offering a service to further groups of people will depend in part to the take up of the service by those with assessed care packages. Further work will be required to assess whether it will be possible to offer a service to these groups of people whilst ensuring the sustainability of the service.

6.34 Other people will continue to purchase a community alarm service from whatever provider they choose in order to provide reassurance. It can be argued that to promote independence at home and encourage the growing use of Telecare in the future, and that these people should also be able to purchase the mobile response service that will be offered by the Council. This will also be reviewed as the implementation of Telecare proceeds.

6.35 In all cases, the community alarm system is provided via a landline telephone rental which will be the responsibility of the user.

   o Extra Care/Supported Housing

6.36 It is anticipated that Telecare equipment will play a significant role in the service provided by designated extra care and supported housing accommodation, reducing the level of personal intrusion whilst monitoring, and alerting staff to emergencies and health changes in a timelier manner.

6.37 Where such equipment is not currently available it must be considered in and the upgrading of present accommodation and included in the specifications for new build accommodation.

   o Communication Strategy

6.38 It is essential that opportunities continue to be sought to communicate the benefits of Telecare to the general public. This will be undertaken using all the various mediums of communication now available in partnership with all the organisations involved in the development process.
Workforce Training

6.39 The implementation of Telecare will impact in a number of ways upon the delivery of other services. There is therefore a significant awareness raising and training implication for staff who will need to understand the options and benefits of Telecare. This will assist them when assessing need, in care planning and in explaining Telecare to users and carers. Also, for home based staff training will be required on the role of Telecare and how to use Telecare equipment.

6.40 Training programmes will continue to be delivered to support the implementation of the Strategy. This process will be enabled by the SMART flat at Cwrt Gwalia, Ogmore Vale, which has kindly been provided by Linc Cymru to facilitate the training of staff and the demonstration of equipment to potential service users.

Review and Evaluation

6.41 For the period of the Telecare Grant Funding, the Welsh Assembly government will require the implementation of Telecare to be reviewed at annual intervals. It is proposed that the implementation is also subject to an annual review that includes an assessment of its effectiveness and its continued sustainability.

6.42 Whilst the Welsh Assembly Government has identified and output target of 10000 new users of Telecare in Wales by the end of the Grant period, there is also a need to demonstrate the impact upon the modernisation of social care services and on acute care services. An evaluation plan will therefore be developed as part of the implementation of Telecare. This will report against local Performance Objectives for the Telecare service and seek to demonstrate the effects upon the whole system.

Section Seven: Service Implementation

7.1. The Telecare Grants must be spent by 31st March 2009. it is imperative therefore that each of the elements of the Telecare service is operational and by the Autumn 2008.

7.2 The Telecare Project Board will be responsible for developing a detailed service implementation plan to ensure the development of sustainable effective Telecare services that will also support the integrated development of Telehealth service.