



Scrutiny Committee
(Social Care and Health)

Task and Finish Group

Assistive Technology and Dementia Care

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Foreword

It is universally recognised that the increasing number of elderly people with 'dementia' is creating one of the most serious challenges for both Local and National Governments, and indeed society as a whole. The scale of the task in supporting the health and social care needs of this population is immense. At present it is estimated that there are some 1,750 people experiencing 'dementia' in the Vale of Glamorgan, however this figure is set to rise to 3,000 by 2030. Social Services and the National Health Service have to respond swiftly to this growing issue.

There is a great deal of work being carried out in order to find the best way forward to cope with the challenge of 'dementia'. However it was felt that the role that 'assistive technology' might play in contributing to this work was an area with significant potential and there was merit in examining how its benefits might be of use. As such, the Scrutiny Committee (Social Care and Health) Task and Finish Group has effected 'an examination of the potential contribution assistive technology can provide in the development of a dementia supportive community in the Vale of Glamorgan through enabling people to live independently'.

I think I can speak for all Members of the Task and Finish Group when I say that our work has been both interesting and compelling but also at the same time perplexing. Interesting and compelling as we consider that there is a significant role for assistive technology in the development of a dementia supportive community, but perplexing as the evidence is not yet universally clear in regard to its cost-effectiveness and affordability.

It was felt by Members at the outset that there was little point in the Task and Finish Group producing a report that recommended the commitment of significant additional resources, particularly at a time when the Council is seeking to reshape services in view of severe budgetary pressures. We felt that it was important that our report was measured and realistic and I hope that we have managed to achieve this. As such, whilst there are some specific and important recommendations that can be initiated now, there are other recommendations that focus on the requirement for further work in order to ensure that there is clearer evidence before decisions are made.

I would like to take this opportunity to thank the Members of the Task and Finish Group for their substantial contribution to this report. In particular, I would like to pay tribute to Councillor Keith Geary, who tragically passed away on Sunday 4th January 2015. He was very committed to the Group's work and was fully involved in formulating many of our recommendations. I would also like to thank the many officers from the Vale of Glamorgan Council who gave up their valuable time to brief the Group. And finally, and most importantly, I would like to thank the many other people and organisations who also made significant contributions to our work.

Councillor Rhodri Traherne
Chair - Scrutiny Committee (Social Care and Health) Task and Finish Group

Executive Summary

In reviewing the potential for Assistive Technology to help enable people with Dementia to live more independently, the Group received evidence from a wide range of sources. This report provides a summary of the Group's approach and the research conducted to inform the review.

The Group believed that Assistive Technology would do much to improve the quality of life for people experiencing Dementia. However, such technology should be part of wider support networks. The role of the carer is essential as are the support arrangements in place from Health and Social Care.

The Group understood that Assistive Technology could not take the place of human interaction; however it could act as an enabler and tool to support domiciliary and other care services.

During the review, one of the major benefits of Assistive Technology that was consistently highlighted was its role in offering support to carers. This can be manifested in a number of ways, for example by providing an alert and monitoring system, by the ability to offer respite and by giving reassurance and peace of mind.

An important part of the review was the Group's meeting and discussion with Mr. and Mrs. B. The Group received first-hand knowledge of the use and benefits of Telecare from a husband and wife whose lives have been affected by Dementia.

The Group, in meetings with Mr. and Mrs. B. and carer support organisations, became aware of the immense stress and difficulties that carers can experience. Having heard the evidence the Group acknowledged that Assistive Technology had an important role in supporting carers.

It is recognised that many carers may be reluctant to seek professional help and support, and that they may not fully understand or appreciate the benefits offered by Assistive Technology. To help address this issue the Group sees the need to create a marketing strategy for Telecare services that clearly demonstrates the benefits of Assistive Technology for carers.

Importantly, for those experiencing dementia, Telecare should be offered as early on in a person's care journey as possible, ideally at the point of diagnosis. The Council should review the level and type of information available, target the Memory Clinic with information, and develop an online Telecare Assessment Form.

During its first meetings the Group was briefed on the Telecare Service within the Vale of Glamorgan and received a demonstration of the range of equipment offered to our clients. Members were impressed by the commitment of the staff but the level of demand upon the service had affected its ability to respond, particularly at the assessment stage. The Group has therefore recommended that the Council consider how it deploys its Telecare resources with consideration to the need for greater resilience.

The Group was able to look at and review the Telecare referral and assessment process and has made a number of recommendations aimed at streamlining this.

It was recognised that an important issue for the service was the ability to attract local pharmacists to help administer and load medication dispensers. The Vale has found it difficult to recruit sufficient numbers on a geographical basis to successfully offer a fully working service. This is an issue that the Group recommends be taken up with colleagues in the Cardiff and Vale Local Health Board in order that possible solutions can be found.

The need to look at the quality of client outcome information should also be considered. This was regarded as important in order to evidence and understand the benefits of Telecare for all client groups. This would also allow the service to better review the effectiveness of packages and to assess cases where there may be an overprovision of services. The Group considered that access to appropriate outcome information was vital to help plan for the successful delivery of the service.

Closer alignment between the Telecare Service and the Cardiff and Vale Local Health Board should be progressed and the Telecare Service should have closer working arrangements with Hospital Discharge Teams and Reablement Services. The benefits of Telecare/TeleHealth and Telemedicine should be demonstrated to Clinical Leads and GPs and this is something that should be taken forward jointly by Adult Services and Cardiff and Vale University Health Board.

The Group explored the rationale behind reminiscence therapy and, to achieve a better understanding of this issue, a visit to the University Hospital in Llandough was arranged. This allowed Members to see at first hand the use of the RemPods within the Assessment and Recovery Unit. These Pods are used as a form of reminiscence therapy in order to calm and reduce levels of agitation for clients experiencing Dementia. The Group has recommended that the Council explore the feasibility of purchasing items to support reminiscence for people with Dementia, for use within Day Care, Extra Care and Residential settings. Further information is contained within the report.

The revolution in tablet computers and mobile phones has created new opportunities for children and young people in schools and the same is true for people with Dementia. Devices with internet connections can also be used as a form of reminiscence therapy and as a way of helping to maintain some cognitive abilities. Tablet computers within multi-occupancy settings also help to improve engagement between service users and carers. The Group has therefore made a recommendation that tablet computers should be purchased for use within multi-occupancy settings.

Finally, the Group has evaluated the current business model for the Telecare service. There is much that could be considered from work taking place in England, particularly in regard to closer integration between Health and Social Care. There was also merit in examining the work of Charities, the Private Sector and Social Enterprises, particularly at this time as the Council seeks to 'reshape services'. The Group felt that Welsh Government should consider the purchasing of equipment on a regional and or collaborative basis; this would reduce waste and provide economies of scale. This is something that the National Procurement Service is currently in the process of assessing.

Recommendations

- 1) That the Council seeks to develop and increase the numbers of people receiving Tele-V.
- 2) That the Council develops information systems to allow it to evaluate whether or not savings to community care packages can be made by the wider and earlier deployment of TeleV+.
- 3) That the Council considers enhancing the information provided about Assistive Technology and Telecare, and produces a marketing strategy to raise the awareness of Assistive Technology.
- 4) That the Council considers how it deploys its Telecare resources with consideration to the need for greater resilience.
- 5) That information is targeted at the point of diagnosis at the Memory Clinic.
- 6) That items to support reminiscence for people with dementia be purchased for use within Day Care, Extra Care and Residential settings.
- 7) That the Council purchases tablet computers as a means to provide therapy and to improve communication and engagement.
- 8) That the Council introduces the use of an Internet Assessment Form for TeleV.
- 9) That the Council ensures that it continues to promote Telecare to its staff.
- 10) That the Council considers how it might improve and maintain up to date knowledge of 'Assistive Technology' amongst social workers and referrers.
- 11) That the Council seeks to influence closer integration with health partners and increased investment in Telecare and Telehealth.
- 12) That the development of medicating dispensing and reminding be considered jointly with Cardiff and Vale University Health Board.
- 13) That the potential for the procurement of Assistive Technology equipment at a national or regional level be explored by the Welsh Government and SEWIC.
- 14) That the Council continues to evaluate good practice in use across Wales, in England and by the charitable, social enterprise and private sectors in order to improve the Council's business model.
- 15) That the Council investigates whether there is potential to outsource all or part of the Telecare Service as part of the 'reshaping services' initiative.

Introduction

The Scrutiny Committee (Social Care and Health) set up the Task and Finish Group to examine the potential contribution Assistive Technology can provide in the development of a Dementia-Supportive Community in the Vale of Glamorgan through enabling people to live independently.

The Group's objective and purpose was to assess whether the greater use of Assistive Technology could enable people to live independently for longer and to consider the impact that this can have on the quality of life of those who care for those experiencing Dementia.

The Group's desired outcomes were to:

- Understand the daily issues faced by those experiencing Dementia
- Understand the effectiveness of Assistive Technology in maintaining the independence of those experiencing Dementia
- Improve the process of delivering Assistive Technology to those experiencing Dementia and their families/carers
- Analyse the range of products available
- Assess the cost benefits of sourcing a wide range of Assistive Technology systems.

Membership of the Group is shown at Appendix A, together with Officers of the Council and the many other organisations and people who have made valuable contributions to the review.

Background

What is Dementia?

Dementia is a term used to describe a wide range of symptoms.

People with Dementia experience impairments in their capacity to think, reason, and problem solve (otherwise known as cognitive abilities). Dementia is caused when the brain is damaged by diseases such as Alzheimer's or through a series of strokes. Although most common in those over the age of 80, all adults can be affected by Dementia and a sizeable portion of sufferers will show signs of Dementia before they reach 65.

Dementia is classed as a progressive cognitive disorder and those affected will gradually lose the ability to carry out normal everyday tasks.

Often regarded as an older person's disease, support can be frequently geared towards the over 65s. This means that, for younger people with Dementia, treatments and services may not be age appropriate.

Information from the Alzheimer's Society shows that in the UK approximately 800,000 people have the illness and dealing with Dementia currently costs the UK over £23 billion a year. By 2021 it has been estimated that there will be over 1 million people in the UK with Dementia. One in 3 over 65s will be diagnosed with Dementia.

Information relating to the projected number of people in the Vale of Glamorgan that may potentially experience Dementia can be seen at Appendix D.

Approximately 60% of people with Dementia live in their own homes, generally with a spouse or other family member as their carer. The remaining proportion of those with Dementia would either be residing in care homes or in long-stay hospital wards. It has been estimated that more than 30% of hospital beds in geriatric wards are occupied by those with Dementia.

What is Assistive Technology?

The term 'Assistive Technology' can be defined as "any device or system that allows an individual to perform a task that he or she would otherwise be unable to do, or increases the ease and safety with which the task can be performed" (Royal Commission on Long Term Care 1999). This includes a wide range of devices from simple 'low tech' items such as calendar clocks to more 'high tech' items such as automatic lighting and Telecare sensors.

Put simply, Assistive Technology is any aid that can assist the most frail and vulnerable members of society to live safely and well at home or in a care home environment.

Under the umbrella of Assistive Technology come the terms, Telecare, Telehealth and Telemedicine. These have been defined as:

- **Telecare**

The generic definition of Telecare is; *"Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living"*

- **Telehealth**

The Telecare Services Association definition of Telehealth is *"Telehealth is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions"*

- **Telemedicine**

The scope of telemedicine is narrower than that of Telehealth, and refers specifically to the provision of health care services over a distance, through the use of telecommunications technology. Examples of telemedicine include video consultations with specialists, remote medical evaluations and diagnoses and the digital transmission of medical imaging.

How can Assistive Technology help those that suffer with dementia?

The role of Assistive Technology and how it can be used to support someone living with Dementia varies greatly. Assistive Technology ranges from simple, standalone devices right through to complex, integrated systems that help a person to remain independent for as long as possible.

Some of the areas where Assistive Technology may help include:

- Safety e.g. managing falls, environmental etc
- Everyday living
- Monitoring
- Telehealth
- Communication
- Telecare
- Prompts and reminders
- Social Inclusion
- Recreational activities
- Cognitive skills
- Multi-Sensory stimulation – e.g. Assistive Technology such as Interactive Mindgames can prolong a person’s cognitive abilities.
- Offering peace of mind and reassurance

Review Findings

During the course of the review, the Group has considered the following;

- The organisation and structure of the Telecare Service;
- Demonstration of equipment and devices available;
- Evaluation of the Telecare referral and assessment process;
- Assessment of the impact of TeleV+ packages;
- Changes to the Supported People Service;
- Meeting with Husband and Wife, Mr. and Mrs. B.;
- Understanding the Carer’s perspective;
- Carmarthenshire County Council Telecare Service;
- Use of I.C.T.;
- What is Reminiscence therapy;
- Use of RemPods at Llandough Hospital;
- Cardiff and Vale Local Health Board future development of its Assistive Technology Strategy;
- Regional/Collaborative working;
- Voluntary and Private Sector partnership business model
- Analysis of evaluations into the effectiveness of Assistive Technology
- Financial matters.

Review of the current Telecare Service

During the early stages of the review, the Group received an overview of the current make-up and structure of the Telecare Service within the Vale of Glamorgan.

The Telecare Team is composed of four staff members, the Telecare Manager and two Telecare Support Officers and an administrative support post. The team is made up of 3.02 full time equivalent posts. Current Telecare team activities include supporting the assessment and installation process along with the maintenance of equipment and the managing of the level of stock available. At present there were 597 active TeleV cases and a further 107 cases where TeleV+ has been installed.

In some instances, there had been an issue around staff availability to install new equipment packages. Service resilience was therefore an area of consideration especially during periods of prolonged staff sickness. The Group acknowledged that there needed to be a review of the deployment of resources in the Telecare Service.

The team is also required to undertake financial and budgetary tasks such as the invoicing of clients for the services provided and to answer any queries regarding an individual's bills. Training and promotion of Telecare is also an important function as is partnership working with other departments and agencies such as Housing and Care and Repair. The team is also involved in collaborative working as part of the South East Wales Improvement Collaborative (SEWIC).

At present the service offered two elements of Telecare, namely TeleV and TeleV+:

TeleV is aimed at clients with low levels of need and is made up of three types of packages. These are offered as a means of managing a person's environmental risks and to help maintain safety and security.

TeleV+ is for individuals with more complex needs. TeleV+ provided a higher level service with a wider range of sensors and equipment available. There is also greater flexibility in order to meet more complex individual needs. TeleV+ can also support other services such as home care and in certain circumstances may reduce the need for this service

Individuals would have to meet the substantial or critical eligibility criteria of need to receive the TeleV+ service, which is chargeable under the Fairer Charging Policy. A financial assessment is required. A charge of up to £8.30 per week could be levied against this service which is also available for individuals who self-financed their care packages. The charge for the service would come within the Welsh Government's £55.00 cap on care fees.

At the time of writing, there were 107 active TeleV+ systems installed for clients living within the Vale of Glamorgan. The rate of installation for the first two quarters of the year had slowed, mainly as a result of staffing issues. Members were advised that the assessment stage of the process was complicated and that in many cases not enough information was provided in order to give a full understanding of the situation. This was the main complication in ensuring the right type of resources are deployed by the Telecare Service.

The Group heard that the Telecare Service in the Vale should develop its working arrangements with the Reablement Service and hospital discharge teams.

Consideration should also be given to creating better links with the Memory Clinic located at Llandough Hospital as it was felt that this service worked in isolation of other service areas. The Group felt that people could be made more aware of the Memory Clinic.

Number of Alerts Raised

The response for alerts raised through Telecare is managed through the Customer Contact Centre. The response times appear to be very good with the vast majority of calls receiving a response within 30 seconds.

Total number of alerts received in 2014	73,368
Percentage responded to in under 30 secs	86%
Percentage responded to between 30 secs and 1 min	7%
Percentage responded to between 1 min and 1.30 mins	3%
Percentage responded to between 1.30mins and 2.00 mins	1%
Percentage responded to between 2 and 2.30 mins	1%
Percentage responded to between 2.30m mins and 3 mins	1%
Percentage responded to in over 3 mins	1%

The main types of alerts received are triggered by the pendant button alarm and smoke/ heat sensors.

Review of the Telecare Assessment Process

In evaluating the internal processes used for social workers to procure Telecare, the Group noted some areas for improvement.

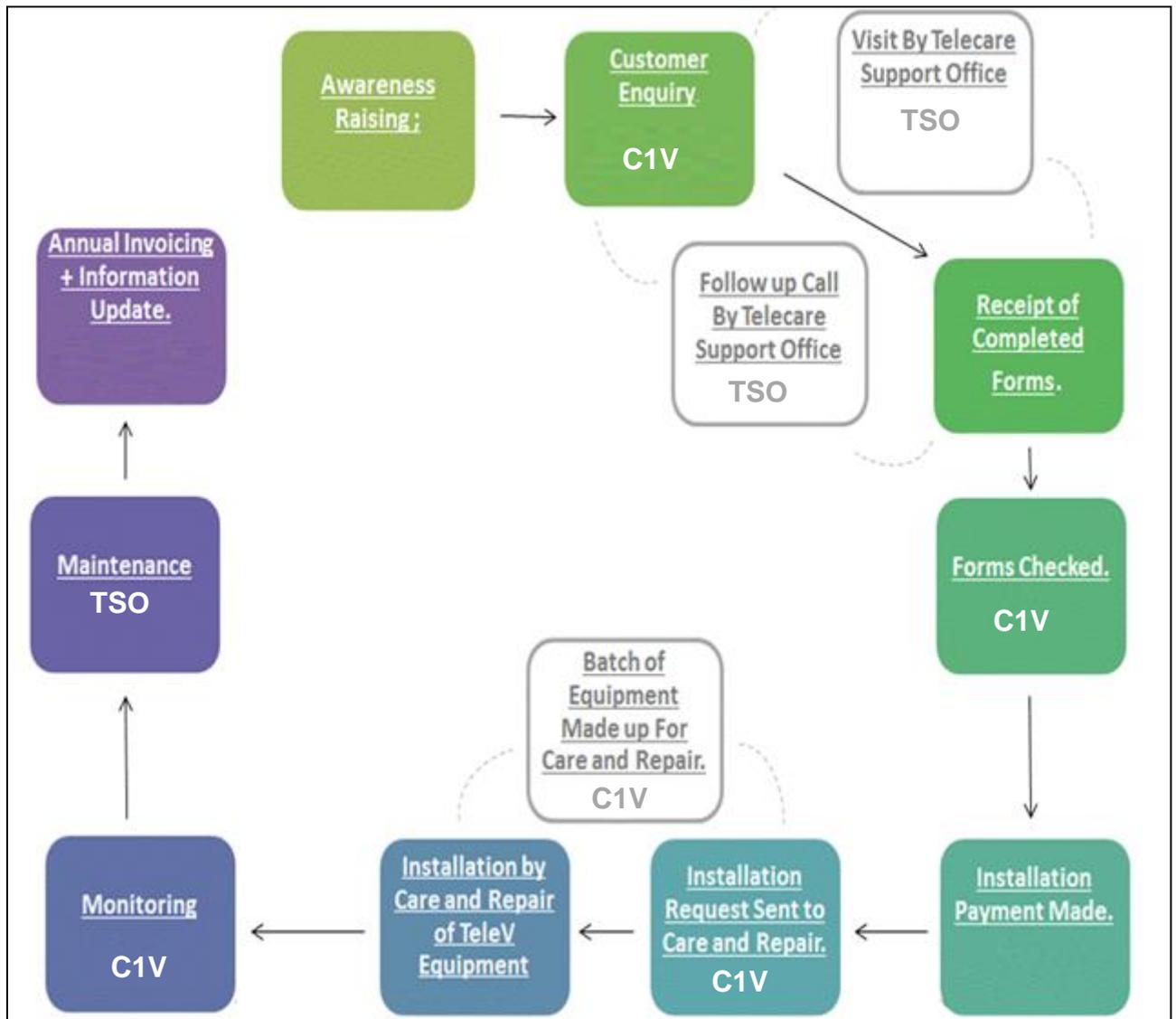
The knowledge of Telecare by Social Workers was satisfactory, however the Group felt that there was a need to ensure that Social Workers had a better understanding of its benefits. It was felt that it might be worth investigating whether a demonstration flat should be created for training purposes. The flat could also be used to show potential service users and their family members the benefits and ease of use of Telecare equipment.

Alternatively, another way to increase the knowledge base around Telecare would be to have a designated person within the care management teams. This would be

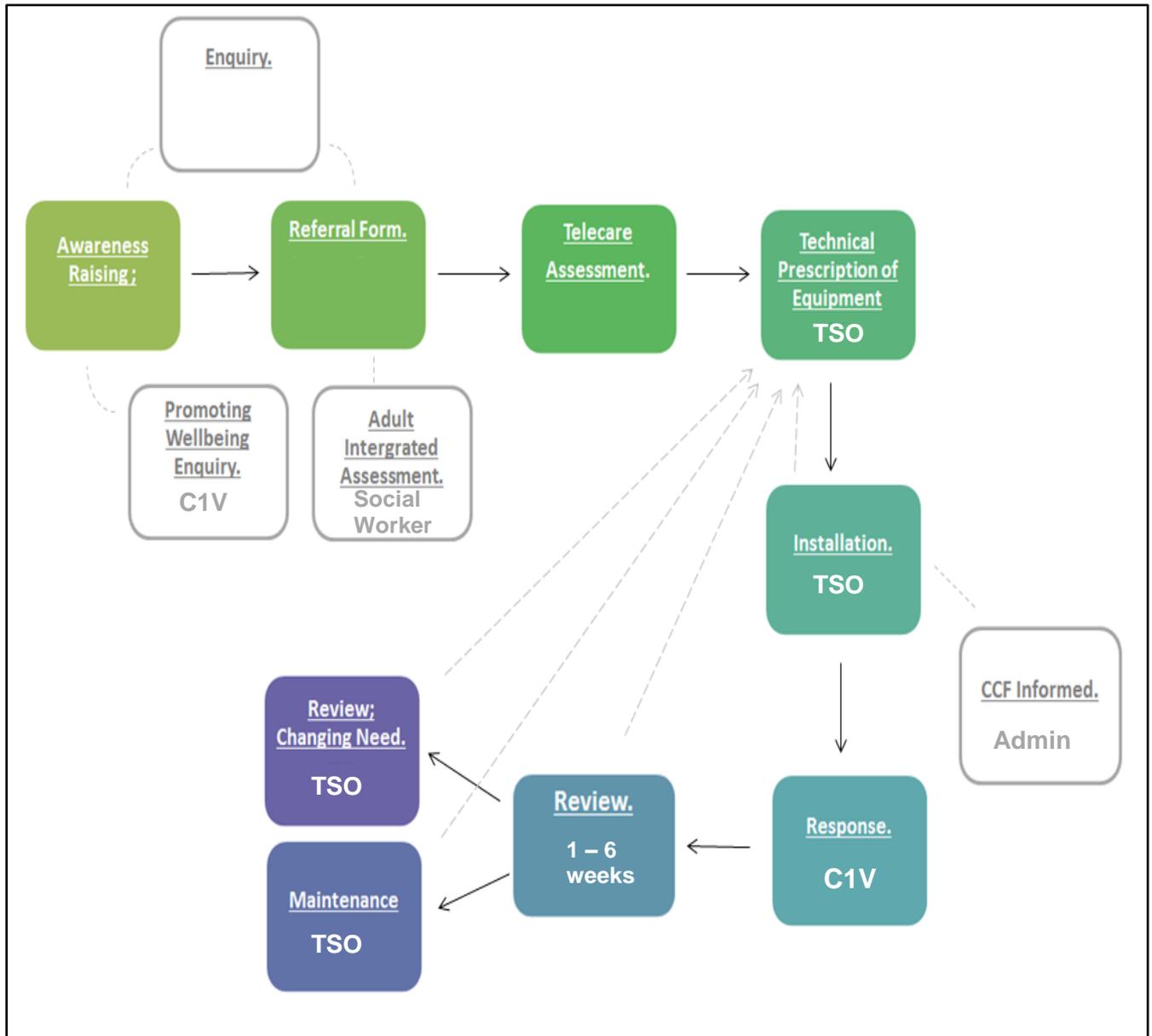
on an informal basis that would involve a member of staff acting as a Telecare Champion with an increased level of knowledge and understanding of the Telecare Service. Other social workers would be able to go to these staff members for general advice and guidance.

Provided below are process maps for the commissioning of TeleV and TeleV+ packages.

TeleV Process Map



TeleV+ Process Map



Demonstration of Assistive Technology equipment

The Group was shown various types of equipment and devices including:

- Pendant alarm – which would send an alarm to the contact centre which would respond;
- Pull cord – which would send an alarm to the contact centre which would respond;
- Movement sensors – these would detect if there had been no movement within a set time period possibly indicating a fall or illness;

- Pressure sensors – these would detect when a person got out of bed/ armchair and then back again, based on pre-set times and may indicate a fall;
- Medication dispensers – automatically prompting people to take medication at a pre-set time;
- Front door sensors – to detect when a door has been opened and may indicate that the person had left the property;
- Alerts that would detect smoke or a rapid rise in temperature or carbon monoxide or water on the floor;
- GPS Trackers – used to identify the location of an individual;
- Fall detector – automatically sensing that someone has fallen;
- Bogus caller button – enables people to discreetly contact help if they are suspicious about a caller at the door.

Assistive Technology can send an alert to a call centre or to a carer. This also includes the capability of sending an alert to a carer in a different part of the house, which can enable a family carer to get some rest even if their loved one is awake and up during the night.

An important piece of technology is the ‘Just Checking’ system, which can assist people with Dementia to live independently in their own home by monitoring their movements at home and generating a chart of activity. Care professionals can often use this system for assessment and care planning purposes. ‘Just Checking’ highlights the capabilities of an individual in the familiarity of their own home and helps care professionals to properly plan a care package. Families use it to check that the family member is following his or her usual pattern, without intruding or undermining his or her independence.

The ability to find a willing local pharmacist within the Vale of Glamorgan to load medication dispensers was highlighted as an issue. This presented a major logistical problem. Assistive Technology that supports medication must be resolved with the Cardiff and Vale Local Health Board.

In referring to the maintenance of equipment the Group was advised that Care and Repair are tasked with the installation and maintenance of all TeleV packages, but at present they were struggling with the large volume of work currently being referred to them. It was noted that from April 2015 the Cardiff Care and Repair Service and the Vale of Glamorgan Care and Repair Service would merge into one organisation and that it had been decided not to provide the same level of support to the Vale. The implications need to be carefully considered in future service planning. One consequence from Care and Repair’s decision could be that the funding could be used to create an additional post in the team which would ensure greater Telecare Service resilience.

Vale Community Alarm Service (VCAS)

A major part of the provision of Telecare is the Vale Community Alarm Service (VCAS).

This service provides 24 hour Emergency Community Alarm cover for residents in Sheltered Housing and elderly residents who wish to continue living independently in their own homes.

Currently, 256 active systems are in place within the community, with an additional 1,345 systems for individuals residing in supported living and housing schemes. New Extra Care facilities within the Vale have contributed to the growth of the supported living and housing sector.

Meeting with Mr. and Mrs. B.

The Group was extremely grateful to Mr. and Mrs. B. for their willingness and openness in sharing their experience of Dementia and the benefits of Assistive Technology.

Mrs. B. was diagnosed with Dementia several years ago; she remains strongly independent. Her husband is her main carer but his health has been affected by a heart condition.

Recently a pendant alarm system has been installed. From Mr. and Mrs. B.'s perspective the technology installed was easy to use and was not intrusive. They both explained that the peace of mind provided by Assistive Technology was greatly appreciated and its mere presence offered a great deal of reassurance. For Mr. B., as a carer, it was important to know that something was in place in case there was an emergency. This gave him confidence that he would be able to react to situations and provide urgent assistance should the need arise. Assistive Technology had helped to maintain a good quality of life and was instrumental in the couple being able to still carry out normal day to day activities.

Mr. B. stated that most people in similar circumstances were aware of Assistive Technology, but they may not fully understand its use or the potential benefits. He felt that, in helping people to better understand and appreciate the benefits of Assistive Technology, the facts about exactly what the service offers should be made more readily available. The Group acknowledged that more could be done to market Assistive Technology and this is something that should be investigated and developed.

Mr. and Mrs. B. considered it most important that all health and social care practitioners have a more positive outlook and attitude towards people diagnosed with Dementia. Mrs. B. stressed that Dementia was not a 'death sentence' and that most individuals not only wished to remain living at home but also wanted to enjoy a normal and active life for as long as possible. She felt that it was vitally important for individuals with Dementia and their carers to remain positive and confident about the future

Mr. B. was very clear that that it was essential to offer Assistive Technology at the point of diagnosis or as early as possible.

Meeting with Carer Support Organisations

Carers undertake a vital role in supporting people with Dementia and enabling them to remain at home for as long as possible by providing day to day support.

The Group considered it essential to understand the perspective of the carer and was able to meet with representatives from the Alzheimer's Society and Crossroads Care in the Vale.

The Group was advised of the immense stress and pressures that carers would be under in providing 24 hour support. Carers would also be under enormous strain from watching a loved one deteriorate into someone very different. Members recognised the need for the service to be extremely sensitive of the close relationships shared between carers and their loved ones.

The Group was concerned that, in many instances, carers were reluctant to request further help and support, and also that many carers had been unwilling and hesitant to pursue signposting to professional agencies. This was something that must be addressed as it was clear that in numerous cases many carers were only willing to seek help at the point of crisis. The earlier that Assistive Technology can be introduced the more effective it could be.

It was important to promote Assistive Technology in the right way and to raise awareness of the positive impact of Assistive Technology. At the same time, there was also a need to offer reassurance to carers that Assistive Technology was merely a tool to assist them to care for their loved ones. The Group considered it important for the Council to re-engage with Carer Organisations, some of which may not be fully aware of the Telecare Service and the means of signposting people to the service.

The Group has also made a recommendation that a marketing strategy and promotional campaign be produced to raise awareness and to increase the use of Assistive Technology. Any strategy would need to pay careful attention of the use of language, be in plain English and be easy to understand avoiding technical jargon.

The need to make improvements to the way that Telecare Assessments for TeleV are completed was also recognised. It was felt that the processes within the Vale could be made easier and more accessible.

The introduction of an On-Line Assessment could help speed up the process and improve the level of engagement. The Group has recommended that this approach be explored.

Service Budget

The Group looked at the financial aspects of the service and discussed the income and expenditure associated with the VCAS and Telecare Service.

For 2014/15, the service is expected to achieve a surplus of £33,000. A summary of the budget is shown in the following table:-

Annual Budget 2014/15	£000
Staffing	66
Equipment Purchase	67
Equipment and Systems Maintenance	74
C1V Service Provision	95
Energy Costs	3
Replacement of Future Equipment	53
Income	(391)
TOTAL	(33)

Income is received from customers and from the Welsh Government via the Supporting People Grant.

The Group noted that promotion of the Tele-V element of the service would not only be a preventative initiative but would also have the potential to generate increased income.

Supporting People Service

The Group was apprised of future developments affecting the Supporting People Service, which could impact on the delivery of Telecare Services.

The Supporting People Service is a national grant funded programme to fund housing related support services. An important element within this Service is the Vale Community Alarm Service (VCAS). This provides a 24 hour Emergency Community Alarm cover for those that wished to continue living independently in either their own homes or in Sheltered Housing.

Part of this grant is used to fund the rental of the VCAS system that the tenant would otherwise have to pay in certain council houses.

For 2014-15 the total Supporting People Budget available had been set at £154,886.00. The funding for Telecare and Supporting People is managed under the same budgetary umbrella.

A change to guidance has meant that, from April 2015, entitlement for financial assistance from Supporting People for alarm costs would be based on need and not tenure. This would require all new tenants to have an assessment of need. In addition to this a reduction to the grant allocated from the Welsh Government would cause considerable budgetary pressures for the service.

The Group was advised that there would be a reduction in Telecare income from the Supporting People Grant by 1st April, 2017 at the latest. Savings would therefore be needed as a result of this reduction in the annual grant allocation from the Welsh Government. Future service priorities did not include emergency alarms/Telecare funding and this was not a high priority within the local commissioning plan.

The reduction in the Supporting People Grant and its potential effect on Telecare Services would need to be factored into future service provision.

Assessment of 23 TeleV+ packages

In order to assess whether Telecare had been able to improve the quality of life for people experiencing Dementia and their carers, and to identify whether any savings in community care packages might be effected, the Group was briefed on a small sample of clients within Adult Services.

The Head of Adult Services was able to provide Members with the key benefits from a sample of 23 service users that accessed the higher spec TeleV+ packages. One of the key benefits was the increased peace of mind for carers, which provided them with more periods of respite and enabled them to carry out more normal everyday activities. Other benefits included the ability to alert family members if a person had left a property and the improved level of risk management through remote monitoring that allowed a person with Dementia to be left alone.

In quantifying how much benefit there had been, the Head of Adult Services advised Members:

- 10 out of 23 cases provided support to carers through reassurance and peace of mind
- 7 out of 23 cases provided an automated alert to a family member / carer
- 7 out of 23 cases allowed the person to be left alone or allowed the carer to supervise less closely or enabled a shared care arrangement
- 8 out of 23 cases enabled service users to raise alerts themselves, for example following a fall and
- In 2 out of 23 cases medication was managed without any other input.

In assessing the financial impact following the introduction of TeleV+, some cost benefits had also been highlighted.

Members were advised that in one of the 23 cases evaluated there had been a reduction of one hour per day of domiciliary care and that this was equivalent to around £4,400.00 per annum. In seven of the cases some costs had been avoided such as additional domiciliary care, carer sitting services and respite care. The estimated savings, which are based on social work opinion, were in the region of £41,000.00 per annum. There were other additional financial benefits in providing an alternative to a nursing care home placement and two individuals had been able to receive medication without support.

It is clear that TeleV expansion would raise income and increase peace of mind for service users. However, the financial case for TeleV+ is less clear. At present it would seem that TeleV is subsidising TeleV+, although there are indications that the costs of some community care packages might reduce if TeleV+ was more widely deployed. The cohort of 23 was small and it was difficult to derive any clear conclusions from the data.

It is recognised that in order to be of use to the planning and development of the service the recorded information about savings achieved and avoided costs needs to be improved. It is therefore recommended that a recording system is put in place to allow this data to be collected and available for full consideration in the future.

Furthermore, the current arrangements for charging set out in the Social Care Charges (Wales) Measure 2010 provide a financial disincentive for the Council to support individuals to live at home as it limits the amount the Council can retrieve from service users in the community. In effect it can be more affordable for the Council to arrange their support through a care home as individuals with funds would pay for these costs themselves. The concept of deriving savings from Telecare through its potential to avoid institutional care is possibly flawed as this would depend on an individual's circumstances.

Carmarthenshire County Council – Telecare Services

The Group was able to meet with the Manager responsible for the Telecare Service for Carmarthenshire County Council. She gave members a flavour of some of the lessons learnt from her experience in tackling some of the issues that she had faced.

Initially the strategic planning of Telecare Services was perhaps not fully robust and this had left the Telecare Service somewhat isolated. There had perhaps been insufficient thought devoted to the on-going cost of equipment maintenance and the service had also been oversubscribed with too great a reliance on Telecare Support Staff.

In tackling some of these issues, an important improvement had been the aligning of the Telecare Service with the Occupational Therapist Service as it was recognised that both services offered solutions to individuals at similar stages of the care process. This had solved the issue of isolation and improved the management and running of the Telecare Service.

Greater service information ensured that the review of packages was improved and it also helped to clearly evidence the real differences that Telecare could make for service users. Carmarthenshire had also found that the introduction of the TMC data monitoring system had been an important development that allowed for the better management and running of equipment maintenance.

The Group was advised that Carmarthenshire was considering the merits of procuring an external provider for the installation of Telecare equipment. It had been very difficult to find the right individuals with the level of training, understanding and background required to maintain an effective installation facility 'in-house'.

In Carmarthenshire it was felt that the Telecare Service needed to be completely integrated into Social Services with close links to the Reablement and Hospital discharge teams. The idea of more regional and collaborative working in regard to the procurement of Telecare equipment would be supported. Finally, it had been identified that it was vital for Care Managers to be fully knowledgeable in regard to the use of Telecare and its potential benefits to service users.

Reminiscence Therapy

A person with Dementia, at least during the early stages of his or her condition, retains a good grasp of past events even if short-term memory is badly affected.

Reminiscence tools can be used to help communicate with people with Dementia and help to stimulate them. This stimulation can come from something as simple as looking through a photograph album, but more sophisticated options are available.

These can include the use of audio-visual equipment either on a computer or a television and, to improve accessibility, are often used in conjunction with a touch sensitive screen rather than a keyboard or mouse.

Cognitive stimulation therapy (CST) is effected in small groups and initially involves a programme of themed activity sessions over several weeks. It might involve doing word puzzles, discussing current affairs, or playing an instrument along to music. CST also includes elements of reminiscence therapy. There is evidence that cognitive stimulation approaches such as CST improves mental ability and quality of life.

Information and Communication Technology (ICT) for People with Dementia

The tablet computer, mobile phone and touch screen revolution has opened up the world of Information and Communication Technology.

Over recent years tablet computers are being frequently used as a way of providing electronic reminiscence therapy, aimed at helping to improve a person's mood and to increase levels of engagement. This is seen as important, especially within residential and day care settings, as it allows carers to get to know the individual as a person. The production of a 'person's life story' that included pictures, music and films has been regarded as an important way forward. Therapy sessions aimed at improving a person's mood could be targeted at multi-occupancy settings and the mini tablet computer revolution had opened up the world of ICT to many demographic groups.

In terms of possible use for ICT applications the Group was apprised of the following:

- Reminiscence therapy through use of photos and images and places of interest
- exploring a person's hobbies and interests - music, films, TV etc.

- creative entertainment focussed on a person's ability - painting and interactive games
- looking at past and current events
- video link/e-mail to maintain contact with loved ones
- access to learning
- screen readers that read out text on screen
- video conferences for care practitioners and carers

It would also seem that the latest and more hi-tech pieces of equipment have the potential to offer real benefit in respect of Telehealth and Telemedicine. There is the potential to offer the Individual, the Carer and his or her Health Practitioner real time health information at the push of a button. This will greatly improve the responsiveness of Health agencies and will also allow for alerts and messages to be shared with individuals in an almost instantaneous way. New health monitoring 'Apps' and use of mobile phone devices and mini computers could result in significant advances in Telehealth and Telemedicine.

The Group saw merit in recommending that tablet computers be purchased for use within residential and day care settings. Such devices will allow individuals to re-live past events and reminisce about places once visited. This would help create a more harmonious environment for those with Dementia and would greatly assist the social interaction between service users and carers.

RemPods – Visit to University Hospital Llandough

On 16th December 2014, the Group visited the University Hospital in Llandough in order to see the Hospital's RemPod facilities. RemPods are designed to look like 'by-gone eras' and are used to turn any care space into a therapeutic and calming environment. RemPods came to national awareness following an appearance on the BBC's Dragons' Den television series.

During the visit Members were shown the 70s RemPod and the Cinema RemPod that had been set up within the unit. RemPods are used as a form of therapy and are used as a calming influence for patients in an agitated state. These Pods enable people to re-live past memories and to discuss past events. They are used for people to discuss the 'old days' with other service users and their carers,

In discussing the use of the RemPods, the Group was advised that usually patients are referred for an eight week course of therapy and usually visit the facility for one or two sessions per week. Patients are referred to stabilise their care needs in readiness for a return to home and to enable them to better manage their personal needs.

The Group has recommended that the use of equipment to support reminiscence therapy should be extended to residential and day care settings. These would be most helpful in improving communication, engagement and behavioural issues. Such investment would assist people with Dementia at a relatively low cost.

Cardiff and Vale Local Health Board – Future direction of the Telehealth Service

Recognising the importance for 'joined up working' between the Vale of Glamorgan Council and the Cardiff and Vale Local Health Board; the Group was keen to understand the future direction and approach adopted by the Health Service.

In meeting with the Mobile Working Lead, the Group learnt that a main focus of the Local Health Board would be to improve the sharing of medical data and information. An important element of this was the ability to collate information and the ability to securely hold personal information. The Group noted that live video calling would be progressed and an important development had been made in regard to the introduction of the FLORENCE, a mobile phone based activity monitoring system.

The Group noted that not all Clinical Leaders were fully on board with the expanded use of Telehealth and that a joint Health/Social Services programme to promote Telehealth/Telecare among GPs and Doctors would be a good way to demonstrate the benefits of Assistive Technology systems. It was important too that Telehealth and Telecare were not developed separately as in many cases these systems would be supporting the same service users. It was clearly vital that there was no duplication and that systems were developed where possible that could be accessed by both Health and Social Care professionals. The Group felt that further work was required to ensure that there was better coordination between Health and Social Care.

SEWIC Telecare Project Manager – Prospects for regional and collaborative working.

The Group met with the South East Wales Improvement Collaborative (SEWIC), Telecare project manager who had been overseeing possible service improvements across the 10 local authorities that make up the SEWIC.

In discussing the possibilities around more regional and collaborative working, the Group heard that the one of the key aspects was in regard to creating larger volumes of Telecare connections.

Most individual Telecare Services would have between 1,500 to 2,000 packages but to improve economies of scale, a level of around 7,000 to 10,000 packages would be required. Within the SEWIC area, local authorities all had different strategies when it came to providing a Telecare service. Local authorities have also been reluctant to give up the services that they have in place.

For example, in respect of developing a regional monitoring centre, an issue for the Vale of Glamorgan was the successful creation of an integrated contact centre that also covered GP and out of hours emergency calls. The impact of removing the Telecare element from this did cause concern as this would result in a degradation of this innovative and integrated approach.

The Project Manager remained of a view that monitoring arrangements would be delivered more efficiently regionally. However, he also felt that actual Telecare Services were better delivered locally as local professionals would be more conversant with the needs of service users.

The Group were also briefed on the National Procurement Service (NPS) in regard to the procurement of Assistive Technologies (Telecare & Telehealth) which had arisen following the end to the previous procurement framework and as a result of perceived inefficiencies across the Welsh public sector. This was an approach welcomed by the Group.

The role of the Voluntary and Private Sector

In considering the possibilities of partnership working arrangements with the private and voluntary sectors, the Group met with representatives from advant~age, Appello and Age Connects Cardiff and the Vale.

Age Connects is a charity which aims to help support older people who are vulnerable, isolated, and in poverty. It aims to promote health and wellbeing and provide opportunities and support that enables an individual to remain living at home for as long as he or she wishes.

The Group was briefed on the requirement for partnership working in view of the difficulties that charitable organisations sometimes experience when working with private sector providers. This is an area that advant~age has targeted, placing itself as an intermediary between charities and service providers.

As a social enterprise, advant~age works with over thirty charities across England and Wales. It exists to enable charities and not for profit organisations to offer reputable and valuable services to clients. Advant~age helps charities generate income to further support the charities' services, and maintains a good working relationship with local authorities and private sector providers.

In regard to 'process', individuals may well be signposted to a charity who may well be able to offer some support. The Charity would then signpost the person to advant~age which would search for suitable products and services. The individual would then choose whether to go ahead with the service. If the service is agreed, advant~age would distribute an agreed donation to the charity.

Appello is a new company, established from the merging of three brands; Careline UK, Cirrus and Appello Telehealth. Appello are now officially recognised as the largest provider of emergency alarm monitoring systems in the UK with over 180,000 connections. They have over 25 years' experience of supporting people and providing Telecare and Telehealth solutions to care organisation, local authorities and individuals. During 2013, Appello received 2,800,000 calls, of which 44,000 were passed on to emergency services.

During discussions, the Group considered the possibilities of outsourcing the Telecare Service. However some Members were concerned that this might lead to a crisis for the service should a private sector service provider become insolvent.

Members highlighted examples seen within the residential care sector and noted what could go wrong when there was no default position. The Group considered that further and more detailed analysis of the benefits of outsourcing all or part of the service be considered.

Available Research into the effectiveness of Assistive Technology

In considering some of the national research and studies conducted to demonstrate the effectiveness of Telecare, Members noted the rather confusing picture. While a number of studies had shown a level of financial benefit to local authorities and commissioning agencies, there were also some alternative studies that had questioned the ability of Telecare to realise true cost savings.

- **Whole System Demonstrator**

The largest evaluation of Telecare within the world is The Whole System Demonstrator (WSD). This commenced in May 2008 and was a three-year £30 Million research project that encompassed two sets of trials.

The first trial related to the effective use of Telehealth patients suffering with chronic illnesses such as heart failure and diabetes. Around 3,000 patients were recruited for this study with half the patients receiving Telehealth whilst the other half received standard non-Telehealth care. The main findings of the trial were that there was a significant reduction in patient deaths among those receiving Telehealth. It was also identified that there was a 20% reduction in emergencies and a 15% reduction in accident and emergency visits and hospital visits. Following further detailed analysis of the first trial, it was thought that results may have been affected by uncovering 'unmet' needs of individuals who received non-Telehealth solutions.

Following the Telehealth trial, an economic evaluation of the cost benefits and outcomes had been undertaken. Results published in 2013 showed that Telehealth was not cost effective at the scale implemented during the trial.

The second trial related to Telecare and included over 2,400 patients requiring support for their social care needs. The results published in February 2013 showed no statistically significant reduction in health or social care use between the Telecare and non-Telecare groups.

- **Safe at Home project**

A major piece of research used to highlight the benefits of Assistive Technology was the 2003 Safe at Home project led by Dr John Woolham of Coventry University. It should be noted that this was a project and not a real life test of services. This project brought together professionals from the full range of health and social care backgrounds under one set of objectives and goals.

The headline finding of this project was that individuals had been able to remain independent and live longer at home than would have been possible had Telecare not been utilised.

- **The Hull Telecare Service**

The Group was also briefed on the Hull Telecare Service, which was most innovative and successful. The Service was able to offer same day Telecare assessments and was able to complete 10 installations per week. A member of the Telecare Team was based within Hull Hospital Discharge Team two days a week and the service was jointly funded between Health and Social Care.

It was felt that this would be beneficial but the Group recognised that it was often problematic to try to replicate good practice in England as much was very different in Wales. This was particularly so when it came to funding and whether or not the individual had to contribute. Local authorities in England can charge where there is a cap on charges in place in Wales

- **The Telecare Review – Association of Directors of Adult Social Services (ADASS) – West Midlands**

The Group was also briefed on a West Midlands Project that set out to identify ways of improving the positioning of Telecare within Social Services. Among a number of recommendations there was a requirement for a multi-agency stakeholder board and a fully integrated Telehealth and Telecare service model.

It was felt that the recognition of the importance of Telecare within Social Care appeared to be more advanced in England than in Wales. Again, whilst it was not always helpful to draw on examples from England, there may well be certain ideas and good practice that may be of value for us here in the Vale of Glamorgan as we develop the service.

Conclusion

The Task and Finish Group has completed a thorough investigation and it has produced a number of recommendations to improve the service. That said, it is also clear that there is a requirement for further work before any major decisions are taken in regard to the long term future of the service.

There is little doubt that Assistive Technology can be of considerable help to people experiencing Dementia and also to their carers. However, national research, information from partners and data from our existing service is not sufficiently clear to suggest that Assistive Technology is likely to deliver savings.

As such, and in view of the significant budgetary pressures that the Council faces, it is hoped that the recommendations for improvement are realistic and measured, and clearly identify the further work that is required to establish a service that is fit for purpose in the years ahead. Further work is required to identify how to establish a service fit to meet the expectations of residents and service users within the Vale of Glamorgan.

Glossary of Terms

A	advant~age	Social Enterprise organisation that operates as an intermediary between charities and care sector providers.
	Age Connects Cardiff and the Vale	Charitable organisation that provides help and support to older people, especially those who are vulnerable, isolated, and in poverty.
	Alzheimer's	A physical disease that affects the brain and is the most common cause of dementia.
	Appello	Organisation that has established the UK's largest emergency monitoring centre. Also a provider of Telecare solutions.
	Assistive Technology	Any piece of equipment or device that can assist individuals to live safely and well at home or in a care home environment.
C	Care and Repair	A charitable body that helps older homeowners and private tenants to repair, adapt and maintain their homes.
	Cognitive Skills	A person's mental capacity to think, reason and problem solve.
	C1V	Contact One Vale. The Council's main point of contact and first port of call for people seeking support services.
D	Dementia	Description of a set of symptoms affecting a person's brain that inhibits their ability to carry out normal everyday tasks.
	Dementia Supportive Communities	Used to describe a vision where communities have the capacity to support people affected by Dementia so they can enjoy the best possible quality of life.
E	Extra Care	An extension of traditional supported housing that allows older adults (aged 65 years and over) to live as independently as possible, with the reassurance of onsite care support when they need it.
F	Fairer Charging	Government guidelines around local authority charging for home care and other non-residential Social Services. In Wales the weekly charge for an individual has been capped at £55.00
F	FLORENCE	NHS, patient information data sharing portal.
G	GPS	Global Positioning System.
I	I.C.T.	Information and Communication Technology.
N	National Dementia Vision for Wales 2011	Welsh Government document highlighting its response to tackle the agenda around Dementia.

	N.P.S.	National Procurement Service. Set up to enable the Welsh public sector to collaborate more closely in procuring goods and services.
M	Memory Clinic	NHS facility used to assess a person's mental and physical health.
R	Reminiscence Therapy	Discussion and recollection of a person's past events and experiences.
	RemPod	Form of reminiscence therapy. These are pop up care spaces that replicate the look of 'by gone eras'.
S	SEWIC	South East Wales Improvement Collaborative - A joint regional collaborative organisation of 10 local authorities with the aim of examining and developing opportunities for regional partnership working.
	Sheltered Housing	Rented accommodation for older and/or disabled or other vulnerable people.
	Social Enterprise	An organisation that exists to tackle social problems, improve communities, people's life chances, or the environment. Profits are reinvested back into the business or the local community.
	Supporting People	Housing-related support to help vulnerable people to live as independently as possible.
T	Tablet Computer	A mobile computer with touch-screen display, avoiding the need for separate keyboard or mouse.
	Telecare	Term used to describe the remote monitoring of emergencies and life style changes to manage risks associated with independent living.
	Telehealth	The remote exchange of data between patient and health clinicians to support patients with long term conditions.
	Telemedicine	Use of telecommunication technology for remote medical evaluations and diagnoses.
	TeleV	Branding of Telecare packages provided by the Vale of Glamorgan Council.
	TSO	Telecare Support Officer
V	VCAS	Vale Community Alarm Service.
W	WG	Welsh Government.

Useful Links

advant~age	http://www.advant-age.co.uk/
Age Connects Cardiff & the Vale	http://www.age-concern-cardiff.org.uk/
Alzheimer's Society	http://www.alzheimers.org.uk/
Appello	https://www.appello.co.uk/
Cardiff & the Vale Health Board	http://www.cardiffandvaleuhb.wales.nhs.uk/home
Crossroads Care in the Vale	http://www.crossroads-vale.org.uk/
RemPods	http://www.rempods.co.uk/
SEWIC	http://www.ssiacymru.org
Vale of Glamorgan Council	http://www.valeofglamorgan.gov.uk/en/index.aspx
Welsh Government -National Dementia Vision for Wales	http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/dementia/?lang=en
Whole System Demonstrator	https://www.gov.ukwhole-system-demonstrator

Appendix A - Members, Support Officers and Other Contributors

Members of the Task and Finish Group

Councillor Rhodri Traherne (Chairman)
Councillor Rhona Probert (Vice-Chairman)
Councillor Richard Bertin
Councillor Janice Birch
Councillor Keith Geary
Councillor Dr Ian Johnson

Vale of Glamorgan Council

Lance Carver	Head of Adult Service
Gareth Davies	Scrutiny Support Office
Julia Champion	Telecare Manager
Lyndon Watkins	Telecare Support Officer
Carolyn Michael	Operational Manager - Accountancy
Pamela Toms	Strategy and Supporting People Manager
Cerian Twinberrow	Social Worker

Carer Support Organisations

Fiona Guthrie	Scheme Manager, Crossroads Care in the Vale (EMI).
Susie Moreton	Care Manager & Counsellor/Group Facilitator, Crossroads Care in the Vale (EMI).
Katherine Davies	Dementia Support Worker, Alzheimer's Society.

Carmarthenshire County Council

Jane Woods	Occupational Therapy County Lead
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Cardiff and Vale Local Health Board

Rebecca Farman	Deputy Manager – Assessment and Recovery Unit
Bryn Harries	I.T Project Manager

South Eastern Wales Improvement Collaborative

David Williams	SEWIC Telecare Project Manager
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Private / Voluntary Sector

Jeff Hawkins	Chief Executive - Age Connects Cardiff and the Vale
Jennifer Brighton	Chief Operating Officer – advant~age
Stephen Lawrence	Head of Consumer Business Development -Appello

Husband and Wife

Mr and Mrs B

Appendix B

Meetings of the Task and Finish Group

The Task and Finish Group met on 9 occasions, as follows:

- 2nd September 2014
- 16th September 2014
- 2nd October 2014
- 7th October 2014
- 28th October 2014
- 27th November 2014
- 16th December 2014
- 5th January 2015
- 29th January 2015

Checklist for Scoping

Task and Finish Group		Assistive Technology and Dementia Care
Chairman		Councillor Rhodri Traherne
1	<p>Focus</p> <p>An examination of the potential contribution assistive technology can provide in the development of a dementia-supportive community in the Vale of Glamorgan through enabling people to live independently</p>	
2	<p>Objectives and Purpose</p> <ul style="list-style-type: none"> • Greater use of assistive technology may well enable people to live independently for longer and it could also have a huge impact on the quality of life of those who care for those suffering from dementia. 	
3	<p>Desired Outcomes</p> <ul style="list-style-type: none"> • Understand the daily issues faced by dementia sufferers. • Understand the effectiveness of assistive technology in maintaining the independence of dementia sufferers. • Improve the process of delivering assistive technology to dementia sufferers and their families/carers. • Analyse the range of products available. • Assess the cost benefits of sourcing a wide range of assistive technology systems. 	
4	<p>Information Required</p> <ul style="list-style-type: none"> • The Annual Report of the Director of Social Services 2013 – 2014. • The Social Services Directorate Service Plan 2014 – 2015. • The Cardiff and the Vale Dementia 3 Year Plan. • Findings of the 2014 joint review with Cardiff regarding the provision of Telecare • Welsh Govt - National Dementia Vision for Wales 2011. • What is Dementia? – Understanding of what it's like to live with dementia and to care for someone with dementia – Individual and family perspective. • Overview of how assistive technology can help with dementia and to understand its limitations. • Statistical analysis of numbers; of sufferers, those using assistive technology and future projections. • The current VOG Telecare and dementia services' - structure and processes. • Evaluation of the current system of allocation and delivery of assistive technology • Profile of assistive technology products and systems – what they do, ease of use and how they can help. • Cost analysis – Current allocation, cost to implement an assistive technology dementia strategy and summary of potential savings. 	

	<ul style="list-style-type: none"> • Funding options i.e. budgetary pressures, Direct Payments etc. • Assess potential of future technology in the pipeline i.e. CogKnow. • Examination of Ethical issues (i.e. consent, privacy etc.) of implementing assistive technology – Individual and family perspective. • Review of studies undertaken in other parts of UK/World that have examined assistive technology and dementia care.
5	Format of Evidence <ul style="list-style-type: none"> • Briefing reports • Presentations • Background information – current Policies • Site visits • Demonstration of assistive technology • Consultation • Interviews with Service Users
6	Methods to be Employed <ul style="list-style-type: none"> • Meetings • Visits • Interviews • Research analysis • Discussions with external witnesses and Council officers • Demonstration of equipment • Develop an action plan
7	External Witnesses and Council officers <ul style="list-style-type: none"> • Service User and family • Older people’s mental health carers group (Nexus) • Officers from Social Services • Health Care practitioners • Telecare Coordinator • Representatives from Alzheimer’s Society • Representatives from Tunstall – or similar equipment supplier • Other relevant stakeholders to be determined throughout the review
8	Timescales (including start and finish dates) <ul style="list-style-type: none"> • Initial meeting consider scope and current practices and options • Final report to be determined by the Scrutiny Committee by no later than March 2015.
9	Resources and Budget <ul style="list-style-type: none"> • Officers and Elected Members time
10.	Outcome <ul style="list-style-type: none"> • Recommendations of the Task and Finish Group to be submitted for consideration to Scrutiny Committee and, if appropriate, recommendations to be made to Cabinet.

Appendix D – Future projections of people experiencing Dementia.

People aged 30-64 predicted to have early onset dementia, and people aged 65 and over predicted to have dementia, by age and gender, projected to 2030					
	2013	2015	2020	2025	2030
People aged 30-39 with early onset dementia	1	1	1	1	1
People aged 40-49 with early onset dementia	4	4	4	3	3
People aged 50-59 with early onset dementia	17	17	18	17	16
People aged 60-64 with early onset dementia	12	13	13	14	13
Total population aged 30-64 with early onset dementia	35	35	36	36	34
People aged 65-69 with dementia	98	100	96	102	110
People aged 70-74 with dementia	159	171	207	199	213
People aged 75-79 with dementia	265	281	328	400	389
People aged 80-84 with dementia	405	407	472	561	693
People aged 85 and over with dementia	778	832	955	1,165	1,465
Total population aged 65 and over with dementia	1,705	1,791	2,058	2,428	2,871

The above information has been sourced from DaffodilCymru.

Appendix E – Action Plan

Assistive Technology and Dementia Care - Implementation Plan

<u>Ref</u>	<u>Recommendation</u>	<u>Action</u>	<u>Officer Responsible</u>	<u>By When</u>	<u>Progress April 2016</u>
IP1	That the Council seeks to develop and increase the numbers of people receiving Tele V.	1. Target setting to be devised. Also see IP3, IP4 & IP5	1) Lance Carver	1) April 2015	
IP2	That the Council develops information systems to allow it to evaluate whether or not savings to community care packages can be made by the wider and earlier deployment of TeleV+.	1. Development of monitoring system for new Tele V+ clients at commencement of service. 2. Ensure monitoring service is maintained and accurate	1) Julia Champion 2) Lyndon Watkins	1) April 2015 2) From April 2015	
IP3	That the Council considers enhancing the information provided about Assistive Technology and Telecare and produces a marketing strategy to raise the awareness of Assistive Technology.	1. Devise a marketing strategy to include health partners to include a review of the information available. 2. Programme of regular awareness sessions with Carer Support Organisations to be arranged.	1) Julia Champion 2) Julia Champion	1) April 2015 2) April 2016	
IP4	That the Council consider how it deploys its Telecare resources with consideration to the need for greater resilience.	1. Review level of service demand and assess impact upon staff resources of expansion of Telecare service. Review Job descriptions of staff. 2. Recruit to the Telecare Support Officer vacancy & plan for the	1) Julia Champion 2) Julia Champion	1) July 2015 2) July 2015	

<u>Ref</u>	<u>Recommendation</u>	<u>Action</u>	<u>Officer Responsible</u>	<u>By When</u>	<u>Progress April 2016</u>
		transfer of Care and Repair service 3. Review financial information at team level 4. Develop the Service Level Agreement within the contact centre	3) Sally Sloman 4) Chris Darling	3) July 2015 4) December 2015	
IP5	That information is targeted at the point of diagnosis at the Memory Clinic.	Ensure information regarding Telecare is available at point of diagnosis.	Liz Woodfin	April 2015	
IP6	That items to support reminiscence for people with dementia be purchased for use within Day Care, Extra Care and Residential settings.	Evaluation of purchase of items to support reminiscence and where these are best situated.	Lance Carver	April 2015	
IP7	That the Council purchases tablet computers as a means to provide therapy and to improve communication and engagement.	Assessment of numbers of tablets to be purchased and their use.	Lance Carver	April 2015	
IP8	That the Council introduces the use of an Internet Assessment Form for Tele V.	Review of current service information available on Web & redesign including development of an on-line ordering system	Tony Curliss/ Julia Champion	December 2015	
IP9	That the Council ensures that it continues to promote Telecare	All levels of management to ensure that Telecare is being considered in	Lance Carver	April 2015	

<u>Ref</u>	<u>Recommendation</u>	<u>Action</u>	<u>Officer Responsible</u>	<u>By When</u>	<u>Progress April 2016</u>
	to its staff.	all cases.			
IP10	That the Council considers how it might improve and maintain up to date knowledge of 'Assistive Technology' amongst social workers and referrers.	<ol style="list-style-type: none"> Ongoing training and development from Telecare team to social care staff Directorate to explore potential for Telecare Champions to be appointed 	<ol style="list-style-type: none"> Julia Champion Lance Carver 	<ol style="list-style-type: none"> April 2016 April 2016 	
IP11	That the Council seeks to influence closer integration with health partners and increased investment in Telecare and Telehealth.	<ol style="list-style-type: none"> Explore potential Telecare/ health champions within health services Utilise medication dispensing to increase awareness within the health board 	<ol style="list-style-type: none"> Lance Carver Lance Carver 	<ol style="list-style-type: none"> July 2015 April 2016 	
IP12	That the development of medicating dispensing and reminding be considered jointly with Cardiff and Vale University Health Board.	Identify a clinical lead within C&V UHB and develop a pilot for a medication service	Lance Carver	April 2016	
IP13	That the potential for the procurement of Assistive Technology equipment at a national or regional level be explored by the Welsh Government and SEWIC.	Support the development of regional procurement.	Julia Champion	April 2016	
IP14	That the Council continues to evaluate good practice in use across Wales, in England and by the charitable, social	<ol style="list-style-type: none"> Regular research exercises to be undertaken. Evaluation of good practices and assessment of how they would 	Julia Champion	April 2016	

<u>Ref</u>	<u>Recommendation</u>	<u>Action</u>	<u>Officer Responsible</u>	<u>By When</u>	<u>Progress April 2016</u>
	enterprise and private sectors in order to improve the Council's business model.	benefit the service.			
IP15	That the Council investigates whether there is potential to outsource all or part of the Telecare Service as part of the 'reshaping services' initiative,	Consider through 'Reshaping agenda'	Lance Carver	April 2016	