

**Telehealth and Telecare Scoping Meeting**

**Friday 2 October 2015**

**Present:** - Councillors Newall and Taylor.

**Officers:** - Jeanette Crompton, Development and Commissioning Manager; Stephen Bennett, Senior Project Manager and Karen Graves, Democratic Officer.

**Outside Organisations:** Ian Briggs, Associate Director Business Development, County Durham and Darlington Foundation Trust; and Eileen Carbro, Commissioning Manager, NHS North of England Commissioning Support.

Councillor Newall welcomed everyone to the meeting and gave a brief outline of the work and remit of Health and Partnerships and Adults and Housing Scrutiny Committees in relation to Telehealth and Telecare. Councillor Newall advised that she was aware of various pilots that had been undertaken but was not aware of any outcomes, and that the Committees wanted to focus on Darlington needs. Attendees were then encouraged to give an outline of the current projects available in Darlington that were benefitting Darlington residents.

**Telehealth** – A collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies

The following was discussed and/or considered :

- Telecare was doing well with the technology that was in place in Darlington and the Multi-Disciplinary Teams (MDT's) are now in place. MDT's are health and care professionals working together to support people with complex, and often long term, care needs that have been identified;
- One of the biggest issues to overcome was ensuring that the NHS number of each patient was available to all relevant teams i.e. acute, primary, social care and mental health and that Council data could also be shared. This ensures that as much information as possible is known about each individual so that the best care can be allocated. Better planning is undertaken as everyone is sharing the data and can see the relevance which in turn can only benefit the patient;
- It was stated that when the data was ran there was only 40 per cent of frail elderly known to social care and it was noticed that, although they are needed, there was no third sector involvement.
- Age UK has excellent systems and was asked to put NHS numbers on all its records. Self-management data was required;
- Community Matrons are now the main point of contact and not A&E or NEAS;

- Patients have the choice of using phone, text, internet, App and SIM Cards to access Telehealth;
- Darlington is in good shape, all its MDT's are running and there is GP and Responsive Integrated Assessment Care Team (RIACT) operating seven day working;
- Self-management of health is very important although it was stated that some Clinicians were reluctant 'to let go';
- It is important to enable people's lifestyles; an example given was a home self-test for a patient prescribed warfarin. The test, results and basis checks are all automated and the patient is contacted if any problems or issues are detected; the dosage a patient is taking can also be checked and monitored.
- The self-test service has been running for approximately two years with 200 plus patients now attending clinic only once per year resulting in their lifestyle choices vastly improving;
- It was also stated that 'under nutrition' in Darlington for the frail and elderly was very important and that it was hoped to introduce a better system for monitoring which would be beneficial both financially and for the patient;
- Reference was made to the Care Home Model where MDT's have regular meetings that can see at a glance where care is needed and arrange for a Health Assistant to monitor, GP's are therefore not needed as regularly as alternative systems are in place;
- Reference was made to the difficulties that existed in reaching people living alone and how technology could be used and a virtual care home could be held at luncheon clubs. People can be tracked and if any problems or issues are highlighted a Health Assistant is sent to the patient;
- It was stressed that advantage had to be taken of all technology and the question asked 'what are Darlington requirements' not what have we got that Darlington can use;
- Reference was made to Healthy New Towns which encompass exercise areas and design around the future, and not the current, population providing community facilities to cater for all ages;
- In relation to falls the group was advised that there were insufficient Falls Co-ordinators in Darlington and 60 per cent of fallers were put back to bed without being checked;
- Digital support asks six key questions and triaging is undertaken, therefore any risks or needs of the patient are highlighted; and
- Information was provided of a digital stethoscope which could transmit information to a GP, who in turn could link to NEAS and if a problem was

detected a Community Matron would be called upon in the first instance and not the GP.

**Telecare** – The term for offering remote care of elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes.

The following was discussed and/or considered:

- Darlington had looked at what was on offer and the future challenges, the Care Act will result in increased assessments for carers in 2016 and telecare will help in supporting this demand
- Training has been delivered to raise awareness of social care staff and the options available including, pendants, lifeline and falls detectors;
- Pendants give users the freedom to live independently in their own home, safe in the knowledge that if there is an accident or they have a fall, they can get help quickly;
- Lifeline consisting of a Lifeline unit, pendant and pull cord fitted in the home, giving access to a call to the control room, who will make sure everything is alright;
- Falls detectors which provide complete reassurance that an elderly relative or someone at risk of collapse from a medical condition (e.g. stroke or epilepsy) who lives independently will be attended to quickly in the event of a fall;
- It was stated that Officers are currently investigating lifestyle monitoring to help gauge the correct level of care required. This can provide evidence for social workers, families and service users with data to evidence what care they need and potentially empower people to be more independent.
- Further trials include the use of location tracking devices that use a GPS signal to give people independence and make them feel safe whilst out in the community. This type of equipment will look to meet the challenges with the increase of people with dementia that is expected to double within the next 20 years.
- The need for a review of the Telecare Strategy.

### **Development and Commissioning Manager**

- Reference was made to the work of the domiciliary providers and domiciliary packages that were available to support individuals in their own homes – this could include assistive technology;
- It was stressed that the person should be at the centre of all support options and that Community Matrons should continue to work in partnership with the Care Homes;

- It was suggested that occupational therapy and social care should link together and work differently;
- Although there was currently a Community Equipment Service which cost money it was suggested that lifestyle changes needed to be encouraged; and
- Increasing trend of people choosing to stay in their own homes for as long as possible before moving to residential care.

**General Discussion** – Members and Officers undertook general discussion around Telehealth and Telecare and the following was discussed and/or considered:

- Darlington was geared up for data sharing and had recently transferred to the Liquidlogic data collection system which aimed to protect service users and help professionals to work more efficiently and effectively;
- Provision of pill dispensers with an automatic timer was being explored with pharmacies and it was stated that there could be huge savings if a medicines review was undertaken;
- Reference was made to the development of a Care Plan which should highlight any medicines reviews and it was confirmed that a chip could be worn that would detect what medication had been taken by a patient;
- There was a need to ensure what is being done is being done correctly;
- IB stated that he had a virtual tour of a Healthy Town and would be willing to share with Members;
- The service cannot be commissioned, it has to be achieved through Partnership Working, lifestyle choices and enablers.

Councillor Newall stated that at the next meeting of the Review Group she would like to have an overview of the terminology and an ‘idiot’s guide’.

**Agreed** – (a) That a meeting of the full Review Group be organised to consider and/or discuss:-

- i. An Idiot’s Guide to Telehealth and Telecare;
- ii. Virtual tour of a Healthy Town as provided by Ian Briggs; and
- iii. Nutrition;

(b) That views on Telehealth and Telecare be sought from:-

- i. People using the service;
- ii. MDT’s; and
- iii. The RIACT Team.

(c) That Dr Jenni Steele, who also attends the Care Home Provider Forum, be invited to a future meeting of the Review Group