

Putting People First Transforming Adult Social Care

Efficiencies in Telecare

Care Services Efficiency Delivery: supporting sustainable transformation

Essex County Council

Mainstreaming telecare

Background

The demographic trend is particularly acute in Essex, with the Tendring area currently having the highest level of over 65's per capita in Europe. The demand created by the large increase in over 65s and 85s in particular (61% and 131% respectively from 2004 to 2029) will require care spend budgets to rise by a factor of three just to maintain services at their current level. Essex has successfully introduced telecare to help meet the growing need for care services.

Telecare not only helps people to maintain their independence in their own homes, whilst promoting choice and control; but is also expected to cost the council less than traditional models of care and so release funds to cope with increasing demand.

A clear vision for a mainstream service

Essex's telecare success would not have been possible without senior management believing that this is the way forward and making it a core element of policy across Essex.

Essex already had a good understanding of telecare from its involvement in the Northamptonshire Safe at Home dementia research project in 2004/5, as the control group that did not receive telecare. This research provided compelling evidence for the benefits of telecare in supporting independence at home and meant the senior management team quickly moved to ring fence the £2m+ Preventative Technology Grant (PTG) introduced for 2006-08, setting up the infrastructure required for a mainstream service right from the outset.

Case Study Highlights

- *Mainstream telecare service offered free to everyone over 80*
- *Substantial investment in telecare and support of £4m 2009-10*
- *Successful evaluation demonstrates substantial savings*
- *Dedicated telecare assessor training*
- *Total of 16,000 service users (@ June 09) across nine Carelines in Essex*
- *475 people are issued equipment per month on average*

Essex County Council's budget for 2009-2010 sets out their vision to deliver the best quality of life in Britain. Entitled "EssexWorks", residents and stakeholders were widely consulted in the development of the strategy and of the £87m of new investment; £4m was dedicated to telecare equipment and support as a Councillor Pledge in 09/10.

Essex's mainstream telecare service works in partnership with all nine local monitoring centres and currently supports over 16,000 users - the youngest user being 11 months and the oldest 107.

A pledge for telecare: free telecare to everyone over 85

There are over 33,000 people aged over 85 years in Essex. The Essex strategy includes a pledge to fund a free telecare service for new users aged 85 and over for one year. This covers the installation, equipment and Careline connection. After the first year, there will be a small weekly service fee ranging from £1.50 to £5.50 depending on monitoring and response services received. Originally the pledge was targeted at the 85 and over population; however a review of the remaining pledge funding has now enabled Essex to drop the age provision to 80 for the last quarter of the year.

For its normal mainstream telecare provision, Essex pays for the first twelve weeks of service including installation and sensors. The service user is then responsible for the ongoing monitoring/response charges after the free twelve week period.

Using a mix of operational and prevention monies, Essex is able to extend services beyond those with critical and substantial needs to many with only moderate needs.

Success factors - advice for others embarking on the journey

Paperwork

A key element in making the process of telecare easy was changing the paperwork so that every care assessment included a telecare assessment.

Cultural change

Introducing the change also meant a change of culture. One of the big triggers to improving the referral rate was the launch of the service via a conference for 300 people. A good selection of presentations from internal and external speakers helped increase knowledge and awareness, and the formal presentations were interspersed with practitioners talking informally about their first hand experiences with telecare. These human stories brought telecare to life for the practitioners in the audience.

One care professional commented, "When I first found out about telecare I initially thought it wouldn't catch on and I didn't trust it. But I thought I had nothing to lose by trying it, and the team helped me with a service user in the early stages of dementia who also had COPD. She had several hospital admissions and lived with her daughter who was finding it increasingly difficult to cope. She is now living back in her own bungalow supported by various telecare sensors and the daughter is so relieved to know that the system prevented a hospital admission and she herself has got her life back. I now know that it isn't just a new fad that will go away."

Infrastructure/process

The Essex experience shows how important it is to have the infrastructure in place before commissioning the service. Glitches or problems quickly enter into 'folklore' and can be very damaging. It is vital to have the stock, delivery and installation process, assessment forms, referral routes, support etc in place before training the teams. Front line teams are under a lot of pressure and they need to know the process works smoothly. Staff also need to be able to call on specialists where they are uncertain of the correct solutions.

Training programmes – Telecare Approved Assessor

Another big success factor in Essex is the one-day assessor course. This regular approved assessor training is aimed at people in every sector including social care, health, Carelines, home improvement agencies, housing, suppliers, charitable sector workers, e.g. the Alzheimer's Society. Based in Colchester, by June 2009 over 1,600 front line people had attended this free one-day telecare course, covering products, FACS criteria, and the basics of how to assess, with an exam at the end. Building on feedback, Essex now holds 2-hour master classes as advanced refresher courses, running three sessions per day, in three different parts of the county. Essex's role for telecare development is pan agency and anyone who has contact with frail vulnerable people is trained to the same standards.

Show home

The PTG money was used to set up two demonstration units, one a flat in sheltered accommodation that is specifically for telecare and a combined telecare, environmental control and assistive technology demonstrator within an Independent Living Centre. About 3,000 people a year go through the main show home which contains a mock up of a bathroom, bedroom, lounge and kitchen.

Team structure

The Essex Telecare Development Team comprises 1 manager, 0.6 admin support and 2 Advanced Practitioners supporting a population of 1.3 million.

Case study

Mrs B is an 83 year old lady with a history of frequent falls following a CVA. She has difficulty with her speech and is partially sighted. As her condition deteriorated she was becoming increasingly forgetful and was referred to the Social Care Team for assessment for telecare equipment.

In February 2008 a fall detector and a bed sensor were installed at the property. Since installation, the fall detector has been activated 30 times with five of these being times when Mrs B had fallen. The bed sensor activates most mornings as Mrs B gets up to make a drink and takes it back to bed with her. She has got used to a Careline Controller asking her if she is 'ok!' Three times she has fallen in the morning as she has got out of bed and as the bed sensor has activated a call through to Careline, help has been sent to her straight away.

Outcomes

Preventative telecare slows down the rate of transfer to residential or institutional care and gives people a better quality of life for longer coupled with choice of tenure.

Costs and Benefits

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

From the total population of users, every tenth user was randomly chosen and the social worker was asked what would have happened if telecare had not been available

at the time of commissioning. The costs below are actual robust savings at the time of commissioning telecare and are minimum savings as the figures do not take into account savings down stream such as potential A&E, ambulance, hospital and transition cost savings. Equally savings per user will accrue to the following year without the product expense, provided the service users condition remains stable.

For all 240 sample users

- **For every £1 spent on telecare £3.82 was saved in traditional care***

For those users where telecare was a direct replacement for traditional care

- **For every £1 spent on telecare £12.60 was saved in traditional care***

*real costs at time of commissioning

NOTE: 7 people (3%) out of the 240 sample users were diverted from residential care

Impact on carers

Although it is unlikely that someone who is in contact with social services is likely to recover completely, the benefits of telecare are readily accepted by carers because it eases the burden on them.

Case study

Alice is 25, has moderate learning disabilities and lives at home with her parents. Her main areas of concern are the risks of falling due to epilepsy and taking medication. Alice really wanted to live independently but her parents were nervous and uncertain of her ability to manage various aspects of day-to-day living. However, Essex's policy is if you understand the risk you should be able to manage it.

In order to reassure the parents and to get them used to the idea of telecare, a Lifeline, smoke detector, fall detector and a medication dispenser were offered. These items were programmed to contact Mum on her mobile phone should an alert be raised. Alice could take control of her own medication regime prompted by the reminder and dispenser. To date Alice hasn't missed a medication giving her mother the confidence to say yes to letting her live independently and also allowing both Mum and Dad to have some respite from their caring role. Mum hopes to find employment or further her own education, an aspiration which was difficult whilst Alice lived with them.

When someone becomes a carer, the relationship between them and their loved ones changes over time, in that the person they are caring for may come to be seen as dependent. The carer then spends their time carrying out often intrusive checking. This can be resented by the recipient. Over time it can become an imposition to both and carer exhaustion is a prime reason for residential admission. If a telecare solution is installed the carer knows they will be informed automatically if there is a problem. The care recipient knows they are being cared for and that help is available 24 hrs a day - this takes a great deal of worry away from both parties.

"In Essex the demographic challenge is more severe than most and we are committed to telecare as a means of providing choice and control to our population. The telecare pledge, where we are offering a free service for a year to our over 80 year olds is yet another example of our commitment to service user independence. We are also confident that the savings telecare brings will allow us to provide more services to a greater number of people."

Jenny Owen, Executive Director Adults, Health and Community Well-being

Future services

Essex produced an eight page telecare supplement which was distributed in June 2009 via the EssexWorks magazine - the county publication that reaches 650,000 homes. To date over 2,750 people have been issued with telecare in Essex as a result of the Pledge.

Currently Essex has no plans to repeat or extend the offer of free telecare to every 80 year old and over although it is planning a thorough academic evaluation to fully understand the impacts. Experience to date indicates that the provision of telecare will be beneficial, but because this is a blanket provision by age as opposed to assessment only, the cost benefit may not be as high as the original 240 sample.

Essex remains committed to individual budgets and self directed support, and sees telecare as an integral part of commissioning mainstream care.

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