

Report to: **Scrutiny Committee for Adult Social Care**

Date: **13 September 2007**

By: **Chair of the Review Board**

Title of report: **Scrutiny Review of the Provision of Preventative Services**

Purpose of report: **To present the outcomes of the review and propose recommendations for future development, sustainability and promotion of Preventative Services in East Sussex**

RECOMMENDATION – that the Committee considers the report of the Review Board and makes recommendations to Cabinet for comment and County Council for approval.

1. Financial Appraisal

1.1 There are no specific financial implications arising from the recommendations in the Review Board report.

2. Supporting Information

2.1 The attached report contains the findings and recommendations of the Review Board. Supporting documentation is in the Members' Room.

2.2 The review was carried out by a joint Review Board comprised of Councillors Sylvia Tidy (Chairman), Martyn Forster and Olive Woodall from the Adult Social Care Scrutiny Committee and Councillor Beryl Healy and Ruth O'Keeffe from the Health Overview and Scrutiny Committee.

2.3 The Review Board took evidence from County Council officers, officers at both the East Sussex Downs & Weald and Hastings & Rother PCTs and the Chief Executives of two Age Concern organisations in East Sussex.

2.4 Members of the Review Board also carried out a visit to the William and Patricia Venton Centre run by Eastbourne Age Concern and took part in mystery shopper exercises to gauge the amount of information available to the public in relation to preventative services. Councillor Martyn Forster also visited Telecare equipment at a sheltered housing complex in Gloucestershire.

3. Recommendation

3.1 The Committee is recommended to agree the Review Board's report and submit it to Cabinet on 20 November for comment and County Council on 11 December for approval.

Councillor Sylvia Tidy
Chairman of the Review Board

Contact Officer: Gillian Mauger (01273) 481796

Local Member(s): All

Background documents: None

Scrutiny Review of the Provision of Preventative Services

Report by the Project Board:

Councillor Mrs Sylvia Tidy (Chairman)
Councillor Martyn Forster
Councillor Beryl Healy
Councillor Ruth O'Keeffe
Councillor Olive Woodall

September 2007

Scrutiny Review of the provision of preventative services

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1. Background

What are preventative services?

- 1.1 Preventative services, in relation to health, can be described as those services that 'help people maintain or improve their health and well-being, and thereby delay or reduce the need for more costly intensive services (such as an in-patient stay in hospital, home care, day care and residential care).'
- 1.2 This broad definition covers a spectrum of services and these can be split into two main categories:

	Examples of services*	Measuring effectiveness
Targeted preventative services – provided to those people who will most benefit from them	Telecare Falls prevention	It is possible to measure if there has been a reduction in the need for intensive services since a preventative service was put in place. Although it can be difficult to be certain that this reduction has been a direct result of just a particular preventative service. <i>(this issue is discussed in greater detail at 3.15)</i>
Universal preventative services - open to all people to use	Healthy walks Nail cutting service Lunch clubs	Most of the evidence is qualitative and a large amount of services lead to an improved feeling of wellbeing, rather than a specific reduction in the need for intensive services

* - further examples can be found at appendix 1.

- 1.3 Adult Social Care is beginning to describe preventative services as 'non-care-managed services'. This is due to the fact that they do not form part of a care managed package which is provided as a result of a formal Social Care Assessment. It also means that the Adult Social Care's eligibility criteria (Fair Access to Care Services), which provides care managed services only to those with a critical or substantial need, is not generally applied.

The shift towards preventative services

- 1.4 In January 2006 the Department of Health published the White Paper 'Our health, Our care, Our say'. The paper outlines how the health and social care systems intend to meet the health challenges of the future and respond to demographic changes and increasing expectations of the population. One of the four main

goals outlined in the paper is to provide 'better preventative services with earlier intervention'.

- 1.5 This shift towards preventative services recognises that, at present, the elderly population consumes a disproportionate amount of health and social care services. In 2004 people aged 65 and over made up 16% of the population but accounted for 47% of the total hospital and community health service expenditure in England.¹

An aging population

- 1.6 As the post World War 'baby boom' generation begins to reach retirement, the over 65 population in England and Wales will increase substantially over the next 20 years. The number of people in the 65 to 84 age group is expected to rise by 41%, reaching almost 10 million in 2027. Whilst the number of people in the over 85 age group is expected to rise by 68%, reaching 1.8 million in 2027.²
- 1.7 In East Sussex this increase will see the number of people in the 65 to 84 age group rise to 142,000 in 2027 (a 48% increase on the 2007 total), whilst the number of people in the over 85 age group will reach almost 30,000 in 2027 (a 54% increase on the 2007 total).³
- 1.8 This increase in the elderly population will mean an even greater demand for health and social care services, putting intense pressure on service providers in terms of increased provision and funding. The aim of providing low level, low cost preventative services is to support older people to maintain their health and reduce, or delay, this demand on high cost intensive services.
- 1.9 This move to orientate health and social care services to focus on well-being and health promotion will impact on the way in which health, local authorities and other providers will deliver services to their clients in the future.

Government initiatives

- 1.10 There have been several initiatives from Central Government in the past couple of years to help pave the way for this shift to preventative services:

- 1.11 Supporting People

The Supporting People Programme was set up in 2003, by what was then the Office of the Deputy Prime Minister. The nationwide scheme aims to provide housing-related support to vulnerable people to enable them to live independently in their accommodation. Funding is provided to the unitary authorities and county councils

¹ Department of Health memo to House of Commons Health Select Committee (para. 3.1) - Joseph Rowntree Foundation, That Little Bit of Help, p14

² Data taken from East Sussex in Figures

³ Data taken from East Sussex in Figures

who work in partnership with health services, the probation service, support providers and service users. East Sussex receives £11-£12 million each year and, whilst this is used to fund support to vulnerable people of all ages, the majority of support in East Sussex is provided to older people (80% as at December 2006).

1.12 Partnerships for Older People Project (POPP)

This is a project run by the Department of Health. East Sussex County Council was one of the 19 councils to be selected in the first round of government funding. Over a 2 year period (from April 2006) it is receiving a total of £3.2 million. This funding is being used to set up and run the 'Independence First' project, the aim of which is to identify older people, particularly those with long term conditions, and help them to live independently in their own homes. This is done through such schemes as the navigator service, response teams which focus on preventing unnecessary hospital admissions, falls services and a memory assessment and support team. Further details on these services can be found in appendix 1.

1.13 Preventative Technology Grant

The Government is investing £80 million in Telecare schemes across the country for a two year period (from April 2006). East Sussex will receive a total of £922,000. This funding is being used to set up and run a Telecare service facilitated by the Wealden and Eastbourne Lifeline (a non profit organisation which was already providing Telecare equipment and a 24 hour support service to clients in the local vicinity). Further details on the Telecare scheme can be found in appendix 1 with examples of some of the equipment being provided on page 33.

2. Objectives and scope of the review

2.1 The aim of the review was to consider the impact that preventative services have in supporting older people to stay healthy in later life and live independently in their own homes for longer, thereby preventing or delaying the need for more intensive intervention.

2.2 During the course of the review, the Review Board:

- developed an understanding of the preventative services currently provided across the county by Adult Social Care, Health and the voluntary & community sector;
- considered which preventative services successfully support older people to remain independent and therefore can significantly reduce a future demand on care services;
- considered how preventative services are funded across the county and whether this level of funding is appropriate and sustainable in the long term;
- assessed the current level of partnership working with regard to the provision of preventative services and established how best Adult Social Care, Health and other organisations can work together to increase the impact that preventative services can have in the future; and
- assessed how people currently access preventative services and established if the 'signposting' of these services is sufficient.

3. Findings

Current services

3.1 Detailed information was collated on a range of targeted and universal preventative services that are currently available across East Sussex. The table at appendix 1 describes each service and details the service provider, funding sources and, where available, the measurable outcomes or number of people supported.

Targeting preventative services

3.2 Targeted preventative services are provided to those people who Adult Social Care and health providers consider are most likely to benefit from them. For example, the POPP funded response teams are only accessible to older people who present at A&E and are not in medical need of admission, yet cannot go home without support. Likewise the Hastings and Rother Falls Service (also POPP funded) only accepts referrals that meet particular eligibility criteria.

3.3 The Telecare service, in its initial roll out, is being targeted at:

- older people with mental health problems
- people with learning disabilities
- people in Extra Care Housing
- older people with a high care need, including those who are classified as moderate or low and therefore don't qualify for care managed support
- older people and people with learning disabilities who are supported by carers

Preventative services – public perceptions

3.4 The questionnaire sent out to the Older People's Forums gives an indication of some of the views and experiences of older people on this subject:

- Preventative services that had been used by those responding covered a broad range from 'traditional' health services and screening, provided by health professionals, through to social events, provided by volunteers.
- Particular services that had been used included health checks and regular screening, adaptations (eg a raised toilet seat) or gadgets in the home, nail cutting service, lunch clubs, a volunteer doing the weekly shopping, classes in gym following surgery and healthy walks.
- Most people who responded (13 out of 15 - 87%) said that they felt that the service that they had used had been effective in helping support them to stay healthy and remain independent.

3.5 When asked about the gaps in the current provision of services the comments revealed that the main issue was not so much a lack of services but a lack of information about what was actually available. This issue is covered further at 3.38.

Funding of preventative services

Adult Social Care funding

- 3.6 In 2006/07 East Sussex County Council spent just over £1,900,000 on preventative 'non care managed' services for older people (less than 2% of the overall Adult Social Care budget), with a further £145,000 spent on information and access to services.
- 3.7 Almost half of this funding came from the Adult Social Care Department mainstream budget (£900,000). The majority of this was used for preventative services which were provided through contracts with the Voluntary and Community Sector.
- 3.8 The remaining budget came from two sources: Central Government (including the Department of Health) and externally sourced funding, received through a bidding process. Both of these funding streams were time limited and provided for a specific purpose, such as the Telecare Scheme and Independence First, the Partnership for Older People Project (breakdown of funding shown in figure 2).
- 3.9 Additionally the Supporting People Programme received £11 million during 2006/07. Whilst this programme covers all age ranges, it is estimated that approximately £9 million of this was spent on services for older people.

Figure 1. A breakdown of Adult Social Care spend on preventive services in 2006/07

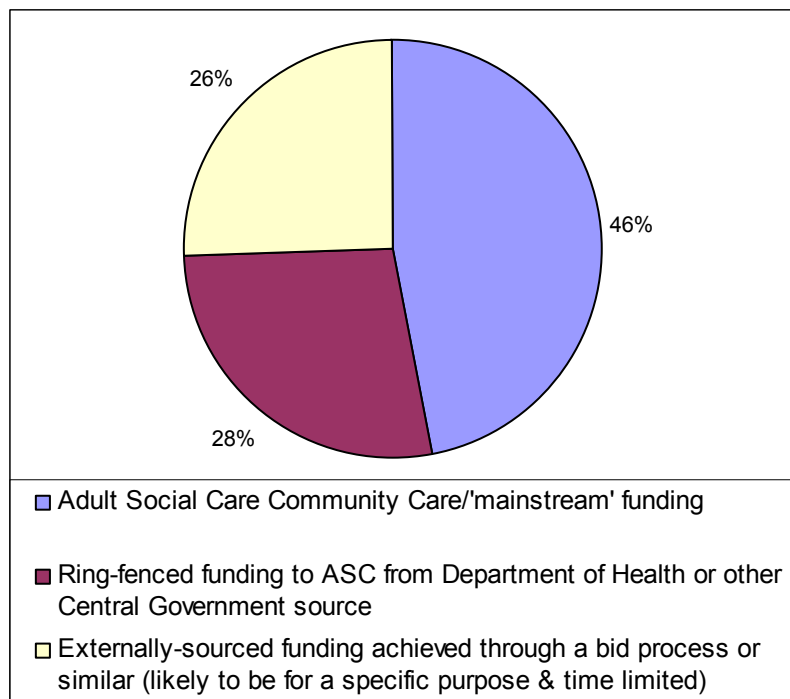


Figure 2. Breakdown of spend on non-care managed support and services

	2006/07	2007/08
Source - Adult Social Care Community Care/'mainstream' funding		
Contracts with Voluntary/Community Sector	£468,305	472,573
Community Partnership Finance (CPF)	£360,000	£360,000*
ASC contribution to Home Improvement Agency contract	£71,890	£135,800
Total	£900,195	£968,373
Source - Ring-fenced funding from Central Government		
Carers support	£290,040	£291,500
Telecare (PTG grant) at 50%	£172,500	£288,500
Local Area Agreement Pump Priming services	£68,333	£68,333
Total	£530,873	£648,333
Source - Externally-sourced funding received through bidding process		
Independence First (POPP) community services	£395,000	e£388,829
Sompriti+	£45,800	e£47,082
Friends, Family & Travellers	£30,900	e£31,765
Non-care managed equipment (via POPP)	£20,000	£70,000
Total	£491,700	£537,676
Overall total	£1,922,768	£2,154,382

Notes

Entries for 2007/08 starting with e£ are estimates.

* = from 2007/08 this funding will be provided from the corporate funding pot and will not come directly out of the Adult Social Care budget.

+ = Black and minority ethnic charity based in East Sussex

Primary Care Trusts (PCTs) funding

3.10 The Primary Care Trusts do not collate their financial spend data in such a way that enables a breakdown of the specific spend on preventative services for older people in 2006/07 to be established. Evidence contained within appendix 1 though does show that a great deal of work is being done by the PCTs in relation to both targeted and universal preventative services.

Charging policy for Telecare

- 3.11 The Department of Health guidelines allows a charge to be made for equipment and servicing if the Telecare package is put in purely as a preventative service. If the equipment is provided as part of a care managed package, to assist with nursing at home or an aid to daily living, then it should be provided free of charge. Although a charge may be made for the servicing element.
- 3.12 From January 2007 East Sussex County Council bought in an interim charging policy for Telecare for the life of the Preventative Technology Grant (until March 2008). The aim of this policy is to:
- ensure consistency with current charging policies;
 - maximise the resource available to support Telecare, by recouping costs where applicable and realistic, and to therefore assist with the sustainability of the Telecare service once the grant ends; and
 - to agree provision, eligibility and charging in relation to the use of Telecare as a preventative service (enabling the provision of the service to those people who would not otherwise be eligible under the Fair Access to Care criteria)
- 3.13 Based on the first 50 clients to receive a Telecare package the average costs have been £2.57 for equipment and £6.82 for the service. It is recognised that this charge is unlikely to constitute a significant revenue stream. Particularly as early roll-out of the service is aimed at those who receive care managed services and therefore only a servicing charge could be applied. However, the provision to charge for those packages provided as a preventative service enables the opportunity to test the viability of collecting income and ultimately contribute towards the sustainable delivery of Telecare.

Measuring the effectiveness of preventative services

- 3.14 The effectiveness of preventative services can be measured not only in economic terms, where the need for a more expensive service has been reduced; but also in terms of improving a person's general well-being and mental health.

Targeted preventative services

- 3.15 As already touched upon in paragraph 1.2, it is difficult to be certain that a particular targeted preventive service has been effective in reducing the demands on intensive services, or whether other factors have impacted upon its success. This is the result of two factors:

Health or environmental interventions – if these occur at the same time as a particular preventative scheme they may lead to the success rate of the scheme being inflated. For example, the resurfacing of pavements in an area could also lead to a reduction in the number of falls by older people and subsequent visits to hospital.

Socio-economic factors - access to transport, the quality of housing and the general well-being of the population can also affect the impact of a particular preventative service.

- 3.16 It is also recognised that it can take several years before the economic benefits of some preventative services are realised. This can make it difficult to establish a link between a particular service and the reduced need for intensive services.
- 3.17 There is, however, a growing body of evidence, both at a national and local level, to support the effectiveness of targeted preventative services in reducing the need for more intensive services and support. In many cases it has also been possible to quantify this reduction in terms of a monetary saving for Adult Social Care and/or Health services.

Falls prevention

- 3.18 Falls are the leading cause of mortality in the UK for those aged 75 and over, with up to 14,000 people dying annually as a result of an osteoporotic hip fracture.⁴ 30% of people aged 65 years and over, who live in the community, fall each year, and this increases to 50% for those people aged 80 or over.⁵ In East Sussex there are around 1,000 hip fractures a year and 80 people attend A&E by ambulance each week following a fall.
- 3.19 The cost of a hip fracture for acute hospitals and social care is around £12,000. With an additional cost of £19,000 for the one in five older people who require long term residential care after having had a fracture.⁶

⁴ Department of Health, Better Health in Old Age, p5

⁵ Spirduso, 1996

⁶ Dolan & Togerson, Department of Health, 1999

National evidence:

- 3.20 The 'Sloppy Slippers Campaign', was run by the Healthy Communities Collaborative. It encouraged older people to exchange their worn slippers for better fitting ones with non-slip soles and many campaigns were carried out at various locations across the county, including here in East Sussex. When the scheme was run in Gateshead, Easington and Northampton in 2002/3 it resulted in a reduction in falls in the over 65s of 32%. If this success was to be replicated across the country some £500 million could be saved in reduced treatment costs.⁷
- 3.21 As well as schemes aimed at preventing falls by older people, many schemes aim to provide better support and after care for people after a fall. Such schemes aim to reduce the need for a visit to hospital, or if a visit is needed, reduce the amount of time spent there, help speed up recovery and hopefully prevent further falls:

Local evidence - The Community Falls Response Team, one of several falls initiatives across the county (see appendix 1 for further information), attended 126 fallers between January and May 2007. This intervention was able to prevent an estimated 91 ambulance attendances and visits to A&E.

National evidence - A Post Acute Care Team at Leicester Royal Infirmary that treated patients with a fractured neck of femur reduced the stay of some patients from 13 to 8.2 days. This saved a total of 680 hospital days during the first year the team was in place. This was achieved through a package of intensive physiotherapy whilst in hospital, followed by a programme of daily activities that the patient could use to rehabilitate at home.⁸

Telecare

National evidence:

- 3.22 A study of the Telecare project in West Lothian (carried out when there were 1,200 service users) showed that over 3,000 hospital bed nights per annum had been avoided. If this success was to be replicated across the whole United Kingdom it would save in the range of 9 million bed days or 20% of all acute beds, with a saving of around £5 billion.⁹
- 3.23 Evidence also suggested that 10% of the clients using the Telecare service in West Lothian would otherwise have had to enter residential care. This meant an annual saving for the West Lothian Council budget of £15,000 per person (a support in the community package, including Telecare, 24 hour response and 10 hours of home care, cost £7,000 per annum, compared to £22,000 for residential care).¹⁰

⁷ Wanless Social Care Review, Preventative Social Care, p15

⁸ Department of Health, Good practice examples and case studies: standard 6 (falls)

⁹ Tunstall Group Ltd, presentation at White Rose Consortium (23 June 2004)

¹⁰ Tunstall Group, evidence to Science & Technology Select Committee (8 March 2005)

Local evidence:

- 3.24 The Telecare service is only in its early stages in East Sussex, so an economic appraisal of its effectiveness has not yet taken place. There is, however, qualitative evidence to show how the service is making a difference to the general the well-being of not only clients but also their families:

Mr R was wandering on a regular basis, often dressed inappropriately for the weather. Since the installation of the equipment any attempts to wander have been picked up, alerting a neighbour who is able to attend him.

Mr E's family were so concerned about him managing alone that someone always remained with him. Since the installation of the equipment they are now confident enough to be able to leave him by himself for short periods.

Partnership for Older People (POPP)

Local evidence:

- 3.25 An in-depth economic appraisal of the net benefits of the POPP projects has been carried out. Using the original targets and actual activity levels in 2006/07 for each of the projects, calculations have been made to assess the financial impact each project has had in 2006/07 and is projected to have in future years. The calculations assume the continuation of projects through mainstream funding once the POPP grant has expired. Figure 3 reveals that the projects are projected to save £280,000 in 2007/08, rising to around £500,000 each year, once the initial set up costs have been covered. This financial saving relates to reduced emergency admissions to hospital or conveyances by ambulance and, where applicable, reduced admissions to residential or nursing home care, arising directly or proportionately from reductions in emergency admissions.

Figure 3. Projected benefits and net present values of POPP projects¹¹

	2006/07	2007/08	2008/09	2009/10	2010/11
Projected net benefits of POPP projects	£349,131	£650,796	£650,796	£650,796	£650,796
Cost of POPP projects	£403,924	£359,832	£108,296	£70,308	£70,308
Overall net benefits	- £54,793	£290,964	£542,500	£580,488	£580,488
Net present value¹²	- £54,793	£281,129	£506,423	£523,542	£505,837

¹¹ Evidence taken from Update of Economic Appraisal Independence First – The East Sussex POPP Programme, 11 May 2007

¹² *Net present value/discounting*: discounting is a technique used to compare costs and benefits that occur in different time periods. It is separate from inflation and is based on the principal that generally people prefer to receive goods and services now rather than later. A discount rate is therefore used to convert all costs and benefits to 'present values' so that they can be compared. Net present value is the primary

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criterion used to decide whether government action can be justified. The Treasury currently recommends that a discount rate of 3.5% is used.

Universal preventative services

3.26 Whilst it can be difficult to measure how effective universal preventative services have been in reducing the demand on intensive services, such as residential care, it is recognised that these types of services can have a positive impact on a person's well-being and ultimately help to maintain their independence.

3.27 This is recognised in the Wanless Review, which states that: *"there is a wealth of qualitative information to suggest that low level interventions are highly valued by older people and that they can be effective in maintaining independence."*¹³

3.28 Research shows that regular physical activity, such as a brisk walk, can have many health benefits for older people, including reducing the risk of falling and fracturing bones and thereby helping to maintain the ability to live independently.¹⁴ Whilst at a local level, advocacy services have shown to help improve older people's general well-being. Although how this then directly impacts on their reduced need for intensive services is difficult to prove.

Figure 4. Well-being prior to the service

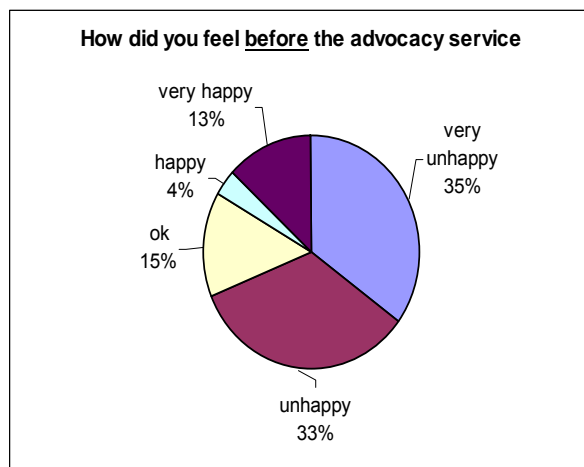
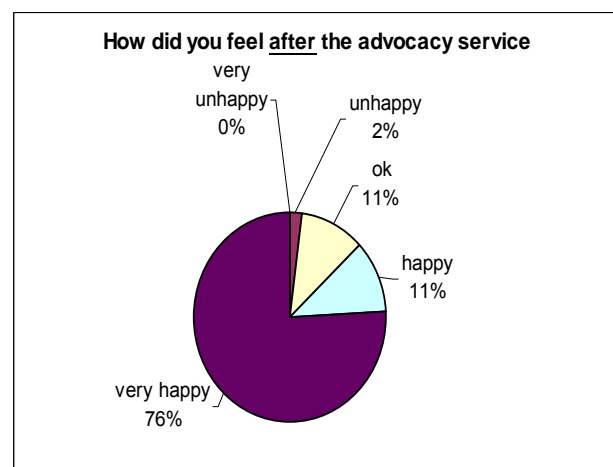


Figure 5. Well-being after using the advocacy service



(Results are provided by Age Concern East Sussex and are for 57 returns from across East Sussex and Brighton and Hove)

¹³ Wanless, Preventative Social Care, is it cost effective? p2 (2006)

¹⁴ US Department of Health and Human Services, Physical Activity and Health: A report of the Surgeon General 1996

Partnership working

Involvement of older people in developing services

3.29 East Sussex County Council has been proactive in consulting with, and involving, older people in developing services for them over the last few years. This has been aided by the development of six, independently run, Older People's Forums across the county. These forums have been proactive in developing strategies and targets to help improve their well-being and quality of life. Through the East Sussex Open Space Conference for Older People, held in December 2005, the views of older people were fed directly into the development of the Healthier Communities and Older People Block of the East Sussex Local Area Agreement (see 3.32). The forums have also been heavily involved in developing the draft Time of our Lives Strategy, aimed at developing a strategic approach to improving older people's quality of life in East Sussex.

3.30 The East Sussex Seniors Association (ESSA), launched in July 2007, represents the collective views and opinions of the Old People's Forums about public services and how they affect the quality of later life. It will work closely with not only East Sussex County Council, but also the two East Sussex Primary Care Trusts, District and Borough Councils and voluntary organisations on a range of issues and services, including health and social care services and economic well-being.

Partnership working across council departments

3.31 Supporting the independence and well-being of older people is not just about providing health and social care type services. As already mentioned in 3.15, other factors can also have an impact on this, such as transport, condition of pavements or quality of housing. In response to this the County Council has set up an Older People's Services Interdepartmental Working Group. The Group consists of key officers from across all the county council departments and the aim is to ensure that the Council has a strategic approach to the development of services for older people.

Partnership working with Health

3.32 The working relationship between East Sussex County Council and Health has developed in recent years and has been strengthened by working closely together on two key pieces of work:

1) The Healthier Communities and Older People Block of the East Sussex Local Area Agreement.

The Local Area Agreement (LAA) aims to improve the quality of life for people by tackling key issues relating to children, older people, economic development and safer communities.

The Healthier Communities and Older People Block is jointly chaired by East Sussex County Council and Health. This block has five outcomes aimed at improving the health of local people. Key outcomes that relate to prevention services for older people are to reduce falls and increase the number of people receiving low level

preventative services which enable them to live at home independently. The Community Falls Response Service (see appendix 1) is the key service developed to reduce falls. The low level preventative services are based on a 'basket of six services' that works towards supporting people to remain in their own homes. These include the Age Concern's Home from Hospital scheme (see appendix 1). The County Connect Referral initiative, which has been developed using LAA pump priming monies, aims to enhance performance in this area of work (see 3.36 & 3.37).

2) Joint Commissioning Strategy for Older People

The Strategy sets out the commitments being made by those organisations responsible for health, social care and supported housing services to work jointly together to improve services and make the best use of resources available. A joint Health and Adult Social Care 'Executive Group' has the overall responsibility for joint planning and commissioning and provides overall leadership across the organisations. The importance of preventive services is acknowledged in the Strategy and, as figure 6 shows, all four key areas outlined in the action plan have preventative based actions.

Figure 6. Actions relating to prevention outlined in the Strategy

Key area	Actions in relation to prevention	Timescale
Fit and well although growing older	Develop a strategy for promoting and improving the health and well being of older people that focuses primarily on the key priority areas	Year 1-2
	Provision of 'health checks'	Year 1
Experiencing problems that might be preventable	Develop a range of non 'care' managed preventative services as part of the wider prevention agenda	Year 1-3
	Review current methodology for proactive identification of patients at risk of deterioration or hospital admission as a result of a chronic disease and ensure consistent implementation across East Sussex	Year 1-2
Immediate need of help or treatment	Scrutinise STAN (Single Telephone Access Number) data to identify key clinical conditions that could be managed safely and effectively within the community.	Year 1
	Ensure that best use is made of existing community-based services and aim to increase direct admissions from community/STAN to prevent avoidable admissions to and from hospital	Year 1-3
	Undertake a review of why older people are coming to A&E to identify possible ways in which some of these people can be managed more effectively at home	Year 1-2
	Evaluation of new intensive community support service for older people with mental health needs (service provides intensive home care support to prevent avoidable admission to hospital)	Year 1
In need of long term support	Make best use of the Preventative Technology Grant over next 2 years, evaluate and target future investment in Telecare	Year 1-2

Partnership working with Voluntary and Community Sector

- 3.33 As noted at 3.7 East Sussex County Council commissions several preventative services from the Voluntary and Community Sector. East Sussex County Council is currently carrying out a review about the development of partnership working in the future with the Voluntary and Community Sector. The overall objective of that review is to ensure that the County Council is clear, consistent and co-ordinated in what it seeks to achieve by working with the sector. It is also hoped that that review will act as a catalyst to prompt a more co-ordinated Voluntary and Community Sector in the County, with a greater capacity to work effectively with the County Council on priority areas.
- 3.34 A Scrutiny Review of the Council's relationship with the Voluntary and Community Sector is also currently taking place. As part of its remit it will be considering how systems and processes are improved to support the Council's funding and procurement of services from this sector.

Signposting & access to services

3.35 During the course of the review the Review Board considered two sources through which people can access information about preventative services that are available across the county:

1) ESCIS – East Sussex Community Information Service

A computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. Information is also provided in a series of directories called 'Help in Hand'. There are over 7,000 entries on the database, covering a range of topics such as advice and support, transport and environment, leisure, sport and hobbies and health.

Some of the Review Board members looked at the database to find out how accessible it is. They found the system easy to use and were able to access details about key activities available for older people within their area, such as walks and lunch clubs.

2) Social Care Direct

A telephone contact centre providing a single point of contact across East Sussex for adult social care services. It can provide information or leaflets on specific services (available not only from Adult Social Care but also other social care agencies, including the Voluntary and Community Sector) or help to complete applications to allow assessments to be carried out for more detailed services.

Mystery shopper exercises carried out by some of the Review Board members found staff to be particularly helpful in supplying advice and information on services available for older people, even when it did not directly relate to an Adult Social Care service.

County Connect Referral initiative

3.36 A new initiative, being piloted from July 2007, aims to provide a system where professionals visiting a person's home are able to flag up concerns they have with another organisation. For example, a fireman visiting a home to fit a smoke alarm may feel that the person would benefit from a few minor adaptations to the property to help them move around more safely. With the person's consent this can be brought to the attention of the relevant organisation to deal with the issue.

3.37 The County Connect Referral initiative plugs a previous communication gap and ensures a particular issue is directed to the agency best placed to resolve the matter. It could also have the added benefit of being able to disseminate information to older people relating to universal preventative services and flagging up potential clients to the providers of targeted preventative services.

Signposting used by older people

- 3.38 Results from the questionnaire sent out by the Review Board revealed that 60% of people who had received a preventative service had found out about it from either a health professional or via word of mouth. The results also showed that websites or libraries were not being used to access information and only one person (out of the 15) had used Social Care Direct.
- 3.39 When asked if they felt there were any gaps in the current provision of services available some people stated that there was a need for better publicity to provide information or promote activities. Other people stated that there were gaps, but then listed services that already existed, such as support for people coming out of hospital or a 'one stop shop'. The indications are that there is not necessarily a lack of preventative services, but that there is a need for better information on them and greater publicity about what is available.

Barriers to accessing information and services

3.40 The Review Board also considered why some older people don't always access services that are available to them. Drawing on their own experiences and anecdotal evidence it noted that some older people can:

- 1) be in denial about their needs or the severity of their symptoms/situation;
- 2) be suspicious of people in 'authority' and will not contact them because they don't wish to provide personal details about themselves;
- 3) be overwhelmed by the amount of information around them in their everyday lives. Given that much of it can be irrelevant to their needs, relevant information can end up being overlooked.

When looking at ways in which to improve the information that is provided to older people on preventative services it is important that these factors are also taken into account.

4. Conclusions

The Review Board concluded that:

- 4.1 Both targeted and universal preventative services play an important role in helping older people to maintain or improve their health and general well-being and prevent them from feeling socially isolated. This all helps in enabling an older person to maintain their independence and has the ability to reduce the need for intensive services.
- 4.2 There is a wide and varied range of both targeted and universal preventative services available across the county. Certain services are currently only available in specific areas at present, such as the Memory Assessment and Support, which is currently being piloted in the Bexhill and Rother area. Other services, such as the various work being done around falls, is available across the County, as are many of the universal services such as healthy walks and lunch clubs.
- 4.3 At present targeted preventative services, such as Telecare and the Navigator Service, are provided to people who have been identified as being most likely to benefit from the service. This ensures that funding is directed to where it can make the greatest positive economic impact. As the elderly population increases more people are likely to be eligible for such targeted services. Given the increasing budget constraints of Adult Social Care and Health this demand cannot simply be met by increasing the capacity of the services without additional resources. Targeting services to those most likely to benefit can help reduce this demand but the Review Board is concerned that managing demand in this way could result in a continued refining and tightening of the eligibility criteria. This could result in a service eventually being provided only to those at the 'crisis end of need' and there is a danger that many people who would benefit from a particular targeted preventative service will be excluded.
- 4.4 Given the current evidence available from across the country (see p11–p14) the Review Board is confident that preventative services will make a positive impact in reducing the numbers of people needing hospital admissions (ie due to a fall) or delaying the need to move into a residential home. It recognises however that given the high, and rising, elderly population in East Sussex such services can, at best, only reduce the demand for intensive services to a level that is more manageable and sustainable for East Sussex County Council and Health and will not be able to eradicate this demand completely.
- 4.5 Evidence from West Lothian (see 3.22) has shown that Telecare can be effective at helping older people remain in their own home. As this service is in its early stages in East Sussex it was not possible for the Review Board to make a judgement on its effectiveness at this time, although early anecdotal evidence (see 3.24) is encouraging.

- 4.6 As highlighted in the Wanless Review (see 3.27) it is often the simple, inexpensive, services that older people wish to have available, such as lunch clubs, toe nail cutting service and healthy walks, and it is these that can be invaluable in helping support them in remaining healthy and maintain their independence. They can also have the added bonus of preventing social isolation and helping improve a person's general well-being. The small scale research by the Review Board gave some support to this and indicated that the universal preventative services currently being provided across the county generally match the type of services older people want and consider to be effective in supporting them to remain independent.
- 4.7 The Review Board recognises that the ability to maintain funding of preventative services will remain a tension as budget pressures on the whole department increase. It therefore welcomes the commitment by Adult Social Care to preserve the current level of investment in the Voluntary and Community Sector as a minimum level and to ring fence funding for non-care managed, early intervention and preventative services that the voluntary sector traditionally deliver¹⁵.
- 4.8 Over half of the funding for preventative services is from grants and time limited funding for specific projects. The sustainability of particular schemes, such as Telecare and the POPP schemes, after Government funding ends in 2008, is of concern to the Review Board. The latest economic appraisal of the various POPP schemes shows that they could generate a potential saving of £280,000 in 2007/08 (see 3.25). If these savings are realised there will be a business case for the continued investment by Adult Social Care and Health in many of these services, particularly around falls services.
- 4.9 The Review Board is encouraged to see the amount of partnership working currently taking place in relation to preventative services. The Joint Commissioning Strategy for Older People will be a key tool for ensuring the commitment of organisations responsible for providing preventative services to work together to make improvements around health, social care and supported housing services for older people. A challenge for the future will be to ensure that, as demands on funding become increasingly pressurised, all partners continue to be committed to funding those schemes that bring about the widest benefit to local people, even when they might not necessarily result in direct savings to their budget.
- 4.10 The Review Board considers the Older People's Services Interdepartmental Working Group to be a positive step towards ensuring the County Council has a joined up approach to providing services for older people. The work of the Group, particularly around delivering the outcomes from the Time of our Lives Strategy, will be key to moving the prevention and well-being agenda for older people forward.
- 4.11 Work undertaken by Adult Social Care to engage with older people across the county, particularly through the development of the Older People's Forums, has helped focus services on areas that older people have identified as being important. Ongoing work, such as the development of a strategic approach to improve older people's quality of life in East Sussex (Time of our Lives Strategy), will strengthen this further.

¹⁵ East Sussex County Council, Adult Social Care Three Year Plan 2006/07 to 2009/10, p34

- 4.12 It is extremely difficult to prove a direct link between universal preventative services and a reduced demand for intensive services. However, the Review Board found evidence to suggest that such services shouldn't be underestimated in the ability they have to help maintain a person's general health and well-being and help them maintain their independence.
- 4.13 The Voluntary and Community Sector play an important role in providing both targeted and universal preventative services. Evidence taken from two Age Concern organisations¹⁶ shows how they work closely with older people and may often be in a good position to know what services people want and the way in which they should be provided. Older people will often seek the help of Voluntary and Community Sector, rather than approach Adult Social Care. One reason for this could be that the volunteers in these organisations are from their own peer group and people feel more comfortable discussing their concerns with them than a 'professional'.
- 4.14 Increased demand for both targeted and universal preventative services in the future will mean that the Voluntary and Community Sector will be a need to increase its capacity to provide these services. East Sussex County Council has a key role to play in this by providing leadership and support (such as providing help to put funding bids together) to enable the VCS to expand services that are known to be effective.
- 4.15 Those information services considered during the course of the review were found to be helpful for accessing details on the particular preventative services available. But given the comments from older people (see 3.39) and the barriers to accessing information and services (see 3.40) the Review Board felt that the message about targeted and universal preventative services and what is available could better marketed to increase its effectiveness.
- 4.16 The Review Board recognised that it is not just the older people themselves that need access to information on preventative services. Other family members or friends will also access information on their behalf. Websites and Social Care Direct are likely avenues by which they will do this and by expanding the information available in these areas it will ensure that it reaches the widest possible audience.
- 4.17 Many older people are reliant on health professionals or word of mouth to find out about the range of services available. More use should be made of these avenues to disseminate information about targeted and universal preventative services. In doing so it is also important that those people providing the information, particularly the health professionals, have access to the most up to date and comprehensive information available. The Review Board considers STAN, the Single Telephone Access Number, to be a useful tool for allowing health professionals to access information on community based facilities which can prevent unnecessary visits to hospital.

¹⁶ The Review Board only had time to speak to a couple of voluntary and community sector organisations. It therefore spoke to Age Concern East Sussex and Age Concern Eastbourne. The Review Board recognises that there is not only a range of Age Concern organisations across the county, but also a variety of other voluntary and community sector organisations, which also play a role in supporting and providing services for older people.

5. Recommendations

	Recommendation	Measure
1	The Review Board whole heartedly endorses the provision of preventative services and supports the policy of Adult Social Care to spend a proportion of its budget to fund such services.	Following analysis of current targeted preventative services the department to establish what percentage of the budget should be spent in this area in the future to get the optimum benefit from such services.
2	The policy of providing targeted preventative services to those people who will gain the greatest benefit from a particular service is endorsed by the Review Board. This policy should continue to be developed and refined to ensure the maximum benefit can be achieved from resources available.	Measure numbers receiving targeted preventative services against a reducing need for intensive services to ensure that services are being correctly targeted. Use national and local evidence to ensure that services are being provided to those people for whom it has been shown to be most beneficial
3	Bidding to access external funding streams to develop future preventative services should continue, provided they are in line with the strategic aims of the department as outlined in the policy steers.	Annual report to Adult Social Care Scrutiny Committee outlining successful bids for external funding streams in relation to preventative services and what percentage these bids represent in relation to the overall preventative services budget.
4	Governance and accountability arrangements laid down within the Joint Commissioning Strategy for Older People to be monitored to ensure that agreed ways of working are being adhered to and continue to be effective.	Annual report to Adult Social Care Scrutiny Committee assessing working practices and expenditure levels by all partners in relation to preventative services.
5	East Sussex County Council to ensure that the Older People's Services Interdepartmental Working Group has the capacity to implement the projects and initiatives developed as a result of the Time of our Lives Strategy.	Delivery of the Strategy outcomes by the Working Group to be assessed to ensure that it is on target to successfully meet the needs of older people.
6	The Review Board sees the Voluntary and Community Sector as an essential partner in relation to the provision of preventative services. This sector should be supported to enable it to develop a range of effective targeted and universal preventative services and increase its capacity to support greater numbers of older people in the future.	The current Voluntary and Community Sector reviews to explore ways to develop and enhance the support provided by the Council to help increase the range and capacity of targeted and universal preventative services provided by this Sector.

	Recommendation	Measure
7	Adult Social Care Scrutiny Committee to closely monitor the outcomes of preventative services, both in relation to their effectiveness in preventing the use of intensive services and the general impact that they have had to older people's well-being.	<p>Assessment of current the Telecare project and POPP schemes to be brought to the Committee in November 2007.</p> <p>Outcomes of the work relating to preventative services in the Joint Commissioning Strategy for Older People to be presented to the Committee on an annual basis.</p>
8	Adult Social Care to continue to work with Health partners and the Voluntary and Community Sector providers to look at ways to disseminate information with regard to targeted and universal preventative services available and how to access them.	<p>Develop preventative services 'pack' to be provided to those older people who would benefit from such information.</p> <p>Ensure all relevant health professionals are accessing STAN (Single Telephone Access Number) and thereby helping reduce the number of older people attending hospital unnecessarily.</p>
9	East Sussex Community Information Service (ESCIS) and Social Care Direct to ensure that there is a focus on targeted and universal preventative services available in East Sussex.	<p>Search engine on ESCIS to be developed to allow searches under 'preventative services'.</p> <p>The directory of preventative services in Appendix 1 to be incorporated into the ESCIS website. Information to be maintained and updated to provide a comprehensive list of services available and their relevant outcomes.</p> <p>Develop preventative services 'pack' to be provided to those clients contacting Social Care Direct who would benefit from such information.</p>

6. The Review Board

- 6.1 In June 2006 the Adult Social Care Scrutiny Committee commissioned a group of councillors to carry out a review of the provision of preventative services.
- 6.2 The Review Board initially comprised of Councillor Mrs Sylvia Tidy (Chairman), Councillor Martyn Forster and Councillor Olive Woodall. After the review had commenced it was decided that involvement of members from the Health Overview and Scrutiny Committee would be beneficial. Councillor Beryl Healy and Councillor Ruth O'Keeffe therefore joined the Review Board.
- 6.3 The Project Manager was Gillian Mauger (Scrutiny Lead Officer) with logistics and support provided by Sam White (Scrutiny Support Officer). Jessie McArthur, Head of Policy and Service Development, provided ongoing support to the Review Board from the Adult Social Care Department.

7. Research

- 7.1 The Review Board considered the following documents, or relevant extracts from them:
- Our health, Our care, Our say, *The Department of Health (2006)*
 - Better Health in Old Age, *Department of Health*
 - That Little Bit of Help, *Joseph Rowntree Foundation (2005)*
 - Preventative Social Care, is it Cost Effective? *Wanless Social Care Review (2006)*
 - Securing Good Care for Older People, Taking a Long Term View, *Wanless Social Care Review (2006)*
 - Good practice examples and case studies: standard 6 (falls), *Department of Health*
 - Presentation at White Rose Consortium, *Tunstall Group Ltd (23 June 2004)*
 - Evidence presented to the Science & Technology Select Committee, *Tunstall Group Ltd, (8 March 2005)*
 - Re-ablement the new theme in home care, *Mithran Samuel*
 - Working together for well-being, from vision to reality, *Local Government Association*
 - Joint Commissioning Strategy for Older People, *East Sussex County Council, East Sussex Downs & Weald Primary Care Trust, Hastings & Rother Primary Care Trust (April 2007)*
- 7.2 The Review Board took evidence from a variety of people during this review and would like to thank everyone for their help and participation:
- County Council officers:
- Judi Dettmar, Quality & Consultation Manager
 - Nikki Laugharne, Telecare Project Manager
 - Martin Packwood, Independence First Programme Manager
 - Paul Rideout, Voluntary and Community Services Co-ordinator
 - Karen Sedgwick, Head of Service, Supporting People
 - Vicky Smith, Older People's Involvement Officer

Health representatives:

East Sussex PCTs

- Juliet Mellish, Director Whole Systems Improvement, Older People
- Ivan Rudd, Head of Health Improvement and Partnership Working
- John Vesely, Director of Primary Care

East Sussex Downs and Weald PCT

- Sally Gummer, Team Leader, Rapid Response Team
- David Jones, Operational Manager, Havens Locality
- Elaine Randall, Adult Services Manager, Crowborough Locality
- Lesley Reid, Team Leader, Community Rehabilitation Team, Crowborough Hospital

Hastings and Rother PCT

- Debbie Cooke, Locality Manager
- Nicky Young, Nurse Consultant, Intermediate Care

Additional evidence was taken from:

- Tony Benton, Independent Consultant (*currently carrying out work for ESCC in relation to Social Care Direct*)
- Richard Drinkall, Chief Executive, Age Concern Eastbourne
- Steve Hare, Chief Executive, Age Concern East Sussex

Written evidence was presented to the Review Board by:

- Nigel Bayley, Intermediate Care Co-ordinator, Hastings and Rother PCT
- Diana Carsons, Health Promotion Manager, East Sussex Downs and Weald PCT

7.3 Research by the Review Board:

- Questionnaires were sent to the Older Peoples' Forums across the county for their members to complete. A presentation was also given to the Age Concern County Forum and further questionnaires handed out. There was a limited response, with only 20 being returned (a response rate of 13%) and of these 15 people had used a service recently that they felt was a 'preventative service'.
- Councillor Martyn Forster visited Gloucestershire County Council to view the Telecare equipment at a sheltered housing complex in Lydney
- A visit to the William & Patricia Venton Centre run by Age Concern Eastbourne took place to view the services provided
- Mystery shopper exercises were also carried out to gauge the amount of information available to the public in relation to preventative services

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Background papers are available in the Members' Room from Sam White:
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Preventative services provided across East Sussex

The following table provided information on those preventative services that the Review Board considered during the course of the review. Whilst the list covers many of the services available it is by no means a definitive list of what is provided.

Targeted preventative services			
Service	Description	Lead Agency (provider of service)	Number accessing service/ outcome
Telecare	Alarms and sensors linked via telephone lines to a monitoring system. Has the capacity to raise an alert without the active participation of the user. Preventative mode - can be programmed to monitor an individual's health & well-being and provide an early warning of deterioration.	East Sussex County Council - funding from Preventative Services Grant (Wealden & Eastbourne Lifeline - WEL)	ESCC target – 200 users in 2006/07. Outcome 196 -137 lifeline, 42 Supporting People plus 16 Telecare installations (multiple sensors)
Response Teams	Teams provide short term home care service to those people who do not require hospital admission but cannot go home safely without care and support. Enhanced Response Team (ERT) also carries out domestic tasks such as cooking and cleaning, whilst the Crowbrough and Uckfield Rapid Response Team (RRT) provides intensive community nursing.	East Sussex County Council - through POPP funding	2006/07: ERT – 75 clients RRT – 163 clients
Memory Assessment & Support	Early assessment and signposting service for people with early signs of memory loss. Aims to improve knowledge & confidence in order to avoid a crisis that may lead to an emergency admission.	Sussex Partnership NHS Trust, in partnership with Hastings and Rother PCT and the Alzheimer's Society - through POPP funding	July 06 to April 07: 119 referrals (although 35 deemed inappropriate through advanced condition or did not meet criteria)
Navigator service	Staff visit clients, undertake a needs assessment and signpost them to relevant local services. Financial support also available for exercise, well-being activities, carers, transport and Handyperson scheme.	East Sussex County Council - through POPP funding (Anchor Staying Put)	July 2006 – March 2007: 320 clients 717 'signposts' 55 handyperson interventions

Targeted preventative services			
Service	Description	Lead Agency (provider of service)	Number accessing service/ outcome
Falls prevention	Community Falls Response Service – response team attends an incident where a person has fallen – ensures person is ok and carries out a risk assessment. Aim to prevent people who have only had a minor fall attending A&E	East Sussex County Council - Pilot project currently only available in Eastbourne <i>(LAA pump priming money)</i>	Local Area Agreement Targets and outcomes for 2006/07: 7.2.1 - Number of falls leading to attendance by an ambulance Target – less than 10,380 Outcome - 9,986
	Hastings – dedicated fall prevention co-ordinator (based at Age Concern Hastings). Raises awareness, visits groups and organises public events. Provision of small aids to daily living.	Hastings & Rother PCT <i>(Age Concern Hastings)</i>	7.2.2 - Number of falls leading to attendance at A&E by an ambulance Target – less than 4,294 Outcome – 4,405
	Rother – home visits to individuals through targeted surgeries. Provision of small aids and involvement in public events In Touch Home Safety Advisor – visits individuals to advise on falls prevention and other health improvement issues	Hastings & Rother PCT <i>(Age Concern East Sussex)</i> In Touch – funded by Hastings & Rother PCT	7.2.3 - Number of people who have a fall and are admitted to hospital with a fractured neck of femur Target – less than 1,096 Outcome 1,135
	Falls prevention team (one is based in both sides of the county) – work with people at risk of falling to improve strength, balance & safety through home visits, equipment and exercise programme.	Hastings & Rother PCT East Sussex Downs & Weald PCT East Sussex Hospitals Trust, East Sussex County Council, (includes POPP funding)	7.2.4 - Number of people accessing falls preventative services Target not set this year, but 1,063 accessed the service
	"Strong & Steady" falls prevention training for carers	East Sussex Downs & Weald PCT	"Strong & Steady" - over 100 trained in last year.

Universal preventative services			
Service	Description	Lead Agency (provider of service)	Number accessing service/ outcome
Toe nail cutting service	Increases mobility, reduces accidents/falls. Can also provide a befriending role	Hastings & Rother PCT & East Sussex Downs & Weald PCT <i>(Age Concern East Sussex funded to co-ordinate the service across the county & Age Concern Eastbourne and Age Concern Hastings provide the service in those areas)</i>	In 2006/7 1,476 individual people used the service, totalling 4,439 actual episodes of care. Of these 2,961 were home visits and 2,706 were at venues, such as community centres and day centres.
Home from Hospital services	<u>Take home and settle</u> – ensures an older person doesn't go home from hospital alone. Takes them home, ensures that they are settled and carries out an assessment of future need <u>Home from Hospital</u> – volunteer supports person in first 4-6 weeks after their return from hospital. Support includes shopping, housework and then a move to getting a person out and about again	East Sussex County Council <i>(Age Concern East Sussex)</i> East Sussex County Council <i>(Age Concern East Sussex, Age Concern Eastbourne & Age Concern Hastings)</i>	LAA Target 9.1 includes the Home from Hospital schemes In 2006/07 the schemes supported 745 people on their return from hospital
Advocacy	Ensures that people have a voice and help support them in making a decision	Hastings & Rother PCT & East Sussex Downs & Weald PCT <i>(Age Concern East Sussex co-ordinates it across the county)</i>	The service worked with 470 people in 2006/7

Universal preventative services			
Service	Description	Lead Agency (provider of service)	Number accessing service/ outcome
Active Ageing – Stay Active Keep Well	Holistic approach to ageing - 4 week course offering advice and support that maintains quality of health and maybe improves it, e.g. medicine safety, benefits, falls, diet, exercise	Hastings & Rother PCT (<i>Rother Homes</i>)	Report from course held Feb 07: 10 – 15 people attended for 4 weeks. Course content evaluated between good and very good and the group are now accessing other services aimed to maintain their health. Three other courses held 06/07, similar evaluations.
Pharmacists work	In a preventative role – giving advice on some medical issues (saving the need to go to a GP), disposing of unwanted medicines (avoids misuse), querying if prescription looks unusual, review usage, offer advice on taking medicine	Hastings & Rother PCT (<i>Pharmacists</i>) <i>Service also provided in East Sussex Downs & Weald PCT area through POPP funding</i>	
Expert Patient Programme/ Living Well	Part of a national programme to support self management for those who live with long term conditions. 6 weekly sessions run by two volunteers who themselves live with a long term condition	Hastings & Rother PCT & East Sussex Downs & Weald PCT (programme is co-ordinated on a county basis by the Customer Services Manager, East Sussex Downs and Weald PCT.)	National evaluation of programme – total of 64 courses run by the 46 PCTs interviewed during evaluation process Local level - 13 people with long term conditions have undertaken the training and are now accredited tutors who are able to lead courses
Lunch clubs	Various clubs across the county	Arranged by volunteers and voluntary and community organisations (eg. Women's Royal Volunteer Service)	

Universal preventative services			
Service	Description	Lead Agency (provider of service)	Number accessing service/ outcome
Physical activities	Nifty after 50 – local directory of exercise opportunities for older people in Eastbourne, Lewes & Wealden areas (also available as web based directory on the PCT website). <i>Other websites containing similar information include Active in Rother and Active in Hastings</i>	East Sussex Downs & Weald PCT	
	Seaford Bay Exercise Path – signposted path created to promote healthy walking Developed in partnership – Seaford Town Council, Age Concern East Sussex, Seaford Striders, Seaford Community Partnership & Seaford Seniors’ Forum <i>Exercise path also on Eastbourne seafront</i>	Lottery funded	
	Healthy walks – range of walks across the county run by trained volunteers Training of volunteer Health Walk leaders to start up new Health Walk groups and maintain existing ones	Range of agencies and providers, including: Hastings & Rother PCT – <i>Service provided by British Trust for Conservation volunteers (BTCV) in that area.</i> East Sussex Downs & Weald PCT	LAA Target 10.1.2 – increase the number of people over the age of 55 years participating in walks 2006/07 outcome – 3,929 28 trained last year

Universal preventative services			
Service	Description	Lead Agency (provider of service)	Number accessing service/ outcome
	Chair-based exercise – training is provided to staff in residential homes and sheltered housing so that they are able to safely run courses for older people	Joint project between East Sussex Downs & Weald PCT & ESCC <i>Available across the county as part of Health Promotion Training Brochure</i>	LAA indicator 10.1.3 – maintain the number of people taking part in structured programmes of seated and supported exercise. Outturn for 2006/07 was 500 per week

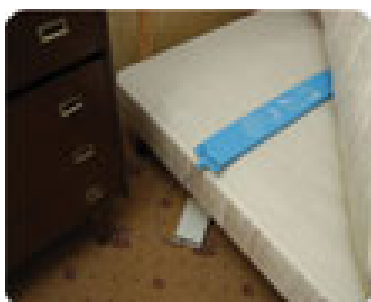
Examples of Telecare equipment



4000+ Base Unit

The Lifeline 4000+ home unit provides an easy to use, flexible home hub to support a comprehensive range of telecare services, enabling a wide range of vulnerable people to live independently.

- Can be linked to 35 smart sensors
- Simple to use, plug and play
- Speech messaging to notify user of power failure or telephone disconnection
- Call sequencing - alarm calls can be directed to the response centre or family members
- Real time monitoring
- Home care management services



Bed Occupancy Sensor

The bed occupancy sensor is to protect people who get up in the middle of the night from their beds and then fail to return after a specified time has elapsed. Parameters are set up as to the duration of time. This can also be set up to register if a customer has failed to go to bed at night, or not got up in the morning. The chair occupancy sensor can relay when someone is moving from a chair and may be prone to falls, if there has been no movement for a length of time and also to trigger lights coming on when the person leaves their seat.



Amie & Gem personal triggers

The Amie and Gem personal triggers allow people to make a call in an emergency without directly using the telephone and dialling a number. Calls can be made even if the phone unit is out of reach or in another room. Pushing the button activates the call centre and automatically opens up the phone line. Through the use of a powerful microphone and speaker a 2-way conversation can then be held even though the caller may not be in the immediate area of the call unit.



Falls Detector

The falls detector works by first detecting the impact from a fall. It then looks at the user's orientation through a second sensor. If the wearer is in a lying down position the sensor will trigger a timer, which, if the position does not change after 15 seconds, will activate an emergency call sending a radio alarm signal to the home unit, which then activates a call to the monitoring centre.

Glossary

ASC	Adult Social Care Department
ESD&W PCT	East Sussex Downs & Weald Primary Care Trust
ESCIS	East Sussex Community Information Service
H&R PCT	Hastings & Rother Primary Care Trust
Independence First	Name of POPP project in East Sussex
LAA	Local Area Agreement
PCT	Primary Care Trust
POPP	Partnerships for Older People Project
Preventative Technology Grant	Grant provided to fund Telecare scheme
Social care direct	Telephone contact centre providing a single point of contact across East Sussex for adult social care services
SP	Supporting People Programme
STAN	Single Telephone Access Number. Number used by health professionals to access information on community based facilities which can prevent unnecessary visits to hospital
Telecare	Alarms and sensors linked via telephone lines to a monitoring system. Has the capacity to raise an alert without the participation of the user
VCS	Voluntary and Community Sector
WEL	Wealden and Eastbourne Lifeline (providers of Telecare service in East Sussex)

Example of the questionnaire sent to Older People's Forums

A range of services are provided by the County Council, the NHS and the Voluntary and Community sector that can help people stay healthy in later life and live independently for longer. These services are very diverse and can include equipment adaptations to your home, toe nail cutting services, community alarms, healthy walks and lunch clubs.

1. Have you used such a service in the past? **Yes/no**

If yes what was the service?

.....

Who provided it?

On a scale of 1 to 5, how would you rate the effectiveness of it

(1 being the lowest & 5 being the highest)

2. How did you find out about this service?

- Social Care Direct
- East Sussex County Council website
- Other websites, eg.....
- Library
- Local newspaper or leaflet
- Word of mouth
- Other

3. Is there a service (currently available) that you feel is really effective at helping people stay healthy in later life or live independently for longer?

4. Do you feel that there are any gaps in the current provision of services? If so, what type of service would you like to see?

It would be helpful to know:

Which town/village do you live in?

What is your age range?

50-59 60-69 70-79 80+

Are you: Male female

Thank you for your help