REPORT TO: Community Planning Implementation Group

MEETING DATE: 13 November 2006

BY: Director of Community Services

SUBJECT: Telecare Development Funding

1   PURPOSE

1.1   To inform the Community Planning Implementation Group of the Telecare Development Funding made available by the Scottish Executive and to outline the main streams of work the funding will need to address.

2   RECOMMENDATIONS

2.1   That the Community Planning Implementation Group approve the bid prepared.

3   BACKGROUND

3.1   Telecare is a term used to describe a range of electronic technology which can help adults of all ages with physical disabilities and cognitive problems to live more safely and independently in their own homes.

3.2   The Scottish Executive has set up a ring-fenced £8m Development Fund to encourage the wider availability of telecare across Scotland. The indicative East Lothian allocation is £123k.

3.3   The Joint Improvement Team (JIT) is responsible for the allocation of the funding. Bids submitted by local partnerships must include social care, housing and health as full partners. Service user and carer involvement in the planning of telecare must be evidenced.

3.4   A further requirement is that the bid is approved by the Community Planning Partnership. The JIT state that in approving the local partnership bid, the Community Planning Partnership agrees to:

- the proposal as set out;

- provide active support to deliver the proposal; and

- help overcome delays or problems where they arise.

3.5   A working group has met in East Lothian throughout 2006 in anticipation of the development funding being available. A report summarising its findings and recommendations has been submitted to the Members' Library.

3.6   To secure improved outcomes for people in East Lothian, a number of workstreams have been identified:

- Integrate information held by health, housing, social care and the community response service;

- Map current single agency response services and identify demand, overlap and omission;

- Design and implement a sustainable and effective cross-agency response service;

- Develop protocols, procedures, eligibility and charging policies;

- Develop strategy for wider availability of more advanced electronic assistive technology, with associated budget development activity; and

- Design and deliver ongoing training and awareness programme for staff.

3.7   The main risks to the achievement of the outcomes for telecare have been identified as:

- Difficulty releasing or directing resources from a range of funding streams to deliver a response service which meets diverse care and support needs;

- Lack of political support to targeting services;

- Difficulty proving outcomes have been achieved within the short lifetime of the funding;

- Public perception that telecare is a way of cutting back services; and

- Increased demand as reconfiguration of services happens; potential to exceed the resources available.

3.8   The combination of development funding and resource release may not be sufficient to address the scope of the task. In particular, the purchase of equipment may be limited by the need to address infrastructure issues.

3.9   The deadline for submissions was 31 October 2006. The JIT acknowledged that few partnerships would submit a fully approved bid by that date. The East Lothian Partnership initial submission is included as Appendix 1 to this report.

4 POLICY IMPLICATIONS

4.1 The wider availability of telecare will require new policies and revised procedures to be developed to ensure fair access to care and associated services within available resources.

5 RESOURCE IMPLICATIONS

5.1 Financial - The development funding is ring fenced and any cost or time releases achieved are required to be reinvested in the further development of telecare services.

5.2 Personnel - The effective operation of telecare will generate new ways of working and creates the possibility of new job roles.

5.3 Other - Telecare creates challenges and opportunities for better integrated working across health, housing and social care providers in East Lothian and also presents opportunities for better 'cross border' working with neighbouring local authorities.

6 BACKGROUND PAPERS

6.1 East Lothian Partnership Telecare Development Funding Submission (Attached as Appendix 1)

6.2 The Development of Telecare and Associated Services in East Lothian (Submitted to the Members' Library)

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DATE	3 November 2006

TELECARE DEVELOPMENT PROGRAMME

SUBMISSION FORM AND EXPLANATORY NOTES

SEPTEMBER 2006

NOTE: This submission form should be read in conjunction with the background information and Telecare Development Programme Guidance that is available on the Joint Improvement Team (JIT) website: http://www.jitscotland.org.uk/action-areas/themes/telecare.html

Submissions are invited from health and social care partnerships across Scotland, and all submissions must be formally endorsed by the local Community Planning Partnership. **All submissions must be received no later than 31 October 2006.**

If you have any questions, please contact JIT for advice.

TELECARE FUNDING SUBMISSION

1. Partnerships are asked to complete the funding submission form, which sets out the initial information required to evaluate local telecare development proposals.

   Additional information may be required as the proposal is developed, particularly on the financial aspects, including savings anticipated, and the proposed approach to procurement. If this detailed information is available to support the initial submission, please include it.

2. Applications should be sent either electronically to jit@scotland.gsi.gov.uk or by post to:

   > Joint Improvement Team
   > Area 3ER
   > St Andrew's House
   > Regent Road
   > Edinburgh EH1 3DG

Telecare Development Programme Funding Submission

Section 1	**Partnership Details**

Q1	**Name of partnership(s)**
	East Lothian Partnership
	Organisations involved in partnership (list separately for each partnership, where relevant) **East Lothian Council: Community Alarm Service, Community Support, Housing** **East Lothian Community Health Partnership**

Q2	**Contact Details**
	Name of Main Contact: Fiona Stratton
	Position/Designation: Older People's Strategy Implementation Manager
	Address: 9 – 11 Lodge Street, Haddington EH41 3DX
	Telephone Number: 01620 828 784
	Email address: fstratton@eastlothian.gov.uk

Q3	**Governance and Management Arrangements**
	Scope and remit of partnership Governance of the East Lothian Partnership is as per Partnership Agreement developed to articulate our Joint Future working arrangements.
	Decision making arrangements, including any delegated powers For the purpose of the development of telecare services, a Project Board will be convened. The Project Board will be delegated responsibility by and will report to the Community Care Chief Officers' Group. This will ensure linkages are made with the relevant Joint Planning and other structures. The location of responsibility for the Telecare Development Funding within a single Joint Planning Group would be problematic because of the range of client groups who can potentially benefit from telecare.
	Partnership funding, identifying any pooled or aligned budgets (sources and £s) The partners are committed to the detailed identification of all relevant areas of current activity where the introduction of telecare services will have an impact. There is an amount of mapping and scoping activity required at this stage to clearly articulate the sources and amounts of funding which are involved as our budgets are not yet pooled or aligned. There is a shared commitment to any cost or time releases identified being utilised to ensure the sustainability of telecare services developed as part of the project. As well as cost and time releases which may result from better integration of existing services, we are aware of the potential for increased activity and resource requirements as services are configured to cover areas of previously unmet need.

Section 2	**Your Proposal**

Q4	**Description of Proposed Project**
	Project focus and purpose - Focus will be to integrate telecare services on a phased basis into the mainstream provision of care and support to priority groups. - We plan to identify the extent the project and the mainstream services it will impact upon can be developed in conjunction with the neighbouring partnership in Midlothian (see additional statement). - We acknowledge the need to tackle in the initial stages critical service design and workforce issues, recognising the key success factor will be our ability to configure a robust and sustainable response service. - We have undertaken some exploratory meetings with RSLs, private and voluntary sector providers with regard to the outcomes to be achieved with telecare development funding. Specific areas to be addressed in the project are: - Identification of relationship between current provision of care and support in the community and the existing community response service. We are aware of a disconnection between the information systems of the agencies delivering care and support and the agency providing community response services. Better integration of these systems is fundamental to the delivery of the outcomes associated with telecare. - Detailed identification of level of resource currently engaged in out-of-hours service provision and possible overlaps/ commonalities etc. - Development of initial telecare strategy on basis of information collated in (1) & (2) above; once the analysis of the relationship is complete we will be able to develop a strategy aligned to immediate resource availability and any identified future resource release. - Development of protocols & procedures (aligned to SSA and Access to Resources), agreed risk assessment tools and management plans, eligibility and charging policies. - Agreement on procurement and budget development in relation to telecare technology. - Initial training and awareness raising and the identification of ongoing multi agency approach to ensure level of working knowledge is maintained among relevant staff in NHS, Community Care, Housing and other providers.
	Care/client group As clarity about the links between the provision of care and support and current community response service is developed, we will be in a better position to identify the resources which will determine the size and scope of our initial target group. We are committed to identifying where cost and time releases can be achieved and will align the development of telecare to specific or generic groups in accordance with the information gathering and resource identification we will undertake in the initial phase of the project. We think it likely that people with more complex needs will be targeted in the early phase of telecare development.
	Area of operation We will initially develop the project within East Lothian. Exploration of possible common areas with Midlothian partnership could open up possibility of cross boundary working and additional cost and/or time releases.

Telecare devices used

An inter-agency working group has met throughout 2006 in anticipation of the availability of Telecare Development Funding. We are acutely aware of the rapid rate at which new electronic assistive technology is developing. The working group recommends the adoption of a needs-led approach to telecare which aligns to best practice in relation to risk assessment, informed consent, least restrictive intervention and the wishes of the person. We anticipate that the service will evolve to incorporate a range of active and passive technology which will be tailored to the individual needs and risks identified in partnership with service users and their carers.

Expected number of customers

Precise numbers cannot be predicted at this stage for the reasons already outlined.

In 2004-05 the East Lothian partnership maintained in excess of 250 older people with complex care needs at home. 2,600 East Lothian residents currently have a community alarm monitored by the ELC Community Response Service (snapshot March 2006).

We are aware we have an older people's population similar in size to West Lothian's but are aware of the run-in time they have had to develop the range and scope of service which is currently in operation there.

We are about to enter a period of significant service redesign and are convinced that the wider availability of telecare will be one of the strategies which will further shift the balance of care and help support more older people for longer in their own homes. We are also conscious of the benefits telecare has to offer to other client groups but further scoping work is required to identify how many service users in other client groups might achieve better outcomes as a result of telecare.

Proposals in relation to response service

- More detailed identification of current level of out-of-hours commitment from range of agencies within the partnership (so far only District Nursing and Community Care resources have been analysed).
- Development of a robust solution to challenges of providing a response service over a large semi-rural area with a growing older people's population while achieving best value – i.e. there is a challenge in developing sufficient routine work while maintaining capacity to respond to unplanned care and support needs for a dispersed population.
- Need to identify how unplanned work will be successfully managed during 'office hours' as well as 'out of hours'
- Our intention is to integrate existing services and utilise cost and time releases (from overlap and inefficiency) to address gaps in provision. We anticipate intensive work being required to redesign services to effectively meet a range of needs through better inter-agency, multidisciplinary working and more joined up information systems.

	How have service users and carers been involved in the development of the proposal? How will they be involved in the delivery of the proposal? Our Joint Planning Groups have service user and carer involvement and are aware of our early vision of telecare – which responds to a number of key concerns raised by them and which addresses issues which have been raised through our complaints procedures. As we develop the project we will integrate the consultation and involvement of service users and carers by a range of methods, engaging the Community Care Forum, CHP Public Participation Forum, Carers groups, Tenants' and Residents' Panel etc.	
Q5	**Funding of Telecare Developments**	
	Use of telecare development funding Scoping and set up (project management) £15,000 approx Configuration of response service – pump priming £65,000 Training and awareness raising £5,000 Purchase of equipment £19,000 (based on Medway, 30 core packages) Installation, servicing repair and maintenance £19,000 Total to April 2008 : £123,000	
	Approach to sustaining telecare services Service redesign (longer term) Redirection of element of care-purchasing budgets in community care (short to medium term) Budget development (medium to longer term) Explore potential for cross boundary working with Midlothian to create further efficiencies (medium term)	
6	**Expected Outcomes**	
	Key outcome 1 More older people will be able to remain in their own homes for longer.	*Related outcome measures 1* Older people with low level care needs will constitute a lower percentage of those resident in an ELC care home than at present. (More) people who live alone and/or who do not have key holding contacts will be able to access unplanned care and support (though we may lack a baseline) As telecare and response services develop, the partnership will develop outcome measures and an evaluation framework which will enable us better report on the impact our services have on the avoidance of hospital and care home admission.
	Key outcome 2 People who use telecare and their carers will be routinely involved in the evaluation of the service and will help us develop relevant outcome measures.	*Related outcome measures 2* As telecare and response services develop, the partnership will develop outcome measures and an evaluation framework which will enable us better report on the support they offer to carers.

Key outcome3	*Related outcome measures 3*
A higher proportion of people with complex care needs (including people with physical disabilities and learning disabilities) will receive care in their own homes which is person centred and needs led	Older people with low level care needs will constitute a lower percentage of those resident in an ELC care home. Initial development of telecare will be targeted to people receiving more than ten hours of care per week. The service will be subject to qualitative evaluation about user and carer perceptions of the benefits of services with telecare compared to services without.

Efficiency savings expected from the development of telecare services

We anticipate that some clients who currently have sleepover services will in future have some aspects of their assessed care and support needs met by telecare devices backed up by an appropriately configured response service working to a current care plan, risk assessment and response plan. The overall recycling of resource in this respect may be small in relation to budgets overall.

We anticipate that whole system benefits will result in the release of cash and time elsewhere in the system and will potentially result in better outcomes relating to emergency admissions and readmissions. The impact on local budgets may be limited and the effects difficult to evidence overall.

We believe that telecare gives us leverage to reconfigure provision and develop services which have a more needs-led, person-centred focus.

Telecare can potentially be introduced to gradually phase down reliance on care following a crisis intervention or hospital discharge. We plan to configure a service which offer options to build the confidence of clients and their carers in lower levels of planned input (as is the case with traditional approaches to provision), with the assurance of responsive unplanned care when it is required. We think this is central to consolidating the shift in the balance of care, in ensuring we continue to meet targets in relation to delayed discharge, in preventing inappropriate readmissions and releasing existing resources from a system which is not currently configured to meet the needs of its service users in a consistent, appropriate and efficient manner. We anticipate there could be substantial savings in this respect but acknowledge it requires considerable confidence and buy in from practitioners, clients and carers and may therefore take time.

In the short to medium term, significant potential efficiencies may be achieved by working with Midlothian in relation to points of contact and services available out of hours – but this is a high risk aspect of the project in terms of political sensitivity, human resource issues and public acceptability.

Q7	Risks
	What are the main risks to the achievement of the outcomes? • Failure to redirect expenditure on care at home to develop sustainable rapid response service • Failure to integrate existing out of hours services because of staff resistance to adopting new ways of working • Lack of political support to targeting services to more complex needs in first instance • Lack of inter-agency buy in; in particular difficulty releasing/directing resources from a range of funding streams to configure a response service to meet diverse care and support needs. • The timescale of the funding is short and it may be difficult to evidence the achievement of outcomes within the lifetime of the development funding. • Public perception that telecare is a way of cutting back on services. • Increased demand as reconfiguration of services takes place and potential outstripping of resources available. • Development funding and resource release in combination may not be sufficient to address the scope of the task In particular, the purchase of equipment may be limited by the need to address infrastructure issues and this will limit the numbers of people who will benefit from the project overall.
	How is the partnership planning to address these risks? The partnership is committed to utilising the telecare development grant to achieve better outcomes for service users. A project management approach will be adopted, ensuring a rigorous approach to the identification and management of risk. The project will generate a risk register and a risk management plan. Identified risks will be actively managed; each risk will be assessed for probability and severity and mitigating actions and contingencies will be assigned. A communication plan will be a key component of the project and in itself will address some of the identified risks. The early involvement of service users and carers in the project is also identified as being a significant route to identifying and managing risks. The commitment of the partners to the success of the project in achieving the outcomes implies their willingness to address the more complex risks through negotiation and creative problem solving. More detailed financial modelling is required in order to identify and address any potential gap in resources.
	Why does the partnership consider that the potential benefits outweigh the risks? The partnership has identified the need for service redesign to respond to the clear challenges presented by demography, national outcomes, resource challenges and human resource issues. The risks of the maintenance of the status quo far outweigh the risks of addressing the challenges. Telecare is one aspect of our strategy to address the challenges and the wider risks identified in relation to telecare extend beyond this project.

Section 3	Context

Q8	**Current Telecare Services in Partnership Area**		
	Telecare Service	**Management Arrangements**	**Links to Other Services**
	East Lothian Community Response Service	Led by Contact Development Manager; part of Customer Services team, reports to Head of Policy and Business Management, Department of Chief Executive, ELC	Takes direct referrals from public, NHS staff, Community Care, Housing, Police (domestic abuse). Not currently integrated with NHS or community care info. Systems and not linked in to SSA. Provides service to RSLs (sheltered and amenity housing)

Q9	**Funding of Current Telecare Services**				
	Telecare Service	**Number of Customers**	**Annual Expenditure 2005/06**	**Annual Budget 2006/07**	**Funding Sources**
	East Lothian Community Response Service	**2596**	**£472 323**	**£492,040**	**ELC (including charging to HRA and for CCTV) , user charges including RSLs**

Q10	**Vision for Telecare in Partnership Area**
	What are the partnership's overall aims for the development of telecare within the partnership area over the planning period to 2011?
	The partnership's vision is that telecare will be an integrated component of the whole system approach to the care and support offered to people with assessed needs in a range of client groups.
	Telecare provides an opportunity to drive forward better integrated multi-agency working which delivers person-centred, needs-led solutions from the basis of a single shared assessment. The evidence of its ability to deliver better outcomes when used appropriately is unequivocal.
	Telecare is a tool to enable people to remain in their own homes for longer and which will assist in the management of identified risk. We recognise the potential of telecare to be part of the substantial service redesign which is needed to meet the challenges East Lothian faces, particularly with regard to the profile of its ageing population. We believe it will enable us to consolidate and further progress the shift in the balance of care for older people which we have already achieved.

	What is the thinking behind using the Development Fund allocation for the project? How will this assist the achievement of this vision? An inter-agency working group has met throughout 2006 in anticipation of the availability of Telecare Development Funding. We have utilised the Department of Health (England) resources to articulate our vision and to populate the 'change equation'. The development funding creates the capacity for the partnership to undertake the intensive work we have identified is required to configure out of hours response services and to develop the processes required to integrate telecare into wider aspects of service provision. We do however anticipate considerable challenges in completing the task within the development funding made available.
	How will the proposed project be extended so that telecare becomes available to all service users? We do not anticipate that Telecare is a solution for ALL service users. The growth in the availability and scope of services must be related to our evaluation of our services and with the resources which are available to us.

Section 4	**Declaration**
Q11	**This submission was considered and approved by the Community Planning Partnership on….** *Date*
Q12	**Please sign here to indicate that the Community Planning Partnership will participate in national monitoring and in commissioning/procurement activities to share learning and to achieve efficiencies** *Signed* *Date*

Explanatory Notes for Initial Submission Form

These notes provide an explanation of the type of information which is being sought in the submission form. It is a guide only and partnerships should contact JIT with any queries or for further information.

Section 1   Partnership Details

This section seeks information about the local partnership which is submitting the submission for telecare development funding. **This partnership must include social care, health and housing as full partners**.

Submissions may be made either from an existing partnership, or a proposed new partnership. In the case of a new partnership, this may be a consortium of existing partnerships (for example across local authorities). In some instances there may be a case for the establishment of a new partnership to lead the local development of telecare services, but the resource implications will usually make this a less attractive option.

Q1   Name of Partnership(s)
Where a consortium is involved, provide the names of all the organisations and agencies involved in each partnership.

Q2   Contact Details
Provide a single contact name, even where the application is being made by more than one partnership.

Q3   Governance and Management Arrangements
Describe both the governance and management arrangements for the partnership making the application, whether an existing or proposed partnership. This should set out:

- scope, role or remit of the partnership
- membership of the partnership, and whether there are different 'levels' of membership and any specific roles in relation to the development of telecare services
- decision making processes in relation to the partnership's scope and remit (including whether the partnership has delegated authority in relation to decisions)
- funding of the partnership's activities, including any pooled or shared budgets.

Section 2   Your Proposal

This section seeks information about the proposed use of the Development Programme funding to develop and extend telecare services in the local area. In this initial submission, an outline of the proposed use is requested. Additional information, particularly in relation to the financial and efficiency aspects of the proposal will be required as the proposal is developed. Partnerships will be given

further information about the nature of this additional information and the timescale for its submission as part of the response to the initial submission.

It is important to note that partnerships, and the Community Planning Partnership, are expected to have satisfied themselves that the proposal is realistic and has the potential to deliver the stated outcomes. Innovative proposals are encouraged and there is recognition that these will involve greater risk – partnerships will be expected to be aware of the risks and to explain how they propose to manage these risks.

Q4 Description of Proposed Project
This question seeks the following information about the proposed project.

(a) **Project focus and purpose** – set out in broad terms the proposed focus and purpose of the project.
(b) **Care/client group** – who will be eligible in terms of care/client group and any specific needs profile in relation to that care/client group?
(c) **Area of operation** – what will the geographical coverage of the project be? Will it be for the whole of the partnership's area or targeted on particular location/settlement?
(d) **Telecare devices** – what types of devices are likely to be used for the service?
(e) **Expected number of customers** – this refers to service capacity. What is likely average number of customers provided for at one time during 2006/07 and then 2007/08 (rather than the total number of customers during the year)?
(f) **Response service** – provide a brief description of the response service that will be available, specifying whether this is an existing service, a modified existing service, or a new service.
(g) **Involvement of service users and carers** – a requirement of funding is that service users and carers have been involved in the development of the proposal and will continue to have an appropriate role in the delivery of the service. Describe the role played to date and proposals for future involvement.

Q5 Funding of Telecare Developments
The Development Programme funding is intended for initial set up and transition costs with partnerships being totally responsible for ongoing revenue costs. These ongoing revenue costs are expected to be met in part from optimising capacity from existing services (eg. out of hours services, community alarm services) and in part from the savings generated from the application of telecare programmes.

This question seeks information about how the allocation from the Development Programme will be used and how services will be sustained.

(a) **Use of telecare development funding –** provide an indication in broad terms about what the funding will be used for (this is the element where additional information – harder edged – will be sought as the proposal develops). As noted in the guidance, the Development Programme funding is capital funding and cannot be used for ongoing revenue costs.

(b) **Sustaining telecare services** – it is important that partnerships demonstrate that they have a clear, well developed strategy for sustaining the project once the Executive's development funding has ceased. This may link to the efficiency savings which are anticipated from the extension or introduction of telecare in the partnership's area. There are further questions in section 3 about how the partnership plans to extend telecare services beyond that included within this proposal so that all those who would benefit from telecare will have access to it.

Q6   Expected Outcomes

A national monitoring framework will be put in place. This question seeks the partnership's views on the anticipated outcomes from the proposed project and related suggestions for outcome measures. Illustrations of the types of outcomes and related outcome measures are given below.

Q6	Expected Outcomes	
	Key outcome 1 Frail, older people who wish to/are able to remain in their own home for longer, avoiding the need for either admission/re-admission to hospital or to a care home	*Potential outcome measures 1* - measure the numbers of emergency and repeat admissions - measure the length of stay in care homes - numbers of interventions triggered by telecare
	Key outcome 2 Relatives/carers feel more confident and able to provide ongoing support with the reassurance that assistance is available when required	*Outcome measure 2* - use of information held on carers assessments and updated on assessment reviews - reduction in numbers of care home admissions (directly or via hospital) as a result of carers feeling 'unable to cope' - telecare usage as a promote for rehabilitation, intermediate care or respite services

In terms of **efficiency savings expected from the development of telecare services**, partnerships should set out the type, and an initial indication of the level or the range, of efficiency savings which are anticipated.

In terms of types of efficiency savings, these should be described in terms of 'cash releasing', 'time releasing' or 'cash and time releasing'. Some examples are:

- *Cash releasing* The telecare substitutes for more expensive inputs to deliver the same standard of care (e.g. it substitutes for the labour time of a carer otherwise needed to physically be with someone.)

- *Time releasing* It leads to superior types of care than can otherwise be provided (e.g. a night movement monitor picks up a changed pattern of behaviour that indicates an underlying health issue that would otherwise have gone undetected).

- *Cash & time releasing* It prevents expensive 'crisis events' such as hospitalisation (e.g. a gas valve safety that automatically shut off and prevents an accident occurring)

It is anticipated that the benefits are more likely to be time releasing savings rather than cash releasing.

Q7   Risks
There will be risks associated with the proposal; these are likely to be higher where the proposal is more innovative, such as where it is testing out new approaches to procurement. It is important that as part of the development of the proposal, the partnership has identified the most likely risks, has a strategy for managing them and has concluded that the potential benefits are worth the risks. This question therefore seeks information about these risks and how the partnership plans to address them.

Section 3   Context
One of the requirements for Development Funding is that partnerships have in place a strategy for enabling telecare services to become an integral part of local care and support services for people with disabilities. This section seeks information about the area's current telecare services, including community alarm systems, and on the partnership's vision for telecare in the area.

Q8   Current Telecare Services in Partnership Area
This question is seeking the following information

(a) **Telecare service** – name of service, such as 'community alarm service'
(b) **Management arrangements** – how the service is managed, 'led by service manager, responsible to head of x service'
(c) **Links to Other Services** – details of any arrangements with other services for the delivery of the service, such as shared staffing, shared offices, out of hours service, etc.

Q8	Service Details		
	Telecare Service	**Management Arrangements**	**Links to Other Services**
	Service 1		
	Service 2		

Q9   Funding of Current Telecare Services
This question is seeking the following information

(a) **Telecare Service** – as in Q8
(b) **Number of customers** – provide the average number of customers provided for at one time during 2005/06 (rather than the total number of customers during 2005/06)
(c) **Annual expenditure** – expenditure on revenue and capital (separately identified) for the telecare service in 2005/06. If the telecare service is not

a cost centre, please provide a derived expenditure figure and make clear that this is the case.

(d) **Annual budget** – budget allocation for revenue and capital (separately identified) for the telecare service in 2006/07. As for (c), if the telecare service is not a cost centre, please provide a derived expenditure figure and make clear that this is the case.

(e) **Funding sources** – identify the funding sources for the telecare service in terms of agency (such as local authority, health RSL's etc), department/section (such as social services, housing etc) and budget heading (such as General Fund, Private Sector Housing Grant etc).

Q9	Telecare Service	Number of Customers	Annual Expenditure 2005/06	Annual Budget 2006/07	Funding Sources
	Service 1				
	Service 2				

Q10 – Vision for Telecare in Partnership Area

As set out in the guidance, partnerships are required to show how the proposed telecare development links into, and will be extended to support, a whole systems approach to the delivery of local objectives in relation to independent living.

This question therefore seeks information on

(a) **Overall aims for the development of telecare** – the partnership should set out what role it intends telecare to play in the provision of care and support services in the local area.

(b) **Reasons for proposed use of funding and link to overall aims/vision** – Partnerships should set out why they have selected the proposed project for the use of the development programme allocation and, linked to this, how this use of the funding is considered to have the best fit with the local vision and objectives.

(c) **Future extension of telecare services** – the Development Programme is intended to support the transitional costs of developing telecare services whilst efficiency savings are generated. As such, partnerships are expected to use these efficiency savings for investment in additional telecare services for other client groups or other areas.

Section 4   Declaration

This final section requires details about the approval of the proposal by the Community Planning Partnership, and a commitment to participate in national monitoring and in commissioning/procurement activities to share learning and to achieve efficiencies. By signing this, the CPP agrees to the proposal as set out; to provide active support to the local social care, health and housing partnership to deliver the proposal; and, where delays or problems arise, to help overcome these barriers.