SPECIAL JOINT MEETING OF ADULT AND HOUSING, HEALTH AND PARTNERSHIPS AND PLACE SCRUTINY COMMITTEES

21st February, 2012

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, Grundy, L. Haszeldine, Hutchinson, D. Jones, Kelley, Knowles, Lewis, Lister, Long, Macnab, Maddison, Nutt, E. A Richmond, S. Richmond, H. Scott, J. Taylor and Wright. (19)

APOLOGIES – Councillor Carson, Cossins, Francis, I. Haszeldine, L. Hughes, B. Jones, Lawton, McEwan, Regan, Thistlethwaite and York. (11)

ABSENT – Councillors Baldwin and Harman. (2)

ALSO IN ATTENDENCE – Councillor Copeland.

INTERNAL OFFICERS IN ATTENDANCE – Pauline Mitchell, Assistant Director – Adult Social Care and Housing; Steve Petch, Head of Strategy & Commissioning; Chris Sivers, Assistant Director – Development and Commissioning; Warren Tweed, Strategic Commissioner and Jill Walton, Lifeline Services Manager.

EXTERNAL OFFICERS IN ATTENDANCE – Joanne Evans, Commissioning Manger; Darlington Shadow Clinical Commissioning Group; Ian Briggs Associate Director Business Development and Julie Waterworth Telehealth Project Manager County Durham and Darlington NHS Foundation Trust; Rory Sherwood-Parkin, Business Research Officer, Tees Valley Unlimited (the Local Enterprise Partnership for the Tees Valley) and Terry Taylor, GOLD/LINk.

AHHPP1. DECLARATIONS OF INTEREST – There were no declarations of interest report at the meeting.

AHHPP2. ASSITIVE TECHNOLOGY/TELEHEALTHCARE – The Terms of Reference in relation to this topic of work was submitted (previously circulated) and considered. Councillor Newall outlined the purpose of the meeting advising that Telehealthcare is a cross cutting issue which impacts on three Scrutiny Committees. Councillor Long made reference to the Broadband work the Place Scrutiny Committee are undertaking and acknowledged the potential benefits for Darlington

RESOLVED – That the Terms of Reference be agreed.

(A) TELEHEALTHCARE: MARKET ANALYSIS IN A DARLINGTON CONTEXT – The Business Research Officer Tees Valley Unlimited submitted a report (previously circulated) the report which outlined the aim of the brief market analysis as to set out the definitions of telemedicine and its uses, discussed the market drivers and national related activity, outline the key market players, considered the attributes needed to attract investment and set out Darlington's competitive advantages in this field. Also submitted (previously circulated) was the Department of Health Whole System Demonstrator Programme, Headline Findings – December 2011. The Whole System Demonstrator Programme (WSDP) demonstrates just what telecare and telehealth is capable of and to provide a clear evidence base to support important investment decisions and show how technology support people to live independently, take control and be responsible for their own health care.

Mr Sherwood-Parkin introduced the report and outlined the definitions of telehealth and telecare and discussed the uses of telecare services which range from pressure pads to electronic tagging devices to more joined up forms of telemedicine such as intelligent homes and virtual visiting/virtual wards. He highlighted that telemedicine appeared to be high on the Governments agenda following the £18m investment programme form the Technology Strategy Board to establish five sites across the UK with a minimum of 10,000 users per site to show how assistive living technologies can promote wellbeing.

Market obstacles were also discussed such as, the levels of evidence required by health professionals, which could constrain technology development; how telehealthcare could replace face to face contacts; it could be too costly for NHS; telehealth may identify an unmet need in communities; there may be technical, informatics and connectively issues and how they may be competing local priorities for funding and a reluctance to try anything new, in the current financial climate. The report also highlighted a number of UK Pilots and programmes of telecare and telehealth and considered local activity. Members agreed with the number of strengths (outlined in the submitted report) which could be built upon to attract telehealthcare investment into Darlington.

Discussion ensued about major manufacturers and suppliers who could be attracted to Darlington, which could in turn attract other companies and employment opportunities (both high end and call centre opportunities); the opportunities to develop Central Park (as already identified as an enterprise zone) to build on the existing expertise in Darlington; how Tees Valley Unlimited could work with the Council through Economic Strategy to support this; how valuable the evidence of pilots are; if unmet needs identified there would be a short term cost implication for a long tern gain; the potential of joining up systems and services and thinking on a large scale to compete with Newcastle and publicising the opportunities for the telehealthcare services available.

(B) TELECARE – The Darlington Telecare Strategy 2011-2014 was submitted (previously circulated) which outlined the current community alarm services (lifeline Services) provided by this Council. Mr Tweed advised that 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 users of Telecare by December 2011, 2012 and 2013 respectively. It is estimated that Lifeline services and Telecare saves the emergency services £300,000 per annum through responding to calls made because devices have alerted.

Also submitted (previously circulated) was a briefing paper on re-ablement funding, Mr Tweed explained that the re-ablement funding has supported the whole systems approach to meeting the outcomes associated with Intermediate Care Plus, namely preventing hospital admittance, supporting discharge, providing care closer to home and maintaining independence.

A further briefing note was also submitted (previously circulated) providing Members with recent information about the Lifeline and Telecare Services emergency response services. The papers also included some real examples of the benefits that Lifeline and Telecare can bring to individuals living independently.

Particular reference was made to integrating care pathways and how valuable a service that would be. It was explained that getting the integration right was crucial and access to patient records and various software systems areas where improvements have slowly been achieved, with maximum benefit.

(C)TELEHEALTH – Ian Briggs and Julie Waterworth jointly guided Members through a powerpoint presentation reminding members of the objective for the Trust was care closer to home, as detailed in the Clinical Strategy. Mr Briggs advised that telecare, telehealth, telecoaching and telemedicine can all provide benefits to individual who use them.

Ms Waterworth outlined a pilot project that was carried out in Sedgefield funding through the Preventative Technology Grant which focused on 12 clients with COPD. The pilot was clinically driven ad the community matrons managed the care and set the telehealth parameters and monitored the recording and trends. The Community matrons also co-ordinated the care and liaised with all other professional as necessary and a support worker monitored the alerts. The outcomes were positive and there was an improvement in the quality of life for the patient; and reductions in hospitals admissions, attendances at A&E, speedy discharge form hospital and allowed them to maintain their independence in their own home. The subsequent evaluation confirmed that all outcomes were achieved to some degree with all patients. An input from a GP was not necessary but clinical leadership and support is necessary. Initial it was time consuming until staff are fully trained and the system is established.

It was noted that in 2009 there had also been a very successful Pilot in Darlington undertaken which was managed by community matrons with eight telehealth units for patients with COPD. The audit showed a net saving and the quality of life for each patient was improved. Patient satisfaction was high and self-management and confidence was shown to improve. There was future potential for Darlington within this arena although there needs to be robust support and a clear strategy together with staffing to establish and maintain the telehealth project, although, investment is required to carry this out on a bigger scale.

It was reported that telehealth is not widely used as there is sometimes a lack of appropriate and reliable IT infrastructure and equipment; limited funding available, normally at the pilot stage; there is sometimes resistance or uncertainty among clinical staff to provide services in a different way as there is often a lack of reliable, transparent evidence that demonstrates the effectiveness of telehealth. Members expressed concerns that medical professional seems to be quite dismissive of telehealth and the associated benefits it can bring. IB noted it was more that given clinical decisions would be potentially made from the telehealth data often the lack of effective evaluation information created some lack of confidence.

Joanne Evans reported that two GPs worked with two Care Homes in Darlington in 2009 and eight patients were involved in a pilot. The evaluation carried out in partnership with Teesside University had a positive outcome and offered to share the evaluation with Members. It was accepted that there is limited evidence available within this area and that some GPs are more supportive than others. It was acknowledged that GP mind-sets are changing and there are some benefits of regular monitoring as people are getting older, live longer and manage long term conditions, etc. However, for primary care the challenge is patients taking ownership of their overall health needs and encouraging self-management of conditions, monitoring are only one element, there is not a one size fits all approach.

Discussion ensued about the positive outcomes of telehealth; how to identify outcomes from pilots that are measurable and beneficial to patients such as patient experience; promotion of lifeline services and GPs referring patients suitable for lifeline services to the service; concerns about sharing information and information governance arrangements in place; how to join up telehealth and telecare more effectively based on needs; the potential of sharing

infrastructure and information; whether this would create a strain on the infrastructure already in place and whether the use of mobile phone technology could be developed monitor patinets.

Members were enthusiastic about the potential benefits that telehealthcare could bring to Darlington residents but expressed frustration that there appeared to be a number of pilots running but nothing substantial were resulting from them. Members wanted this to be an opportunity for organisations to communicate with each other and to drive this forward. It was evident that all Members were keen to undertake further scrutiny of into this topic.

RESOLVED – (a) That Officers be thanked for the attendance and contribution at the meeting.

(b)That the Democratic Office forward slides for the presentation to all members present at the meeting.

(c) That the Democratic Officer arrange a meeting with the three Chairs and Lead Officers to discuss how to take this work forward.

(d) That the evaluation of the GP pilot on relation to Care Home be circulated to members for information.

(e) That visits be arranged to Rosemary Court and Eden cottages for interested members to view Telehealthcare in practice.

(f) That Lifeline Services provide an overview of the existing telecare and lifeline technology installed and investment programme, its benefits, the funding and charging model for distribution to all Members of the three Scrutiny Committees.