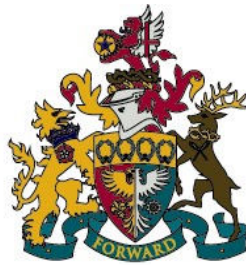# ADULT SOCIAL CARE, HEALTH AND HOUSING

Business Case –
A New TeleCareLine Offer for Hillingdon

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ADULT SOCIAL CARE, HEALTH & HOUSING
BUSINESS CASE – A NEW TELECARE OFFER FOR HILLINGDON

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1. Introduction

Hillingdon has a strong track record in affording priority to vulnerable older people and adults through its social care, housing and community health provision. The council's offer for older people, with the Leader as Older People's Champion, has seen a range of successful schemes including a council tax freeze for the over 65s and the distribution of burglar alarms for older residents.

Telecare services are strongly in alignment with the council's existing offer to older and disabled people. The benefits of telecare as a means of securing the independence of older and disabled people has led to its implementation across the country. In November 2010, the Coalition Government published "*A vision for adult social care: Capable communities and active citizens*". Telecare and assistive technology are regarded as key planks of the Government's approach to social care: *"Assisted living is one of the most promising developments for ensuring the ageing population continues to be well served with high quality and affordable health and care services…Telecare enables people to live at home independently for longer by providing technologies that make their homes more safe and secure."*

In the context of increasing demographic pressures, there is a clear imperative to embrace up to date, cost effective and evidence based technology interventions that have demonstrable financial benefits. Telecare fits squarely into these categories. This document sets out the business case for investing in this type of service delivery. It provides a proposed model for telecare in Hillingdon, alongside relevant contextual information for its implementation. Building on our current provision in the borough, these steps will ensure we put our residents first, support the independence of older and disabled people and make a major contribution to the delivery of our overall strategy for adult social care.

2. What is telecare?

Telecare is the name given to a range of equipment (detectors and sensors) that will raise an alarm with another person in an emergency. The alarm might be raised with a carer who lives in the same home as the person with the telecare equipment or they may live nearby. More usually the alarm is picked up by a locally based monitoring centre, which in this borough is Careline. This allows vulnerable people to remain living independently at home to do so for as long as possible while increasing their safety levels and quality of life.

Telecare equipment consists of a range of detectors and sensors. Examples of detectors include fire, flood, gas, carbon monoxide, movement and falls. Telecare sensors include, bed, chair and door exit sensors. These are particularly helpful for people with dementia who are prone to wandering. Telecare equipment can be very sophisticated, e.g. safer wandering devices that are linked into the GPS system and enable a person who goes wandering to be located and systems that remind people to take medication. Additionally, telecare includes the use of bogus caller alarms and simple pendants so people have a means of getting in touch with the monitoring service at all times.

Any telecare service comprises of a series of processes and functions:

- enquiries and referrals about and for telecare;
- assessment for telecare;
- purchase of telecare equipment;
- equipment installation and collection (when no longer required);
- maintenance and recycling of equipment;
- monitoring for alerts; and
- responder service.

The objectives of telecare

Telecare is part of an overall approach that prioritises individuals' ability to live in the community. The objectives of telecare are to:

- sustain independence and prevent hospital admissions;
- improve hospital discharge and the transfer of care;
- improve the quality of life for clients and their carers; and
- result in the delay and lower levels of admission to long-term residential or nursing home care.

Advantages of telecare

As such, telecare:

- Improves the quality of life for vulnerable community members

- Is non-intrusive and increases security
- Reduces incidents such as falls.
- Provides reassurance and peace of mind to individuals, their relatives and friends
- Gives carers confidence and reassurance in their role
- Enables people to remain independent in their own homes.
- Includes systems and support that are tailored to the needs of the individual
- Provides rapid response in case of emergencies
- Reduces the number of preventable hospital admissions.
- Reduces emergency hospital admissions for people with chronic diseases/complex care packages.
- Reduces residential/nursing care placements

Telecare is often linked to telehealth, which is a parallel and complementary technology – although relatively underdeveloped and underused. Telehealth refers to a system which enables the management of an individual's health condition remotely or in their own home.

For example, technology can enable a person to monitor their own vital signs, such as blood pressure, pulse rate, or temperature or a remote monitoring centre can take readings of physiological data and warn a clinician, e.g. a GP, if the measurements fall outside the expected parameters.

Telehealth systems can provide an early alert system for people with conditions such as chronic pulmonary obstructive disorder (COPD), heart disease, diabetes and hypertension, etc. These are not currently developed in Hillingdon, but provide opportunities for the future in partnership with local health services.

There are important opportunities in linking telecare systems with telehealth, helping to deliver improved health and social care outcomes for the population.

3. Coalition Government policy

Telecare as a service has only begun to develop in recent years, and its potential in most places has not yet been fully realised.

The benefits of telecare as a means of securing the independence of older and disabled people was reflected in the health and social care White Paper *Our health, our care, our say: a new direction for community services* (2006) and in the Department of Health concordat that spearheaded the transformation of adult social care, Putting People First (2007).

More recently, the current Secretary of State for Health Andrew Lansley and the Prime Minister David Cameron also acknowledged the crucial role of telecare and telehealth in the future of care provision in speeches made on the 22nd October and 2nd November 2009 respectively.

The Coaltion's *Vision for Adult Social Care*, published on 16th November 2010 puts telecare at the centre of its approach to productivity, quality and innovation: "Providing people's care and support in the most appropriate and cost-effective way is vital. Three councils indicate that adult social care departments could save at least 1.5 per cent per annum of their home and residential care spend by introducing integrated telecare support to people. North Yorkshire Council has led the way in embedding telecare services into its social care provision, saving around £1m per annum as a result."

In 2008 the two-year Whole Demonstrator programme was established with the intention of providing robust evidence of the effectiveness of telecare and telehealth technologies. It is the largest ever randomised control trial of these technologies. Over 6,000 people across Kent, Cornwall and Newham are involved in testing assisted living services, and the evaluation by six of the UK's leading academic bodies will report in spring 2011. It seeks to identify to what extent the integration between Health and Social Care when supported by 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.

Informal reports ahead of the report's publication indicate a strong case in favour of telecare, supporting the argument that telecare enables people to live at home independently for longer by helping to make their homes more safe and secure.

Locally, the return of Hillingdon Homes to the council presents a clear opportunity to join up the Careline and telecare services into a compelling offer for residents.

4. The local context: Telecare in Hillingdon

Demographic information

Hillingdon's changing demographics makes the application of assistive technology critical, both to support individuals to live independently in their homes and to manage the financial pressures from increasing numbers of high cost care packages.

The huge demographic pressures facing Adult Social Care budgets are well documented. Adult Social Care cost councils £16.1bn in 2008/9 - 5% more than the previous year despite efficiency savings of about £660 million[1].

We have reached a demographic tipping point, as these national figures indicate:

- 300,000 more older people are expected to have potential care needs by 2014 and 1.4 million older people in the next 20 years.
- Over the course of their retirement, men aged 65 today have a 7 in 10 chance of needing some care before they die and women aged 65 have nearly a 9 in 10 chance.
- 70,000 more working age adults will have potential care needs by 2014 and 300,000 more over the next 20 years
- Analysis carried out by LG Futures for London Councils found that social care costs for younger adults could rise by 20 % between 2009/10 and 2016/17[2]
- There are some 6 million unpaid carers at any one time. Approximately two million people move in and out of the role each year. By 2037 a 60% increase in the number of carers will be needed to keep pace with demographic changes.

All of these changes are being reflected at a local level in Hillingdon[3], where 34,000 of our population is over 65 years old, and the number of residents over 85 is expected to increase by 11% by 2015. The number of older people with dementia is projected to increase by 7% to 2,694 by 2015 to 5,500. The 2001 census did identify that there were 36,000 people in Hillingdon who considered that they had a limiting long-term illness and 45% of these were older people. Meanwhile, 23,000 people have identified themselves as unpaid carers.

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. The numbers of people aged 85 and over is expected to increase by 11% within this period

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[1] Data sourced from ADASS (L) - *Comprehensive Spending Review submission* – August 2010
[2] Local Government Futures' study – *Social Care in London and England – Expenditure and Needs* – February 2010
[3] *Hillingdon Profile* – January 2010

Stroke is one of the main causes of disability and is concentrated in the older population. In 2008/9 (the last year for which validated data is available) 3,209 people were reported by GPs as living with stroke. This is projected to increase to 4,351 by 2015.

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.

In the context of the evolving demographic picture and the financial restraints currently on councils, it is clear that a significant shift in investment towards assistive technologies and preventative services will be required to put residents first by being fully focused on delivering efficiency and value for money, using preventative and reablement services that keep residents independent.

Telecare and careline services

Careline has been established in Hillingdon for a number of years, with a button and box and responder service hardwired into sheltered housing properties that are part of the Hillingdon Housing Service stock. Telecare has until recently been run separately, and provides access to the enhanced range of sensors as well as the button and the box (lifeline).

Since the 1st April 2010 responsibility for the equipment purchase, installation, collection and maintenance functions, as well as that for monitoring alerts and the alert response has been placed with Careline. The responsibility for undertaking assessments has always sat with assessment and care management and it is intended that this will continue.

Overall figures for combined Careline and Telecare usage in the borough are below (October 2010 figures).

Current Telecare usage			
Category	**Careline users**	**Telecare users**	**Total number**
Sheltered Housing	940	11	951
Council Housing	951	18	969
RSLs	332	2	334
Private Housing Associations	63	1	64
Owner-Occupier	1,890	443	2,333
Grand total			**4,651**

As part of our approach up to this point, a yearly target of 400 new telecare users has been set for the period 2010-11. The tables below cover the financial year to date, April to December.

	Age			**Total Number of Telecare Referrals**	Referral Source				**Total Number of Telecare Installations**	Equipment Installed			**Total Number of Careline Installations**
	< 65	65 - 84	> 85		Self / 3rd Party	Hosp	CM	Other		Std Pkg	Lifeline & pendant only	Other Sensors	
Apr-10				**9**	3	6		0	**9**		3	6	**34**
May-10	5	20	20	**45**	7	13	22	3	**35**	6	23	6	**34**
Jun-10	2	30	14	**46**	6	19	20	0	**30**	3	20	7	**28**
Jul-10	5	27	13	**45**	10	18	15	2	**35**	3	21	11	**20**
Aug-10	4	16	17	**37**	8	15	13	1	**25**	6	14	5	**36**
Sep-10	2	29	15	**46**	4	19	22	1	**35**	5	22	8	**39**
Oct-10	5	24	17	**46**	6	16	24	0	**33**	8	12	13	**21**
Nov-10	4	28	19	**52**	5	22	22	3	**33**	11	14	8	**25**
Dec-10	1	42	19	**65**	4	29	25	4	**32**	7	12	10	**20**
Total	28	216	134	**391**	53	157	163	14	**267**	49	141	74	**257**

OVERALL CUMULATIVE TOTAL OF TELECARE INSTALLATIONS	524

Anyone who is a Hillingdon resident, or someone acting on their behalf, can apply for telecare. The main route for this is through Hillingdon Social Care Direct (HSCD).

Currently, there are two levels of telecare service in Hillingdon:

Bronze service – This is the basic service consisting of lifeline, smoke detector and bogus caller alarm. It is a universal service available to any Hillingdon resident for a monthly charge of £4.91. The charge is for the monitoring service and not the equipment. Anyone just wanting the bronze service can approach Careline directly.

Silver service – This level of service is available to Hillingdon residents following a community care assessment. This enables residents to access more complex detectors and sensors to support independent living for a monthly charge of £4.91 per month. Assessments for the silver service are currently undertaken by the Critical, Substantial Teams, Review and Specialist Teams within Adult Social Care and also the Hospital.

Neither level of telecare offers a responder service. A Careline responder service is separately in place for Careline service users in sheltered or council housing.

Hillingdon Hospital is a key source of referrals. It accounted for 45% of referrals during 2009/10 and was responsible for 38% of referrals during the first quarter of 2010/11.

Under the proposed telecare offer for Hillingdon, the scope and scale of telecare would be greatly extended, resulting in a far greater number of people being able to benefit from telecare, and a commensurate increase in the financial benefit to the council.

The Department of Health's guide *Use of Resources in Adult Social Care* highlighted how the proportion of social care budgets spent on long term nursing and residential care varies dramatically across the country – from 12 per cent to 80 per cent of spend on services for people with learning disabilities, for example. Telecare would contribute to the ASCHH's core strategy of reducing its residential and nursing placements. This is further considered in the financial case for telecare in Hillingdon, below.

5. The financial case for telecare

Much work has now been completed nationally in order to establish the business case for telecare services. The outcomes of a number of these are summarised below and included in more detail in Appendix 1.

The most powerful case to date, North Yorkshire County Council, identifies a sustainable 38% reduction in care packages where these packages are supported and enhanced by telecare services. This study has been highlighted specifically by the Department of Health as thoroughly robust in its approach and findings,

Summary of available case studies

Available case studies all indicate the financial benefit of investment in telecare. The table below contains a summary of the outcomes of a number of studies carried out throughout the UK.

Authority	Annualised Savings Identified
Scottish Executive	£11.15m
North Yorkshire County Council	£478,741.19
Essex County Council	Every £1 spent on Telecare saved £3.58
Gloucestershire County Council	£405,088
Stockton on Tees Borough Council	£600,000
Northamptonshire County Council	£859,870.29
(Full details of each of these case studies are included in Appendix 1)	

In building a case for Hillingdon, North Yorkshire has been used as the case which has the most detailed analysis available and which is regarded nationally as the most robust.

North Yorkshire County Council Business Case

The implementation of telecare in North Yorkshire resulted in an average saving of £3,654 per adult social care service user, or a 38% reduction in costs. This was identified by comparing new care package costs (including a telecare component) with the cost of the package as it would have been constituted without the inclusion of telecare sensors.

	Traditional package			Actual package of care used including Telecare				
Service type	Count of users	Annualised cost £	Traditional Ave cost £	annualised cost £	Telecare enhanced package Ave cost £	Variance £	% reduction in traditional package £	Ave efficiency £
Residential care	60	784775.16	13079.59	417511.19	6958.52	355053.06	45%	5917.55
Community Support	71	480024.46	6760.91	356336.33	5018.82	123688.13	26%	1742.09
All packages	**131**	**1264799.6**	**9654.96**	**773847.52**	**5907.23**	**478741.19**	**38%**	**3654.51**

(Source: Adrienne Lucas, Commissioning and Change Officer & Countywide Telecare Project Manager, North Yorkshire County Council)

The following methodology was employed to establish these findings:

- The last 138 people assessed for telecare during the period of Sept 2008 were analysed. Some people were new to the social care department and some were pre-existing service users with traditional support
- 7 cases were disregarded as outliers, as it was felt these skewed the data too favourably – hence a final total of 131 people analysed under the study
- For pre-existing cases, the "traditional package" (that would have been put in place in the absence of telecare) was counted as the support that had previously been received. For new cases, the quantification of the traditional package was based on the relevant care manager's professional assessment of need if telecare had not been available.
- The NHS Pasa band 8 rate was used to calculate equipment costs
- NYCC average service costs were applied to the calculation of traditional and actual telecare enhanced packages
- Separate analysis was undertaken for each area in the County; these costs were consolidated into a county profile

This exercise was repeated early in 2009, in order to validate the results of the research. The follow up exercise confirmed the outcomes achieved were in the normal range – on this occasion, a 33% reduction in average care package costs was calculated.

All figures have been fully endorsed by North Yorkshire County Council's own financial department. The anticipated savings have been built into the Council's future plans, as has the necessary additional investment in telecare services.

Relating these figures to Hillingdon

Using basic comparators as a means of comparing North Yorkshire with Hillingdon, this permits some "broad brush" comparisons that will indicate the potential impact of telecare services on Hillingdon's finances.

For the purposes of this comparison, POPPI data has been employed.

Comparator	NYCC (POPPI data 2010)	Hillingdon (POPPI data 2010)
Population 65+	121,700	34,400
Population 75+	57,200	16,900
Population 85+	16,800	4,700
Number of people admitted to permanent residential/nursing care	777	186
Number supported in residential/nursing care	3,568	940

These figures indicate that Hillingdon is approximately 28% of the size of North Yorkshire in population terms. Both local authorities are broadly proportionately even in the numbers of people admitted to, and supported in residential/nursing care – although these are high and in need of reduction.

Best practice standards indicate that residential and nursing care should account for 40% of an authority's total spend on social care support overall. According to CIPFA 2008/9 data, Hillingdon's spend on residential and nursing care for older people stood at 50%, while it stood at 61% of total spend for the learning disabilities client group. The best authorities in the country have succeeded in limiting their residential/nursing spend for this latter client group to approximately 10%.

As such, both Hillingdon and North Yorkshire share a strong imperative to implement and continue embedding a wide-ranging telecare service offer, respectively.

Using figures included in the table above, **Hillingdon could expect to achieve 28% total savings** based on the North Yorkshire model, when population sizes and current rates of residential/nursing placements are taken into consideration.

Further benefits achievable through Careline/Telecare

This sits alongside a range of additional benefits from investment. For instance, telecare has a key role to play in culture change, supporting social care and health staff to cease their over reliance on residential and nursing care.

A range of other advantages were identified in North Yorkshire. In 2008 and 2009 postal surveys carried out amongst Adult and Community Services telecare users demonstrated positive outcomes.

In 2009, respondents said the following:

• 87% - Telecare has helped me to carry on living at home

• 95% - Telecare equipment has given me more confidence/peace of mind

• 95% - Telecare equipment has helped me to feel safer

Further measures are included in Appendix 1. These key indicators are further evidence that the implementation of telecare would put residents first and be a major contributor to helping residents to live independent lives in their own homes.

6. Proposal: A New TeleCareLine Offer for Hillingdon

In the context of a clear financial case for telecare, as evidenced across the United Kingdom (Appendix 1) and as part of the core offer for Adult Social Care, Health & Housing it has been recognised that further investment in assistive technology would significantly benefit outcomes for service users needing support and play a key role in the department's service delivery model and financial strategy.

Following discussions with the Leader in December 2010, scenario modelling was undertaken to establish both the costs and likely outcomes of a significant investment in a new enhanced service.

As part of this process, ASCHH SMT considered the name of the service as there were several descriptions now being used to describe the strategy being developed – including telecare, careline, and assistive technology. ASCHH SMT proposes to combine the more common names into one, which both describes the service being offered and which also indicates that the new service is greater than the individual parts: hence, TeleCareLine (TCL).

The TeleCareLine Offer

The proposed offer includes:

1. A free TCL service to the 85+ age group

2. A free TCL service to service users meeting 'substantial and critical' FACS criteria, subject to financial assessment

3. The first 6 weeks of TCL service to be free of charge as part of a reablement package

4. All referrals to the department for TCL to be seen / assessed / supported by Reablement team; this includes direct referrals via Careline, Hillingdon Social Care Direct (HSCD), hospital etc. The exception would be where the client is requiring a level 1 and level 2 service only, which would have been organised via HSCD

5. A projected growth in the number of current Adult Social Care users by 3,000 over the 4 year period to 31/03/2015 (Straight line growth 'curve' used for modelling purposes)

6. The marketing of the TCL service to private clients

Proposed levels of Service and Weekly Charge

As part of the TCL offer, the existing "bronze" and "silver" service levels would be remodelled into a four level service offer:

Level 1

This standard service reflects the pre-existing Careline service and comprises a button and box, smoke detector and bogus caller alarm. This would be a universal service available to all residents who wish to receive it on condition that they have a responder who is a key holder. Careline staff would respond to calls by seeking to contact an identified responder, who may be a family member or a neighbour. This service would be available at the current rate of £1.13 per week.

Level 2

This would be the same as the standard service but would include access to a mobile response service available to visit the resident in the event of a non-response to an alert or it being clear to the Careline operative that a visit was required. This would be available to any resident for a suggested charge of £5.00 per week. However for ASC clients who meet 'substantial and critical' FACS criteria this service will be free of charge subject to financial assessment.

Level 3

In addition to the standard service the resident would have access to a range of detectors and/or sensors appropriate to their assessed need. The service would be available to all residents at a suggested charge of £8.50 per week and as with level 2 clients who meet 'substantial and critical' FACS criteria, will be free of charge subject to financial assessment.

Level 4

This level of service would include access to the full range of telecare sensors and detectors to address their needs, including safer wandering equipment, and also the Mobile Response Service. It would be available to those residents who did not have a responder or where their responder was not available for a period of time, e.g. where they were on holiday. The suggested charge would be £12 per week and as with level 2 and 3 clients who meet 'substantial and critical' FACS criteria, will be free of charge subject to financial assessment.

As part of this offer, service users currently receiving the "silver" service level would continue to be charged at current rates. It is anticipated that the very large majority of these service users are already FACS eligible and would therefore be able to access the new level 2 or above free of charge, dependent on need.

Financial Analysis

The assumptions set out below have been applied to the model and would indicate that the investment necessary to deliver the service envisaged would require an investment in year one of £645k. This should result in a reduction of 77 people being placed in new residential placements (above that already planned) by 31st March 2012. The breakeven reduction in bed weeks is 2,014 on the basis of the net difference in the average cost between residential and non-residential care.

On the basis that the assumptions made are not significantly different from actuals then the full year investment would need to rise from the £645k for the 2011/12 baseline budget required to £1m for 2014/15. The summary page from the model is attached below.

The additional funding necessary (although subject to negotiation and s256 agreement with the PCT), is available from the £2.7m allocated to the PCT for Adult Social Care. The proposed enhanced service fully meets the DH criteria.

Assumptions underpinning the financial model

1. HRA contribution is stepped up at a rate of £50k per annum

2. 80% of level 3 and 4 clients are FACS clients free of charge; remaining 20% are charged due to being private and / or FACS clients assessed to pay

3. 10% of level 1 and 2 clients are FACS clients free of charge

4. Turnover is assumed to be 7.5% leaving service; and 33% of brought forward (existing) clients change level of service each year and therefore incur an increased charge

5. Equipment charges for each level are based on the expected average cost per installation.

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7. Implementation planning

The benefits of telecare are achievable primarily through a long-term process, investing to save by ensuring older and more vulnerable adults have access to basic telecare services as early as possible, before they require complex packages of care and so they are enabled to live independently for as long as possible.

North Yorkshire have indicated that the following elements must be in place to deliver the savings they have achieved:

- Significant upfront investment – North Yorkshire invested £2 million in telecare in the first three years of implementation (2005-8)
- Dedicated telecare coordinators – NYCC had four coordinators in place to raise awareness, train and embed the new practices among staff
- Continuing to invest in telecare coordinators and equipment as a priority over the life of implementation
- Staff considering telecare in the first instance, as part of the initial package of care
- Performance management – with consideration of telecare issues a core part of supervision and appraisal
- Training – during 2008/9 in NYCC 4,595 multi-agency attendees received telecare training
- Good partnerships - with housing, police, fire & rescue and telecare providers

Telecare must form part of an effective, overall system in order to achieve cost savings for the council and to reduce residential and nursing placements. The right environment must be in place, including a range of commissioned alternatives to residential and nursing care.

The development of a new Telecare Strategy and establishment of TeleCareLine should therefore take full consideration of the following 5 elements.

1) Local leadership

- Communicating a consistent message that Reablement and telecare "are a given" to stakeholders
- Designing and establishing an appropriate performance management regime and embedding it into "normal procedure". This should include measurement of the positive impact of telecare
- Simplifying existing business processes so that telecare is integrated and easy to include in care packages

2) Gearing up for expansion

- Projecting likely future numbers of applications and referrals for the telecare service
- Ensuring sufficient capacity is in place to meet demand

3) Embedding practices in the front line

- Ensuring social care staff buy in to the benefits of telecare and are the greatest advocates for it, promoting it to service users and their families
- Develop an appropriate training course to introduce and enthuse staff to the capabilities and potential of the new services as well as cover the relevant processes for getting a service delivered
- Developing appropriate training and promotional collateral to support the training courses and the business processes that will be in place to deliver a service to a client

4) Working in partnership

- Ensuring all organisations that work with older people and vulnerable people are knowledgeable and confident about telecare services so as to be able to recommend and endorse their use as part of an appropriate individual care package.
- Delivering specific management and front line training for partner organisations in the application of telecare on a day-to-day basis.

5) Increasing the number of self-funders accessing telecare

- Building up awareness and demand for telecare through the development and execution of a comprehensive marketing and communications plan

8. Next steps

The balance of evidence is strongly weighted in favour of expanding the telecare service, and there is a strong beneficial impact for residents that could be achieved through a free "offer". Establishing a free offer through TeleCareLine would be in strong alignment with previous support offered to older and vulnerable residents through the Older and Disabled People's Plans and the Leader's Initiative. It is also aligned with the mission at the heart of the ASCHH BID Transformation Plan for residents to be able to live healthy, safe, independent lives in home of their choice through a fundamental shift in service provision away from institutional care and towards prevention and early intervention.   This represents a very important opportunity, at a time of tightening budgets and of increasing demographic pressures.

Following agreement of the offer for TeleCareLine, a full implementation plan will be drawn up and project arrangements put in place to oversee the delivery of this wide-ranging programme of work. Monitoring and benefits realisation would be overseen via the Reablement BID MTFF project to deliver £3.5m in reduced spending on the commissioned social care services in the Private & Voluntary sector.

Appendix 1 – British Telecare Case Studies

Scottish Executive

The following slides summarise the findings of the Final Evaluation Report for the Scottish Executive of their Joint Improvement Team, (JIT), Telecare programme.
The study was carried out by the York Health Economics Consortium.
It can be accessed on the Scottish Executive website.

http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/

Telecare in Scotland gives a 5 times return

Outcome	Minimum target for 2007-2010	Actual achieved Apr 07-Sep 07	Actual savings achieved Apr 07-Mar 08	Est monetary saving
Hospital bed days saved by facilitating speedier hospital discharge	46,500	1,800	5,668 days 517 discharges	£1.7m 15.5%
Reduced unplanned hospital admissions - bed days saved	Info not avail	Info not avail	13,870 days 1220 admis	£3.34m 30%
Care home bed days saved by delaying people to enter care homes	225,000	6,900	61,993 days 518 admis	£3.42m 30.7%
Nights of sleepover care saved	46,000	1,250	Info not avail	£0.55m 5%
Home check visits saved	905,000	107,000	Info not avail	£1.79m 6.1%
Locally identified savings eg reduced waking nights	Info not avail	Info not avail		£0.30m 2.7%
No. of TDP funded telecare users	**13,505**	**6,005**	**7,902**	
Estimated verifiable savings as a result of Scotland Telecare Dev Prog	**£43m**	**£2.9m**	**£11.15m**	

York Health Economics Consortium at York University/Scottish Government Final Evaluation Report, Jan 09
http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/

Tunstall

Quality of life of users of telecare services

In terms of telecare's impact on specific aspects likely to affect users' quality of life:

- Over half (55.2%) of the respondents felt that their health had not changed, whilst slightly more than half of the other respondents (comprising 27.1% of the total) thought that their health had improved;
- Almost all (93.3%) respondents felt safer;
- Over two-thirds (69.7%) felt more independent;
- Very few (3.5%) felt lonelier;
- Four-fifths (82.3%) either "disagreed" or "strongly disagreed" that they felt more anxious and stressed;
- Most (87.2%) thought that their families now worried less about them;
- About two-fifths (40.8%) felt that their equipment had not affected the amount of help they needed from their family, whilst about one-third (32.8%) felt that they needed less help.

Reduced pressure on informal carers

- Three-quarters (74.3%) of the respondents felt that telecare equipment has reduced the pressures on them by reducing their stress levels

- Fewer than one-in-twenty (4.3%) felt that their stress levels had increased;

- Carers generally felt that the equipment gave them peace of mind as they worried less (e.g. about falls);

- They felt that people with learning disabilities could enjoy greater independence and that the equipment could enable people with dementia to remain living in the community for longer;

- Even if stress levels had fallen, several respondents highlighted that caring can still be very demanding and stressful (especially if the client will not use their equipment);

- However, many carers were very positive about the telecare service and also very grateful for it.

North Yorkshire County Council

Evidence ensures mainstreaming of service

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 3420 more domiciliary care packages and 1817 additional places in care homes at a cost increase of **£43m per annum** in real terms by 2020.

OUTCOMES
- Two pilot projects in Selby district and Harrogate ran in 2005–2006.
- **From 42 clients on the pilot the cost comparison between a traditional package of care as compared with the package including telecare, produced a gross saving of £6,800 per person or a net saving £4,300 per person.**
- 21 people were diverted from residential care (including EMI placements) and were enabled to live independently in the community.
- 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.

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Cost Benefit Analysis – 2008
38% saving in care packages

- The last 138 people assessed for telecare during the period of Sept 2008 were analysed. Some people were new to ACS and some were pre-existing with traditional support
- 7 cases were disregarded as outliers as it was felt they skewed the data too favourably thus final total is 131 people analysed
- Traditional packages were either the support that had previously been received (if pre-existing case) or for support to new people was based on care manager's professional assessment of need if Telecare had not been available.

Service type	Traditional package			Actual package of care used including Telecare				
	Count of users	Annualised cost £	Traditional Ave cost £	annualised cost £	Telecare enhanced package Ave cost £	Variance £	% reduction in traditional package £	Ave efficiency £
Residential care	60	784775.16	13079.59	417511.19	6958.52	355053.06	45%	5917.55
Community Support	71	480024.46	6760.91	356336.33	5018.82	123688.13	26%	1742.09
All packages	**131**	**1264799.6**	**9654.96**	**773847.52**	**5907.23**	**478741.19**	**38%**	**3654.51**

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Telecare in NYCC at 30 June 08

- In NYCC PTG was £325k in year one and £546k in year 2, **totalling £871,000**.

Telecare PTG Targets

- <u>1092</u> Older People to benefit from the use of Telecare by 31 March 08.

- **<u>1349</u> Actual achieved**

- <u>357</u> people aged 16+ who are helped to live independently at home for a period of at least 12 months and prevented from admission to residential care through assistive technology equipment (equates to 119 each year) to 2010.

- **<u>259</u> Actual achieved @ 30 June 08, above target set for 2008/09 of 238.**

- <u>11,683</u> expected users with Telecare Technology, Self Assessment Survey by 2010, (this includes Housing Provider Lifeline users)

- **11,264 Actual achieved at 30 June 08**

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Satisfaction survey

- A Directorate survey carried out in Spring 2008 which had 96 respondents indicated the following outcomes.

- 86% - Telecare has helped me to carry on living at home
- 90% - Telecare equipment has given me more confidence/peace of mind
- 95% - Telecare equipment has helped me to feel safer
- 92% - Rated Telecare excellent or very good overall
- 86% - Rated the assessment excellent or very good
- 92% - Were happy with the installation

- Of the respondents, 80% lived alone and 45% were owner occupiers.

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Essex County Council

Essex investment in telecare – offered free to everyone 85+
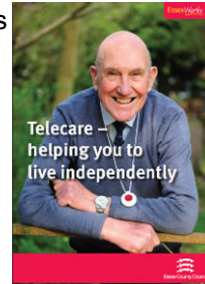
BACKGROUND

- 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 yrs just to maintain services at current level. This is obviously not sustainable

OUTCOMES

- £87m worth of Public Pledges 2009-10 of which **£4m** is dedicated to telecare equipment and support.
- Ambitious Essex strategy offers **telecare free to everyone 85+** (33k people 85+)
- Currently 16,000 service users (@ Jun 09) across 9 Carelines
- Telecare supplement in Essex Works magazine promoting the offer, sent to 650,000 homes w/e 12.6.09

http://www.essexcc.gov.uk/vip8/ecc/ECCWebsite/dis/guc.jsp?channelOid=71101&guideOid=93301&guideContentOid=71379

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Evaluation in Essex demonstrates significant savings

- 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
  - 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

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Gloucestershire County Council

Evidence ensures mainstreaming of service

Gloucestershire COUNTY COUNCIL

BACKGROUND
- 52% rise in 75+ and 76% rise in 85+ by 2025
- Dependency ratio set to fall to 3:1 by 2025 from 4:1
- Significant shortfall in both financial and human resources needed to provide support

OUTCOMES
- In May 2006 TeleG (Gloucestershire telecare project) was launched (PTG)

- Analysis of the two year project has revealed actual nett savings of
  - **£405,088** across 55 users

- Extrapolating these average savings, the external evaluator shows potential health and social care nett savings of
  - **£4.27 million** across 368 users
  - **£11.6 million** across 2000 users

- Initial contributions to mainstream the service (£810k) could be allocated pro rata 79% to Community adult care and 21% to health sector

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Case study highlights

- Recommendation based on the evaluation report is for the Council and PCT to mainstream telecare
- 94% of service users feel telecare maintained/improved independence
- Telecare acts as triage for health, housing and social care
- Admissions to residential care prevented/delayed
- Home care and intermediate care costs reduced
- CSCI recommend greater use to be made of telecare

"The staff really believe in telecare because they've seen the benefits it brings to clients and their families. This means they work really hard to make the right equipment is provided at the right time." Holly Gittings, Telecare Project Manager

CSCI = Commission for Social Care Inspection

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Background

- Telecare is seen as pivotal to achieving the goals of the Corporate Strategy and Local Public Service Agreement for Older People
    - Increasing number of older people being helped to live independently at home
    - Avoiding hospital admission and facilitating early discharge from hospital
    - Closer working between H&SC in order to deliver integrated care (eg Intermediate care, out of hours)
    - Increasing Extra Care Housing facilities

The Community & Adult Care Directorate views telecare as an efficient and flexible way to support and enhance the way of caring for local people.

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Outcomes:
1. Health Psychology Report

- 55 service users and carers were interviewed/surveyed
- The report concluded that telecare can provide cost effective interventions which are
    - Client centred
    - Supporting the delivery of strategic goals for both health and social care
    - Telecare has increased the independence, peace of mind and well-being for both users and families

96% - rated telecare as important or very important

94% - felt telecare service had maintained or improve their independence

86% - found the telecare improved their confidence

73% - of staff saw an increase in user's quality of life

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Outcomes:
2. External Evaluators Report

Community care in Gloucestershire
- Gloucestershire sees an average of 550 new assessments every month, of which 240 eligible for domiciliary care
- Approx 50 new telecare users per month, 20% of which receive domiciliary care
- Therefore 9% of all new assessments receive telecare

Evaluators conclusions
- It was necessary to mainstream the telecare service post PTG to 2000 users in 18 months
- Annual predicted costs   - **£800k** approx
- Annual predicted savings - **£11,613,168.37**

"Telecare has succeeded in providing processes which are logical and have proved to be effective in offering a service to hundreds of vulnerable older people in Gloucestershire."

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Outcomes:
3. Cost saving analysis

- GCC undertook its own review of cost savings generated over 2 yrs, based on data collected at initial assessment and again after 12 months

- 55 clients analysed so far

- Average nett savings to health per user = **£7871.79**
- Average nett savings to social care per users = **£13,292.37**

Breakdown of cost savings from 55 users	%	£ saving
Social Care		
Residential care	71	£198,189
Meals on Wheels	5	£ 13,957
Home Care	19	£ 53,036
Intermediate Care	5	£ 13,957
Total social care	100	£279,139
Health		
Ambulance Call Outs & Hospital Admissions	100	£125,949
Total		£405,088

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Stockton on Tees Borough Council

Evidence ensures mainstreaming of service

North Tees **NHS**
Primary Care Trust

Stockton-on-Tees
BOROUGH COUNCIL

Care Call

BACKGROUND
- number of over 65s will increase by 46% by 2021
- 20% of the population report having a limiting long term condition

OUTCOMES
- A draft evaluation was taken to the Adult Care Partnership Board which showed that total saving for 300 clients would be an estimated **£600k pa** from an investment of £258,980 over 2 yrs
- The 13 month pilot directly supported the mainstreaming of telecare services in Stockton
- 270 telecare users (defined as 2 or more pieces of equipment). In addition there are 4500 community alarm service users
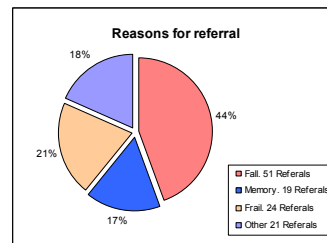
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Evaluation findings

What has been achieved?

Since November 2006, the service has installed 137 telecare packages and the first 13 months of service resulted in:

- **330 urgent** and 6 non-urgent Telecare activations needing staff to attend client's homes.
- **64** Telecare sensor activations which have enabled staff to attend clients who had **fallen**
- **31** Telecare sensor activations showing client **wandered** with staff finding 30 of the clients. The other client was taken in by a neighbour and police contacted.

Reasons for referral

44% — Fall. 51 Referals
17% — Memory. 19 Referals
21% — Frail. 24 Referals
18% — Other 21 Referals

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Reduction of care home/domiciliary care hours

Each telecare client receives a six week joint review and at the time of this report (May 2008), 90 reviews had been completed with social work professionals stating that:

- 42 Telecare installations will delay care/residential care admission and eventually lead to a reduction in care home admissions. (47%)
- 26 Telecare installations have resulted in stopping a care home admission. (29%)
- 11 Telecare installations have resulted in no economic benefits. (12%)
- 7 Telecare installations have resulted in reduced domiciliary care hours. (8%)
- 4 Telecare installations have resulted in stopping nursing/residential care home admissions. (4%)

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Hospital A&E attendance avoided/bed days saved

The key statistics when looking at this is the sensors detecting incidents early and making the service aware that there may be a problem.

- This is highlighted by the main key incidents of sensor activity.
  - 64 Clients found on the floor.
  - 31 Client Wandered activations where clients were found and returned safely to their property.
  - Of these **95 incidents only 7** of the "clients on the floor" category led to **ambulances called** and attending the hospitals accident and emergency services.

- With Telecare staff attending the remaining call outs within an average of 14 ½ minutes from the time the incident has occurred it could be assumed due to the nature of the incidents the service has saved the local PCT:
  - 88 Ambulance call outs, in the region of £13,904 at an average £158 per call out. £158 is average cost of an ambulance call out.
  - £6,424 saving in A&E admission based on £73 per call average standard cost of A&E admission. (PCT average Standard A&E admission)
  - £66,528 in bed days saved if each case had resulted in a 2 day hospital stay. Based on £378 per day hospital bed. (PCT average cost per day of hospital bed 2008).

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Northamptonshire County Council

Northamptonshire Safe at Home Dementia Project
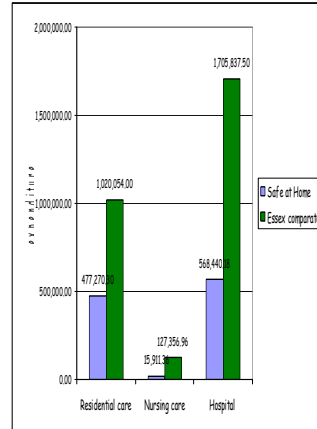
Northamptonshire County Council

- The project explores the use of telecare in the homes of people with dementia in Northamptonshire
- A published study compared results from the project in Northamptonshire with a control group from Essex. 6,100 older people with dementia
- The technology was found to be very reliable
- In all but one of the scored items carer stress scale score was lower (i.e. **the relative or carer was less stressed**)
- People in control group **4 times** more likely to leave community
- Net equivalent saving over 21 months was **£1,504,773**

http://www.tunstall.co.uk/assets/literature/512-Dementia%20-%20Safe%20at%20Home%202%20-%20%20Northamptonshire.pdf

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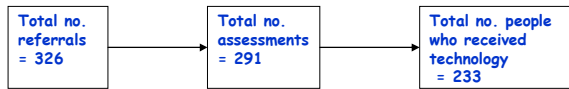

Safe at Home: methods

- Longitudinal design – 21 months
- Criteria for inclusion in evaluation:
  - met criteria for referral to project
  - permission given to use data for research purposes
- Control group from Essex social services to collect some outcome and cost data

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Safe at Home: methods

Total no. referrals = 326	→	Total no. assessments = 291	→	Total no. people who received technology = 233

- Safe at Home service users and the control group were very well matched

	SAH User group (n= 233)	Comparator group (n= 173)
Mean age	80.2 (SD=7.97)	79.4 (SD=7.41)
Gender	M = 62 (27%)	M=48 (27%)
Ethnicity	White = 97% Asian/Asian British = 1% Black or Black British = 1% Chinese = <1%	White = 100%
Living alone	Y= 66%	Y= 40%
Diagnosis of dementia	Y= 90%	Y = 100%
Presence of unpaid carer	Y = 87%	Y = 94%
Mean MMSE	19.9 (SD= 6.07) (n=87)	18.9 (SD= 5.05)(n=93)

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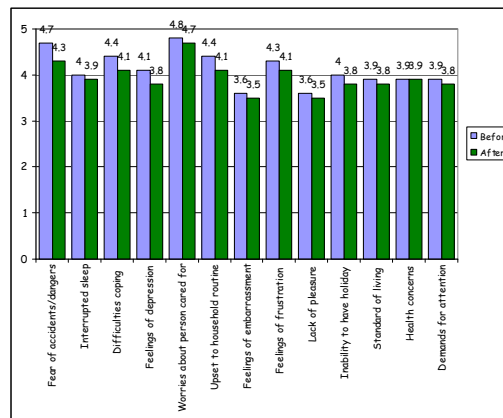

Safe at Home:
Objective 2: The impact of the project on relatives and unpaid carers

- 123 relatives and carers were surveyed and 70% replied.
- A carer stress scale was used to measure the impact of the project.
- In all but one of the scored items the scale score was lower **(i.e. the relative or carer was less stressed)** after the project had provided technology.
- These changes in score were statistically significant in 9 of the 13 items on the scale (w=0.001)
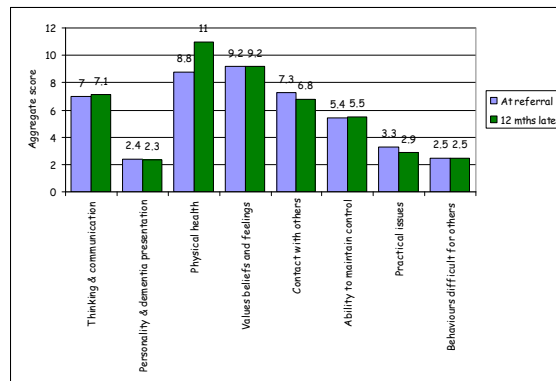

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- Assessment score profiles for people at referral and 12 month later declined **(i.e. showed evidence of slight improvement)** in functioning on three of the eight sub-scales.
- All sub-scale scores were statistically significant ($x2=<0.001$)
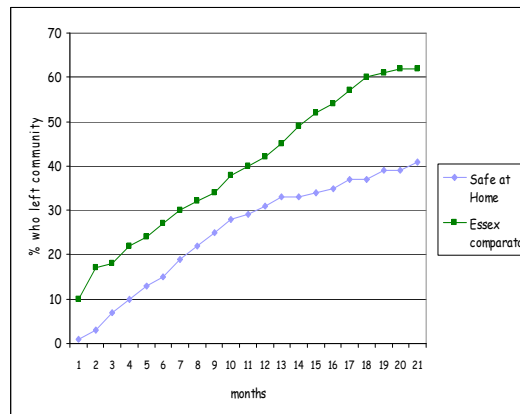

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- A control group was used to compare the rates at which people left the community.
- People from the control group left the community sooner and in greater numbers: they were **four times more likely** to leave the community than Safe at Home users.

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