**THE USE OF ASSISTIVE TECHNOLOGY TO SUPPORT INDEPENDENT LIVING HILLINGDON – PROGRESS UPDATE ON SAVINGS.**

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**REASON FOR ITEM**

During 2010/11 the Committee conducted a review of the use of assistive technology to support independent living in Hillingdon. An update against the fourteen recommendations made by the Committee was given in November 2011 and a request was made for a further update in 1 year's time to cover details of savings made as a result of the TeleCareLine service. This paper provides an update on the impact of changing the approach to social care in Hillingdon through the implementation of a combination of TeleCareLine and Homecare Re-ablement services.

An overview of what telecare and homecare re-ablement are is included for reference at Appendix 1.

**OPTIONS AVAILABLE TO THE COMMITTEE**

1. To note the progress made by officers on the Committee's recommendations.

**INTRODUCTION, WHY IS ASSISTIVE TECHNOLOGY & HOMECARE RE-ABLEMENT SO IMPORTANT?**

1. The ageing population in Hillingdon and changing demographics makes the application of assistive technology critical to enabling disabled residents and those with long-term conditions, especially dementia, to remain independent in their own homes. Without it the cost implications for the council and key partners such as the NHS would be considerable.
2. Hillingdon has a population of approximately 253,000. It is estimated that there are currently 34,000 people aged over 65 in the Borough. This is projected to increase by 8.4% in five years to 37,100.
3. Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 7% to 2,694 in the five years to 2015. 67% of the increase can be attributed to the over 85s, which is expected to grow by 11% within this period. People with learning disabilities are more

susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015. Extensive consultation nationally and locally shows that the vast majority of older and disabled people wish to remain independent in their own homes.

## 2011/12 SERVICE UPDATE

4. The overall strategy agreed by the council for 2011/12 was to reduce reliance on long term residential/nursing placements thereby enabling people to remain living in their own homes rather than be placed in institutional care. The budget for 2011/12 approved a £700k investment in a new TeleCareLine service which would enable full year savings of £6.3m to be achieved by March 2014. The TeleCareLine / Re-ablement services have and will continue to play a key role in enabling this objective to succeed.

5. To deliver a significant reduction in the number of placements also requires a broadening range of support mechanisms to be in place such as appropriate housing. However even with sufficient housing being built / adapted and made available for the individual to be safely supported in their own home the investment in Re-ablement and TeleCareLine is equally essential.

6. During 2010/11 the in-house homecare team was retrained and refocused on re-ablement only and as a result there was a transfer of long term clients (those in receipt of extra care and high dependency care) to the private & voluntary homecare sector. This also enabled the team to be reduced to reflect the smaller number of clients that would need to be supported through the Re-ablement service for up to 6 weeks.

Re-ablement

7. The outcomes for 2011/12 show that some 80% (704 / 876) of clients either have no need for ongoing care, or had a reduction in their ongoing care package.

8. The outcome for the 876 clients who have been through the re-ablement programme during 2011/12 shows that 534 (61%) did not need any further care and 170 (19%) received a reduced package. Further analysis of the 876 shows that 343 (40%) achieved full independence. By measuring this reduction in care hours and assuming that the ongoing hours remain unchanged, this represents a full year preventative saving of approx £840K; added to the savings made when the in-house team was reconfigured (£500k) the total saving becomes £1,340k.

9. These outcomes reflect the strong shift that has been made to more effectively utilise our skilled resources (eg homecarers, occupational therapist's and physiotherapists) to re-able people to retain their independence by accessing appropriate support and thereby reduce their likelihood of requiring long term care. . Encouragingly only a very small number have required admission to residential care or an increased care package.

## TeleCareLine Service

10. The target for the number of new clients taking up the service for 2011/12 was 750. This target was exceeded with 1,178 new users joining the service during 2011/12.

11. Although this first year take up is very encouraging particularly amongst the older population take up by younger disabled people is lower and needs an added focus.

## WHAT SAVINGS HAVE BEEN MADE A RESULT OF INCREASING THE TAKE UP OF THE TELECARELINE SERVICE?

Evidence of savings achieved to date

12. This is a whole system change to support more people at home utilising both Reablement and TeleCareLine and changing our approach and model for adult social care. We are able to evidence the impact of changing practice across Adult Social Care, particularly residential placements. Data shows a significant reduction in new long term residential & nursing care placements in 2011/12; the average falling from 8.08/week in 2010 to 3.77/week to end of March 2012; this includes all adult social care placements.

13. The number of people currently in receipt of long term Residential/Nursing placements for Older People has been significantly reduced and in total the headcount is now at its lowest level since April 2009, representing a reduction of 112 placements since October 2010 (approx £2.3m fye) which is consistent with the planned direction of travel for the 2011/12 to 2014/15 MTFF.

14. Evidence of the effectiveness of TeleCareLine and Reablement can also be measured by a reduction in spend of £460k (to £7.9m) for Homecare purchased in 2011/12 when compared with 2010/11. However increased demographic demand pressures are unlikely to result in further reductions in spend.

Case sampling

15. A sample of 71 clients with a TeleCareLine service in place between 1st August 2010 and 31st July 2011 have been subject to a case review to determine the impact the TeleCareLine service has had on meeting the needs of the clients over the period of time in question. This work was completed in conjunction with London Joint Improvement Partnership, using the Care Services Efficiency Delivery (the Department of Health's Efficiency Unit (CSED)) evaluation tool.

16. The table below outlines the evaluated impact of TeleCareLine on social care & health spend for the period under review.

**Cost Avoidance Aug 10 - Jul 11**

| Sample Size | | Cumulative net Social Care Savings | | Cumulative net NHS Savings | |
|---|---|---|---|---|---|
| Cohort | Size | Lower Range | Higher Range | Lower Range | Higher Range |
| TeleCareLine Users Sample | 71 | £308k | £342k | £63k | £70k |
| Number of new referrals during the period (Aug 10 to Jul 11) | 839 | £3,600k | £4,000k | £740k | £823k |

17. An additional internal evaluation exercise was undertaken for a sample of new level 3 & 4 clients who joined the service between 1st April 2011 & 31st March 2012.  The analysis covered 195 clients and the considered the impact of TCL on supporting their needs for the period from the point the service was installed to 31st March 12.  The results indicate:

- 48% of cases are considered to be assisting in delaying the demand for further services
- 10% have enabled a delay in residential care placements
- 42% have facilitated a smaller homecare package

18. This exercise will be repeated at periodic intervals during 2012/13.

Summary

19. This whole system change in less than a year has already shifted focus from residential placements to support at home which has been made possible by the holistic TeleCareLine/re-ablement approach. Capacity

continues to be built to maintain this investment in prevention to enable people to remain in their community and avoid future costs.

20. The department is showing a significant reduction in new residential and nursing placements. This could not be achieved without a comprehensive support package such as TeleCareLine and re-ablement service.

21. The benefits of investing in TeleCareLine & re-ablement has been compelling already, but shifting the balance to improving support at home and the preventative benefits are a long term project, which will assist in delivering further financial benefits in future years. Initial evaluation is encouraging and demonstrates both cost avoidance as well as longer term savings.

## Next Steps

22. Continued evaluation of these services, monitoring and management action to ensure objectives are being met and, continued progress in the long term shift in service offer to deliver the forecasted savings.

23. A focus on increasing the take up amongst adults under 65 for both re-ablement and TeleCareLine service.

**APPENDIX 1**

**BACKGROUND/INFORMATION**

What Is Assistive Technology?
There is no agreed definition of what assistive technology actually is, as this is a rapidly evolving area with a number of new and emerging applications. As such, it is best seen as an umbrella term for assistive, adaptive and rehabilitative technologies for those people with long term illness or disabilities.

Telecare has been defined by the Department of Health as a service that uses 'a combination of alarms, sensors and other equipment to help people live independently. This is done by monitoring activity changes over time and will raise a call for help in emergency situations, such as a fall, fire or a flood ' (Department of Health 2009).

What types of Assistive Technology are there?

| **Conventional types** | Jar openers; bath seats and mobility assistance - grab rails, walking sticks and walking frames |
|---|---|

| **Electronic devices** | Include stair lifts, electric wheelchairs. Devices to use the phone or communication devices to replace speech |
|---|---|

| **Telecare** | These systems usually require a response from another person. These devices use telephone networks to check on a person who lives in their own home when alerted.  Telecare sends an alert signal via a base unit a community alarm or monitoring service / call centre<br>In care homes, Telecare services include:<br>　　　Window or door sensors<br>　　　Falls monitors<br>　　　Bed sensors to prevent falls by activating a light when someone gets out of bed<br>　　　Bed/chair occupancy sensors<br>　　　Epilepsy sensors – trigger an alarm if someone has a seizure<br>　　　Epilepsy sensors – trigger an alarm if someone has a seizure<br>　　　Flood sensors – trigger an alarm if there has been a flood in a room, e.g. an overflowing bath |
|---|---|

| Communication aids | Sophisticated communication boards, or more simple visual scanning devices |
|---|---|
| | Text-to-speech software |
| | Braille devices, tactile devices and other software |
| | Voice-activated software |

What Is Homecare Re-ablement?

The Homecare Re-ablement Service offers up to six weeks re-ablement support to enable service users to regain and maintain as much independence as possible and remain in there own home.

Homecare Re-ablement includes implementation of relevant aids and adaptations, including equipment to support the service user's recovery. The re-ablement service has access to the full range of telecare equipment plus the support from an Occupational Therapist, and physiotherapist as identified to facilitate the service user return to maximum independence.

The service is offered 7 days per week 365 days per year. The service is delivered across the London Borough of Hillingdon and we are organised into 3 teams North, Central, and South. The focus of the service is to enable the service user to regain maximum independence often after a stay in hospital or an illness that has impacted their mobility or general health.

The principles underpinning the philosophy of Re-ablement reflect the council's priority to help people to lead healthier and more independent lives.

What does re-ablement look like in practice?

To provide a Re-ablement service after an event  such as a hospital admission or accident or illness at home that has reduced the normal level of function for the service user  in their lives be it temporary or long term.

The aim of Re-ablement is to set aims, goals, and objectives at an initial face to face home visit within 48 hours where an action plan will be left for the Re-ablement Workers to follow during the period of support.

If required further input to an individual case will be given by the Re-ablement Occupational Therapist or Physiotherapist to identify what additional input is needed for the service user to regain a level of fitness that they previously had by either equipment or physiotherapy input.