Meeting the Care Challenge

How embedding telehealthcare into care pathways can improve outcomes and help to create an integrated and sustainable health and social care service

CARERS UK
the voice of carers

All the reassurance you need **Tunstall**

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What is this booklet about?

How we solve the unsustainability of the current health and social care system is one of the most important challenges facing our country today.

This booklet demonstrates through ten examples of best practice from Local Authority and Primary Care Organisations throughout the UK, the profound positive impact that telecare and telehealth can have by:

- saving money in the health and social care system
- helping sick, disabled and older people remain at home for longer
- providing vital support to unpaid carers
- offering a low cost and resource efficient service to commissioners

Whilst telehealthcare is just one element of the overall solution and must be offered appropriately, it is a key enabler for the required transformation of our health and social care system.

Definition of telecare

Telecare has been defined as '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.' Telecare offers a non-intrusive platform of support for users and carers, providing peace of mind and helping to restore independence for both the carer and the person they are caring for.

Today, tailored, flexible telecare solutions are being used to develop new models of care, which are transforming the lives of carers and the people they care for by supporting and enhancing their health, independence and wellbeing.

Introduction from Carers UK

CARERS UK
the voice of carers

Alongside difficult spending decisions, health and social care services are currently facing far-reaching reform. With publication of the recommendations of the Commission on Funding of Care and Support in July 2011 and ongoing discussions around NHS reorganisation, discussions about how to reform, modernise and improve outcomes for families on a tight budget have never been more important.

However budgets are being squeezed at the same time as an ageing population and people living longer with disability and long term conditions are rapidly increasing demand for support. It is predicted that, by 2026, there will be 1.7 million more adults who need care and support, yet services are already failing to reach all those who need them, and directors of social services are warning that budgets will continue to be under pressure in the next few years.

Unless we act to deliver sustainable funding and modern services, there will be serious consequences for our communities, economy, public services and family life. More carers will be forced to give up work to care, and will face ill-health, isolation and financial hardship unless they can access support. Alongside pushing for urgent action on funding reform, we know that health and social care services are facing difficult decisions now.

The only way to square the circle of scant resources and increasing demand, is to reshape rather than simply reduce services. We know that innovation and technology can deliver both for families and budgets. Evidence from our members shows that technology like telecare and telehealthcare can not only achieve value for money, but also help to improve quality of live by supporting older and disabled people to live longer in their own homes, whilst giving their families peace of mind and the chance to juggle caring with living their own lives. Investment in this kind of creativity will be essential if services are to meet today's financial and demographic challenges.

Imelda Redmond,
Chief Executive,
Carers UK

The challenges we face and the solutions we need

How we meet the growing demand for health and social care at home is one of the greatest challenges facing our country today. Faced with a fast-ageing population and increased costs of care, the search for cost containment in the public sector has never been more important.

However, what is the impact on families today? For many, finding appropriate care services is a challenge from start to finish. Getting the right information, negotiating assessments and care packages, and finding the money to pay for care, can seem like a never-ending struggle. It is something that very few people think about until it happens to them, and it is hard to know how to plan ahead.

Every situation is different, but there are a few common problems that families face.

1. Firstly there is the complexity of the system. Once it is acknowledged that someone needs care, which can happen gradually or overnight, families don't know where to turn. Services are provided by social services, but also by private companies and voluntary organisations. How do people decide whether to approach social services or try and arrange it themselves, and how do they know what service they need?

2. Secondly there are the inconsistencies that people face. Some local authorities provide services for free; others charge. Some provide care for people with low level needs in order to prevent their condition worsening; others focus resources on those with the most intensive care needs. Every council has its own assessment process, and these are not transferable between areas, restricting the choices for disabled people and their families about where to live.

3. Thirdly there is the problem of finance. Some people get their care for free, if they have a low income and few savings. This seems unfair to people who have worked hard and paid their taxes, which they thought would cover them if they needed help.

As the Dilnot Commission set out, the solution is wholesale reform of the system. It needs commitment from central and local government, and from the health service and the voluntary sector. It needs a clear entitlement so that people know what they are going to get, and can plan for any extra care they might need. It needs to be fair and consistent wherever you live.

To start to identify the solutions to these problems, we've outlined some scenarios which are all too common and some of the solutions which would better meet the expectations that people rightly have about the sort of care they can expect for themselves and their family.

Linking challenges to

1. Dementia

Your dad lives alone and is becoming increasingly forgetful, wandering at night, leaving pans on a lit stove, taps running in the bathroom and the front door open.

You try to call in as much as you can, but your work is starting to suffer and you are losing sleep because of the worry. You are afraid you may have to give up work if things get any worse. He says he doesn't want any strangers in the house.

What would help?

- Care services which are reliable, and which fit around your work
- A tailored telecare home safety package, which includes a Lifeline home unit with a medication reminder and various sensors which manage those risks that were causing you so much worry
- A sustainable system of funding for the long term, which recognises the sacrifices your father made to buy his own home and doesn't leave you as a carer living in poverty
- An end to the false divide between health care and social care
- Long term planning, to consider how he will be supported if his condition deteriorates

possible solutions

2. Learning disability

You are a single parent with two children who have learning disabilities. They are getting older and it is becoming harder to cope and you find it hard to make ends meet. One will be leaving school shortly and they would like to live independently but that seems a distant dream. You worry what would happen if you were no longer able to care for them.

What would help?

- A personal budget which lets you buy the services you need. You could employ a personal assistant to take your child to the football or other hobbies, for example
- Regular breaks for you, to allow you to recharge your batteries
- Long term support for your children, which includes a range of telecare sensors e.g. bogus caller button and monitored smoke detector which gives your sons independence and lets you have a good night's sleep - the first in many years
- Better carers' benefits, which provide a decent standard of living for your family

3. Physical disability

Your partner has a serious car accident and suffers a head injury which resulted in having to use a wheelchair. You have been off work for several weeks to be with him, but now your boss indicates that you need to go back and you need the money too.

A fiercely independent person, your partner doesn't want you doing everything for him and would rather you be at work. Your partner is sleeping downstairs in the living room at the moment.

What would help?

- Hospital appointments that fit around your working patterns, and are timed together so that you don't have to make several trips each week
- A right to time off work, and flexibility to enable you to keep working
- Personal budgets to enable your partner to get the services that suit him. You both need time to yourself and the opportunity to have fun together
- A level of care funding and benefits which gives the family a decent standard of living, and security for the future
- A telecare package including a minuet watch and fall detector that will provide instant help enabling you to continue working

Linking challenges to possible solutions

4. Stroke

Your partner of forty years suddenly collapses and it turns out they have had a stroke. You've just recently retired and were looking forward to enjoying your retirement together.

Your partner needs round the clock care and your children are hundreds of miles away. You don't know where to turn to for help and you worry about how you will pay for the care they need.

What would help?

- Top quality care for your partner, to help her regain her movement and speech, and co-ordinated with your own medical appointments
- A key worker assigned to you, to help you claim the benefits you are entitled to, and support you through the process
- The added benefit of a telecare home safety package that will facilitate early discharge from hospital and provide 24 hours monitoring through a range of telecare sensors e.g. bed/chair occupancy sensor and fall detector. This helps you get some valuable rest and time on your own
- Support for you both to have a holiday together, and to see the rest of your family

5. Depression

Your partner suffers from depression which comes and goes. During his bad patches you get lots of phone calls from him at work and your colleagues give you strange looks. You really struggle to look after the kids and house as your partner can't cope when he is ill.

What would help?

- The support of a mental health team, which looks at the needs of the family as a whole
- Flexible services, which will help you with childcare and shopping if you need it
- A Lifeline home unit and minuet watch so that if you are not around and your partner needs help he knows there is always someone to talk to
- Flexible working and a culture at work which accepts your caring responsibilities

6. Falls

Your mum has a serious fall at home and breaks her hip. She is determined to return home as soon as possible and you are also keen, but she is taking a while to recover and finds it hard to get around.

Your dad is coping ok with the cooking and cleaning for now, but he's had health problems himself. You worry about them but you have a job and a family of your own to care for.

What would help?

- Information and advice about the support they can get, the aids and adaptations that might help your mum get around, and practical help to apply for it all
- Contingency planning to decide what to happen if she falls again, or if your father is taken ill
- Co-ordinated services and appointments which mean they don't have to travel to the hospital and GP several times each week
- A free telecare home safety package which includes, bed/chair occupancy sensors and a fall detector which will make sure help is summoned 24 hours a day helping reduce the stress

The following pages describe the approach taken by ten Local Authorities and Health Trusts. Where possible evaluation results are summarised, proving without doubt the significant cost savings and quality of life improvements that can be achieved by implementing telehealthcare into care delivery pathways.

There are of course many other examples which can be found by visiting www.tunstall.co.uk/literature

Cornwall and Isles of Scilly PCT Whole System Demonstrator reaches major milestone

CORNWALL COUNCIL

NHS Cornwall and Isles of Scilly

Challenge

- Cornwall has a population of around 500,000 people that doubles during summer
- 21% of population has long term conditions
- Services need to be properly organised across such a large rural geographical area

Outcome

- Selected as one of the Department of Health's three national Whole System Demonstrator pilot sites
- **650** telehealth patients are being actively monitored and approximately **550** telecare clients
- The telecare and telehealth programme in Cornwall is based in one single office to ensure there is good communication and that problems can be identified early
- Telehealth results are sent back to clinicians from connected home devices such as pulse oximeters, blood pressure monitors and weight scales
- The devices have prompts/Q&A based on NICE guidelines and local protocols
- Cornwall are now operating a mainstream telehealth service and are looking at expanding into other areas where assistive technology can be used such as Stroke, falls prevention and UTIs

Evaluation

- The demonstrators are being formally evaluated by leading research institutes which will focus on emergency hospital admission rates, patient/carer experience, quality of life and impact on primary care

"We are impressed with the benefits of telecare and telehealth experienced so far and hope to be able to prove that healthcare technology plays an essential role in helping avoid preventable hospital admissions, long trips to outpatient appointments, increasing the capacity of the community based teams and improving patient's quality of life."

Carol Williams, Director of Service Improvement at Cornwall & IOS PCT

Case Study

Eddie is 62 and has chronic obstructive pulmonary disease (COPD). Between March 2008 and January 2009, he was admitted to A & E six times, staying between 24 hours and 15 days. In April 2009 he began using Tunstall's **my**medic to monitor his vital signs every day, and says the system has improved his confidence to manage his own condition. "This has been life-changing," says Eddie. "I see a nurse once instead of three times a week, and the doctor once every six months instead of every three weeks. I control my condition now instead of it controlling me. I'm so much happier and my wife Lynne has really noticed the difference in me."

Managing long term conditions through redesigning the care pathways and telehealth

NHS
North Yorkshire and York

Challenge

NHS North Yorkshire and York (NHS NYY) covers a population base of 794,532, with an estimated 4,000 severe COPD and Heart Failure patients. With a growing population, increasing number of non-elective admissions to hospital and significant areas of rurality leading to issues regarding access to services, NHS NYY faces significant challenges over the next few years.

Approach

The PCT has developed a strategic plan to address some of these challenges which includes developing care pathways to optimise the care of patients with long term conditions, delivering care as close to home as possible and focusing on self management and prevention. As an enabler to this work, the PCT is in the process of deploying 2,120 telehealth systems from Tunstall, which will be rolled out across all localities in NYY. This makes NYY the largest telehealth site in the UK.

The telehealth project

The project is focusing on three main disease areas:

- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Heart Failure
- Chronic Diabetes

Following a positive six month small scale pilot NHS NYY, working in partnership with Tunstall, began an intense process of clinical engagement ensued to critique existing pathways and develop new versions that embraced the technology and ensured that enhanced clinical outcomes could be achieved.

Results

To date the telehealth project has been well received, particularly by patients. A survey of 200 patients showed:

- **98% were satisfied or highly satisfied** with the telehealth service
- **96% would recommend telehealth** to family and friends
- **82%** thought they had some or high improvement in quality of life
- **72% felt telehealth had benefited their partner/family**
- **59%** thought telehealth has helped them to **avoid a hospital admission**

Evaluation is still ongoing, but there are strong signs that the service is resulting in reductions in non-elective hospital admissions and A&E attendances, and performance data shows real acute based activity reductions for patients using telehealth for longer than 6 months. Community services staff perceive they have reduced travel and case managers feel they are better able to prioritise workloads.

"NHS North Yorkshire and York identified the need to look at the management of patients with a long term condition in a different way, developing robust pathways of care using telehealth technology to support patients in the community, through the use of a multi-disciplinary approach with all agencies. Patients can be managed more effectively in the place they want to be, i.e. in their own homes." Kerry Wheeler, Assistant Director of Strategy, NHS North Yorkshire and York

Derbyshire endorses the key role that telecare is playing in keeping people in their own homes for longer

DERBYSHIRE County Council
Improving life for local people

Background

- Ageing population - the number of people 85+ will increase by 84% by 2028
- By 2025, almost 14,500 people will be affected by dementia, a rise of 52%
- Promote choice and creative ways of meeting the needs of people living in Derbyshire
- Telecare service was initially prioritised for users at risk of falls or with cognitive impairment but extended to other groups in 2008 following its success

Outcome

- Just under 2,000 people receive telecare support as at 25 August 2011
- Telecare assessments are completed by social care staff
- Telecare has been mainstreamed by Adult Care to form part of care in the community
- Telecare included as part of the home care reablement service and provided free of charge during this period
- Telecare used in short stay rooms of residential care homes to enable service users and their families to become familiar with telecare solutions
- Telecare suites are available for prospective users to experience telecare

Assessment of Key Opportunities

A review commissioned in 2011 was carried out to look at a sample of 100 telecare service users to understand benefits realised by the service. Telecare provided to 32% of the sample (29 people) was instrumental in avoiding or deferring the escalation of support requirements as follows:

- A number of service users were helped to remain at home through the use of telecare with home care and day care services. It was considered that if these service users had not had telecare support, their needs would have escalated to the point where a care home placement would have been necessary.
- **45% avoided or deferred a hospital admission**
- **17% avoided or deferred a residential home placement**

It was concluded that telecare has been effective in reducing the escalation of care and as a supplement to existing care packages in other cases.

Ram Paul, Group Manager for Accommodation and Support, Derbyshire County Council

Case study - telecare supporting someone at risk of falling

A man living alone but with a good network of family, friends and neighbours regularly has falls and had begun to lose confidence and worry about living on his own. Telecare services were provided to reinforce his wellbeing and independence. Following a fall, an alarm was raised via the telecare equipment, and he wrote to thank the service for their timely response:

"If I had not had the advantage of your service I could have laid there for a couple of days, as I live alone and whilst I have good family members and neighbours it could have been some time, thank you once again!"

Ambitious Essex strategy offered telecare free to everyone over 85

Essex County Council

Background

- The demographic trend is acute in Essex (Tendring area has **highest level of over 65s per capita** in Europe)
- This demand will require **spend budgets to rise by a factor of three** over next 10 years just to maintain services at the current level. This is obviously not sustainable

Outcome

- In April 2009 the Council launched £87m worth of Public Pledges 2009-10 of which **£4m** was dedicated to telecare equipment and support
- The ambitious Essex strategy offered **telecare free to everyone of 85+** (there were 33,000 people 85+)
- Having quickly realised the benefits, they revised the offer to support anyone 80+

Evaluation

- An evaluation in Essex based on 240 users showed significant cost savings in care support services:

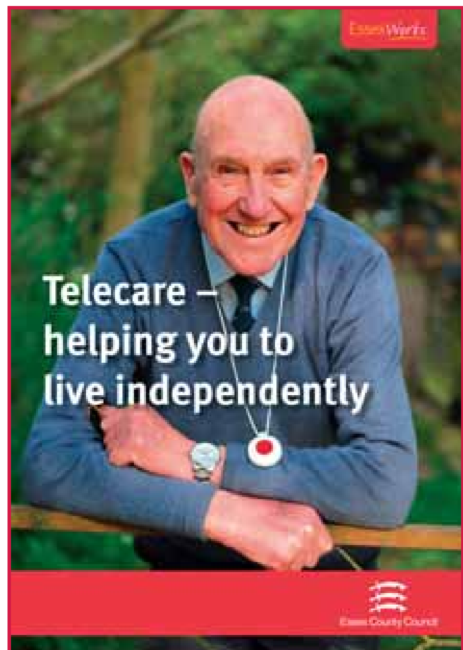
  For all 240 sample users
  For every £1 spent on telecare **£3.58** was saved in traditional care*

  Across all sample users with savings
  For every £1 spent on telecare **£12.60** was saved in traditional care*

*real costs at time of commissioning

"Like many councils, Essex is facing the challenging times ahead by meeting our service user needs in the most innovative and creative way possible. To reflect our commitment and belief, the Ensuring Independence Programme (EIP) is one strategy and delivery vehicle to support one of this year's pledges (2011) by Essex County Council, to provide an increase of Assistive Technology to those service users with dementia, by 20%. We already appear well on track to meet this target."

Leontine Hall, AT Consultant



Source: Mainstreaming a Large Scale Telecare Service - Essex County Council - Case Study www.tunstall.co.uk/literature

NHS Halton and St Helens employs telehealth to increase capacity, reduce cost and improve the patient experience

Halton and St Helens Community Health Services

Background

In the NHS Halton and St Helens area, the total number of emergency admissions to hospital for people with long term conditions during 2009/10 was 2,876. In order to fully assess the benefits telehealth could bring to the community NHS Halton and St Helens financed a 12 month pilot to evaluate the most effective means of including telehealth within its care pathways for people living with long term conditions.

Outcome

Sixty telehealth packages were commissioned and offered to patients from three chronic disease areas - heart failure, COPD (chronic obstructive pulmonary disease) and stroke.

Results of a post service questionnaire to patients:

- **85% improved their understanding** of the impact of their condition on daily life
- **79%** answered 'yes' to having coped and **managed with their condition better**
- **89% of patients benefited 'a lot'** from using the telehealth service
- **76% of patients and 79% of patients' families/carers reduced their anxiety** about their condition

Community Matrons reported that as a result of the telehealth project:

- **Home visits were reduced**
- They were better able to **prioritise their workloads**
- The service **prevented exacerbation** of their patients' conditions
- Interaction with Sefton Careline enabled a **more preventative approach**
- An **improved quality of service** was offered to patients
- Patients benefited from **reduction in anxiety, better medication compliance**, increased knowledge and self management
- **Integrated working** between health and social care was increased

Evaluation

- The evaluation period was July 2009 to March 2011, during which time a total of 104 patients had used the service
- The number of **emergency hospital admissions** relevant to a long term condition was **reduced by 29.3%**
- The average length of **hospital stay** was **reduced by 44.9%**
- The average **admission cost** was **reduced by 12.4%**
- The **total cost of admissions was reduced by 42.6%** (£48,494)

"By deploying the system for community-based care we are empowering patients, reducing anxiety, promoting independence and so improving overall quality of life. Telehealth also educates patients to be aware of their symptoms, to proactively manage them, reducing part of the burden on healthcare providers." Mike Ore, Head of Service Delivery, Community Health Services

Source: Managing Long Term Conditions Using Telehealth - An Evaluation - NHS Halton & St Helens and Sefton Careline - Case Study www.tunstall.co.uk/literature

London Borough of Newham transforms service provision with telecare at the heart

Newham London

NHS Newham

Background

- 17% of people in Newham are living with a limiting long term condition
- 8.5% of people in Newham are aged 65+
- This demand will require spend budgets to rise substantially over next 10 years just to maintain services at the current level

Outcome

- The Newham Whole System Demonstrator (WSD) trial is a two year research project to find out how technology can help people manage their own health while maintaining their independence
- By August 2009 around **1,500 local people** were taking part - **400 telehealth patients, 350 telecare** clients and 750 in the control trial group
- The trial is now complete, but many people continue to use the equipment
- There are an **additional 2,750 mainstream telecare users** in Newham (at August 2011), including those who have chosen to retain equipment following the end of the WSD trial the service
- Telecare has reduced the movement of people into residential care
- For people already in residential care, it has improved supervision of residents and in some cases reduced costs
- For residents with complex care needs such as epilepsy and enuresis, it has eliminated obtrusive monitoring, improving dignity and quality of life

Evaluation

Evaluation of the WSD trial is now complete and the first reports will be available in the Autumn of 2011. The results will help The Department of Health to understand to what extent the integration between Health and Social Care and these technologies can:

- Promote people's long-term health and independence
- Improve quality of life for people and their carers
- Improve the working lives of health and social care professionals
- Provide an evidence base for more cost effective and clinically effective ways of managing long term conditions

In addition the trial aims to help reduce:

- Emergency hospital bed days and admission
- Accident and emergency attendances
- Numbers admitted to residential care and nursing homes

"All of us involved in the Newham WSD project pulled out all the stops to make this a success. The installation of so many packages in such a short space of time was a huge achievement and it's great to know that so many people in the Borough are now benefiting from telecare and telehealth. We are constantly getting positive feedback from both staff and our users as well as their carers and families and we look forward to seeing the results of the trial." Martin Scarfe, Newham WSD Programme Director

To view the Newham WSD case study videos please visit www.NewhamWSDTrial.org

North Yorkshire's unique mainstreamed telecare approach

North Yorkshire County Council

Background

- By 2020 there will be 50% more people over 65, 54% more people with dementia
- If the general model of social care service provision remains the same, by 2020 NYCC will need 3,420 more domiciliary care packages and 1,817 additional places in care homes at a **cost increase** of **£43m per annum in real terms by 2020**

Outcome

- Today, telecare is available for all individuals needing Adult and Community Services support as part of the range of mainstream personalised solutions to suit their individual circumstances
- NYCC has strong leadership/vision with a clear 15 year commissioning plan
- It is a large rural county with multiple service providers - 7 districts working together in partnership
- Partnership with Tunstall – giving full access to TSG (Telehealthcare Support Group)
- Investment in dedicated Telecare Co-ordinators
- **13,239 telecare users** at 31 March 2010

Evaluation

- **In the first year of the programme, NYCC has saved over £1 million that would otherwise have been spent on domiciliary or residential care**
- In Sept 2008 an analysis of 132 new users of telecare was undertaken
- This compared what the traditional care package was or would have been if telecare had not been available
- The net average efficiency was **£3,600 per person pa**, a **38% reduction** in care costs
- This analysis was repeated in April 2009 with 122 new users and identified **a net average efficiency of £3,200 per person pa**

"I believe strongly in promoting partnerships and integrated approaches across local government and health and in promoting the benefits of telecare and telehealth as part of a whole system approach geared to meet the need of all adults needing support. Here in North Yorkshire we have proven the case for telecare. It will continue to be a critical part in our commissioning strategy and our investment plans." Seamus Breen, Assistant Director, Commissioning and Partnerships, NYCC

Case study - Falls solution

John needed 2 "pop-in" visits per day to make sure he hadn't fallen getting out of bed or visiting the bathroom etc. This was replaced by a fall detector which maximised his personal dignity and his respect and improved his emotional wellbeing because he now knows if he does have a fall someone will be alerted.

Source: Innovation, Choice and Control – North Yorkshire County Council – Case Study www.tunstall.co.uk/literature

NHS Nottingham City and Nottingham City Council - One of the largest mainstream telehealthcare implementations

Nottingham City Council

NHS Nottingham City

Background

- 22,000 hospital admissions per year linked to long term conditions – 40% of all hospital activity
- 1,500-2,000 people with multiple long term conditions requiring intensive support
- Caseload management by 20 Community Matrons, COPD specialist team and Heart Failure specialist team

Outcome

- Telecare is now a mainstream funded service and over 2,100 individually assessed equipment packages are currently in place. The service has been expanded to provide a range of stand alone assistive technology equipment, so providing choice in being able to meet users' needs.
- Telehealth is now a mainstream service in Nottingham with 200 monitors available across the City PCT. These are being used to monitor patients with long term conditions such as COPD and Heart Failure
- The telehealth 12 month trial in 2007, resulted in
  - Reduction in demand on unscheduled care and admissions to hospital
  - Reduction in demand on primary care
  - Increase in capacity for case managers
  - More organised workload, less visits
- Plans are being developed to establish a joint health and social care service to support the development of integrated health and social care teams, covering both telecare and telehealth. Already the telecare call centre installs and maintains telehealth equipment.

Evaluation

- External evaluation of the Telecare Service has evidenced that 72% of service users were still living at home a year after equipment was installed and **conservative savings of £1,000 per user were identified**
- Ongoing evaluations are taking place to establish the impact the telehealth monitors are having on managing patients' conditions as well as on service delivery

Nottingham wins Department of Health National Innovation award for Tunstall RFID technology - improving care for people with dementia

Laundry identification in care homes can be a time consuming and complex process for staff.

Tunstall's laundry identification solution (Stayput) identifies individual items of clothing ensuring that they can be quickly and easily returned to their rightful owner, avoiding the undignified method of writing names on labels.

Nottingham's service, the first of its kind in the UK, was introduced to all 142 residents across five specialist dementia units in the area, including residents who visit for short term care.

"The telecare tervice has grown massively, with the number of installs doubling in the past year. We have demonstrated through our evaluation that people with telecare do stay independent in their homes for longer, and in many cases hospital admissions are prevented and lives saved." Dave Miles, Assistive Technology Manager, Nottingham City Council

Stockton evaluation leads to joint funding a mainstream telecare service

Background

Stockton on Tees' population is 192,400 and the number of over 65s is forecast to increase by 46% by 2021. One in five of the population has a long term condition.

Currently 6,932 people are connected to the Care Call community alarm service and 642 have active telecare packages. This follows joint investment from Stockton on Tees Borough Council social services and NHS Stockton on Tees under a local delivery plan arrangement to increase telecare provision in the area. This provided a six week telecare support package free of charge to clients leaving hospital, which they may then choose to continue with.

Evaluation

A review of the service undertaken in May 2009 revealed that:

- 195 telecare installations **delayed or prevented a care/residential care admission (77%)**
- 38 telecare installations have resulted in no economic benefits (15%)
- 20 telecare installations have resulted in reduced domiciliary care hours (8%)
- **117 ambulance call outs saved**
- **Overall savings** were estimated to be **£300,199 net based on 300 clients**

Outcome

Following this successful evaluation, Care Call and Telecare Services have secured new funding, including joint funding arrangements with partnering agencies and as a result:

- Care Call and Telecare Services continues to offer a 6 week intermediate care telecare service free of charge
- Telecare technology is embedded into adult community services and is one of the first considerations in managing risks for vulnerable people and their carers
- Care Call and Telecare Services is currently working with the PCT to include telecare and telehealth in long term conditions care pathways

"Telecare has been fundamental in transforming both adult community services and people's lives. The service respects and values people, helping them to maximise their potential and exercise their choice to stay in their own homes as long as possible. We continue to explore the ways in which telecare and telehealh can support people, helping them to remain safe and independent and making best use of resources." Liz Hanley, Adult Strategy Manager, Stockton on Tees Borough Council

Case study - Privacy and dignity enhanced for man with learning/physical disabilities

Mr A is 26 and has severe learning/physical disabilities. He had a tendency to self harm upon waking and as a result a dedicated team were monitoring his wellbeing through various systems as he slept. The introduction of Telecare (CareAssist and a Bed Occupancy Sensor) has enabled the team to reduce the amount of monitoring, as staff are now alerted when Mr A sits up in bed. His privacy and dignity has been enhanced without compromising his safety, and staff are now able to work more effectively, carrying out other duties but alerted if Mr A may need them. This bespoke package was designed by Care Call and Telecare Services acting on concerns voiced by partner agencies and is an example of how the team have the skills to adapt individual packages to meet the needs of their clients and their families.

Walsall Metropolitan Borough Council uses telehealthcare as an enabler for the integration of health and social care

Background

- Across NHS Walsall there are approx 37,000 (13.8% of population) patients with Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Coronary Heart Disease (CHD) or Stroke
- In 2009/10, 3,387 patients created:
  - 4,169 emergency admissions (representing approx 25,000 bed days)
  - 7,267 A&E attendances
  - 5,450 ambulance call-outs
  - 16,830 outpatient appointments
- The commissioning cost for this activity is estimated at c. £12.9 million per annum.

Outcome

Walsall MBC faces the same challenges as most local authorities - an ageing population, improved life expectancy and an increase in people living with complex conditions - and sought a solution that would meet the care needs of the population and support independent living, whilst making the best use of available resources. The council is working to implement a new approach to service delivery that integrates the four quadrants of an ideal health and social care service recently indentified by the Department of Health: social capital, telecare, individual choice and control and prevention.

Walsall Council and NHS Walsall have made a joint £2.5m investment over 2 years in telehealthcare and a new responsive service, creating a new model of care that aims to make more efficient use of resources and give better outcomes for people. The new service will see telecare or telehealth included in every care package as standard.

"We want to be able to maximise the potential for individuals to take control of their own lives and allow all people, regardless of background, to access mainstream services and provisions. By providing clients with telehealthcare as standard, we hope to allow people to live independently for as long as possible, safe in the knowledge that help is at hand whenever necessary." Paul Davies, Executive Director of Adult Social Care and Inclusion, Walsall MBC

Case study - Telecare allows couple to stay together despite challenges with dementia

Mr B has dementia and recently began wandering out of his flat during the night resulting in a great deal of stress both for himself and his wife. A telecare package incorporating a door exit sensor was offered to the couple, which has enabled support staff to respond much faster, minimising the risk greatly. The alternative would have been a move to EMI care, separation from his wife and a deterioration in the quality of both their lives.

The cost of Mr B's technology package totalled £390 including installation, in comparison to an annual cost in excess of £20,000 for EMI residential care.

Source: Integrated health and social care using telehealthcare - Walsall Metropolitan Borough Council Case Study, www.tunstall.co.uk/literature

Further reading and next steps

To find out more about how telehealthcare is contributing to the transformation of health and social care services throughout the UK please visit **www.tunstall.co.uk** to read more case studies and examples of best practice.

For more information and support visit **www.carersuk.org** where you can find briefings, news releases, and information about Carers UK's campaigns. You can also sign up to receive a free email newsletter, or join as an individual or affiliate member.

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