

Association of Directors of Adult Social Services



Better Care Technology Results of Call for Evidence

July 2015

Background

An online survey of ADASS members was carried out in September 2014 and the report was launched at the National Children and Adult Services Conference in October 2014. The survey provided an important analysis of the current state of play and the potential of the application of technology in meeting individual improved outcomes whilst also securing efficient use of scarce resources.

According to the ADASS report

- 70% of respondents believe that older people will be the greatest beneficiaries of technology
- 41% of respondents ranked people with learning disabilities either first or second in terms of benefiting from technology
- 37% of respondents ranked carers either first or second in terms of benefiting from technology
- 61% of councils provide telehealthcare services
- Multisensory telecare was provided by 61% of councils
- Councils supplied, on average, 4,402 community alarm systems
- 26% of councils are considering using Skype, 3% are currently using Skype, while 71% are not currently using it
- Personal budgets were being used to fund telecare in 32% of councils
- 12% of councils are using social media for older people, and a further 48% are considering it

Link to the full survey results - www.adass.org.uk/better-care-technology-survey-2014/

The category of 'Evidence' ranked highest in terms of the area where respondent organisations would most benefit from support (35.7% of respondents), followed by support with Integration. It was shown that Councils have a strong appetite for sharing of best practice and implementation experiences from around the country, which emerged from the qualitative responses.

So as a result of the success of the survey, and the specific indication that members would most benefit from support with evidence, ADASS launched a call for evidence to allow councils to share practice and case studies to sustain and accelerate momentum in the use of technology in meeting improved health and wellbeing outcomes.

This document is a collation of material from this Call for Evidence.

Please note that contact details for councils who submitted evidence is not provided in this document. If details are required please contact team@adass.org.uk

Contents

Blackburn with Darwen: Financial savings through transformed services	4
Blackburn with Darwen: Complex needs and assisted living.....	8
Bradford: Remote diagnosis in care homes.....	9
Brighton & Hove: Wi-Fi enabled dementia care and support	10
Brighton and Hove: Telecare for people living with dementia	11
Bury: CareLink -Telecare sensors	12
Derbyshire: Using telecare as part of an integrated falls service	13
Dudley: Telecare service case studies.....	15
Essex: Technology enabling Care and Health Strategy	21
Essex: Telecare sensors.....	23
Hampshire: Argenti telehealthcare partnership	24
Herefordshire: Equipment for falls in care homes.....	26
Hull: Telecare sensors for carers.....	27
Hull: Telecare sensors for physical disability	28
Leeds: Assistive technology	29
Leeds: Citizen driven health and wellbeing information platform	30
Leicester: Telecare sensors	31
Havering: Evidencing the cross sector benefits of telecare	33
North Lincolnshire: Telecare and Assistive Technology Service	36
North Somerset: Activity assessment tools and GPS locators for people living with dementia	38
Oxfordshire: Telecare sensors for adults with a Learning Disability.....	39
Oxfordshire: Telecare sensors for Supported Living.....	40
Stockton on Tees: Using telecare to support falls management in care homes	42
Telford and Wrekin: Assistive technology	44
Telford & Wrekin: Assistive technology.....	45
Warwickshire: Mobile apps	46
Warwickshire: Assistive technology.....	47
Wigan: Assistive technology	48

Blackburn with Darwen: Financial savings through transformed services

1. Context: Blackburn

Blackburn with Darwen is a small unitary borough of 147,300 pop (2013 mid-year population estimate) set in Pennine Lancashire in the northwest of England. The health and wellbeing of the local population is significantly below the national average on a wide range of measures (evidenced in the Blackburn with Darwen Health and Wellbeing Strategy) and the Council and its partners face significant challenges in supporting vulnerable people to lead independent lives in the community. In addressing this challenge, the Council, CCG and local partners have together turned to new and innovative solutions using Assisted Living Technology (ALT).

2. Baseline position: telecare in the community

The story begins in 2008, when Blackburn with Darwen Council first introduced telecare to help to improve outcomes for local people and to deal with the challenges of changing and growing needs (with the number of people aged 85 or older set to increase by 43% between 2008 and 2028) . In addition the Council had to make considerable budget efficiencies from the social care budget.

In 2010 the Council examined telecare delivery models in other areas, and set itself the objective of increasing the number of telecare users from 60 to 1800, and exploring joint ALT options with health partners, as part of the drive to reduce or delay residential care admissions and divert people away from unnecessary hospital admissions.

Telecare numbers rose to over 1000 in 18 months, and the partnership expanded in 2012 when the then Care Trust Plus (joint commissioning body) entered into a 2 year contract with a private company, for provision of telecare to meet social care needs and telehealth provided in partnership with community matrons.

After 10 months an independent review of the contract resulted in the expansion to a full and wider programme under the banner 'Safe and Well'.

3. New delivery models: breaking down barriers and changing culture

Promoted through the new 'Safe and Well' scheme, existing mainstream use of telecare and telehealth has further expanded, but has been complemented by use of new forms of cutting-edge 'Assisted Living Technology' (ALT) through new delivery models:

- A pilot scheme was established working with a cohort of 33 service users with learning disabilities who were receiving high dependency packages of care. The Learning Disability team initially received intensive mentoring in the potential of technology to transform the lives of service users, and then the work began in earnest.
- Use of the online tool 'Just Checking' led to significant shifts, enabling assessors and also family members to gain a true picture of a service user's patterns of activity throughout both day and night. This has led to greater independence through better understanding of abilities and risks, and has also enabled the gradual reduction of

care package size for some users as they have grown in confidence, resulting in efficiency savings for the Council as commissioner: savings in one case amounted to £36,000 pa on night wake and watch costs which were no longer needed.

- Further successful uses of ALT in this pilot scheme included the introduction of GPS systems and falls detectors.
- One very successful approach involved the use of an electronic memory book in conjunction with an induction hob to enable a service user to independently prepare his own meals (see case study). This project formed Blackburn with Darwen's winning submission to the 2015 LGC awards in the 'Innovative Service Delivery' category. Our bid was fronted by the Service User X, who received the award in person at the awards ceremony in March 2015.
- Another aspect of the same pilot has been to work with a provider of bespoke property for supported living, on how assistive living technology can benefit our users. Two new blocks of individual apartments are being built for adults with physical and sensory impairments and/or learning disabilities, with state of the art wiring being installed at 'first fix' stage so that appropriate technology can be installed into any apartment to meet user needs, from simple telecare alarm units through to apps - via iPad or TV – to work the lighting system, close blinds, or auto door opening. This development and the level of technology will be the first of its kind in the UK.

4. Transformation through partnership: co-production and shared leadership

From its early stages, the development of assisted living technology in Blackburn with Darwen has been overseen by a steering group comprising a wide range of local stakeholders: the Fire and Rescue service, Blackburn College, 3rd sector partners such as Age UK and Care Network, ALT specialists, in addition to the Council and NHS partners.

Alignment of goals across partners has been a key factor, with a shared approach to leadership and benefiting from strong and consistent political backing within the Council during this time of significant financial pressures.

The 'Safe and Well' brand – promoting 'ordinary lives lived in the community' and not 'badged' to any one single agency - has proved a valuable factor in gaining the trust and engagement of users and carers and new community partners.

5. Improved outcomes for service users

An assessment of the impact of use of telecare in Blackburn with Darwen between 2008 and 2010 was undertaken by the Care Services Efficiency Delivery team, which evaluated the outcomes for 114 users, evidencing significant reductions in escalations of care. For 50 people who received only a telecare service:

- One was able to stop using 24 hour care
- One no longer needed day care
- 29 no longer required home care
- Two no longer needed nursing care
- Two no longer needed supported living assistance
- Thirteen no longer needed residential care

People benefited from greater personalisation of support, remaining independent at home for longer with reassurance and support for both users and carers. The Council and its partners have benefited from greater insights into what can be achieved through preventative services, which has fed back into commissioning priorities.

6. Financial savings, through transformed services

In addition to improving outcomes, the ALT initiatives set out above have resulted in concrete cashable savings for the Council as commissioner. Evaluation of the assistive living technology programme between 2008 and 2012 showed a net reduction in costs of £2.2 million directly attributable to the use of ALT, which was £300,000 above the target, set in 2008. This was made up of £1.4 million of savings from the combined telecare and Reablement service, with a further £800,000 saved as a result of telecare services alone.

Evaluation of preventative / early intervention approaches in conjunction with ALT shows a reduction in 2013/14 of approximately £1.2 million direct budget costs. Further evaluation of financial efficiency gains has been built into the pilot schemes, and informed service and budget planning for 2014/15 and beyond.

7. Impact on culture within and across services

Transforming user and carer outcomes requires changes in the mind-set of frontline staff, and we have not under-estimated this challenge. Social workers have, over many years, been trained to 'protect' and 'arrange care' for vulnerable people, and all too often this can lead to a risk-averse approach, following the 'tramlines' of traditional services.

We are working with staff at all levels and across agencies on recognising and accepting some risks as part of a user's well-lived life, and moving away from a focus on problems and barriers, towards a 'can do' and solution-focused approach. In this way we can help social care staff to move their role away from that of 'service controller' and gatekeeper to being a partner in co-production with users and carers.

Carers and wider families are often initially sceptical about ALT – they too are used to the traditional 'care' model; but tools such as 'Just Checking' have enabled us to demonstrate to carers that their loved one can be safe and well in a community setting, and that they can live a more independent life than their family ever thought possible.

And for ourselves as commissioners there are lessons too: the learning thus far pushes us to always explore new options, whilst accepting that there will be failures and that innovation means learning from failure. In the face of even greater financial challenges from 2015/16 and beyond, along with increased demographic pressures, we see the 'mainstreaming' of assisted living technology as central to supporting local people in community settings.

8. Evidence base

In developing the Safe and Well programme in Blackburn with Darwen, the Council and our partners have drawn on a wide range of evidence bases.

Our Head of Service recently participated in and presented evidence to the EU-funded AKTIVE project (2011-2014), which focused on understanding the impact assistive living technology (ALT), can have on the everyday lives of older people. Financed by the Technology Strategy Board, the project was led by CIRCLE (Centre for Care, Labour and Equalities) at the University of Leeds, and included the Oxford Institute of Population Ageing (University of Oxford) and a number of ALT providers. Following on from the AKTIVE project, the Head of Service was invited to present our local findings to the NW Telecare Services Association (TSA) in May 2014.

Our evidence base was developed further in April 2014 at local level through the COBALT project ('Challenging Obstacles and Barriers to Assistive Living Technology'), which involved an interactive workshop event held in Blackburn in partnership with Sheffield and St Andrews Universities, local social care staff teams, 3rd sector organisations and ALT providers.

The evidence-based learning from our engagement with university researchers and equipment providers is now being embedded locally. However, our true 'evidence base' comprises the examples of lives of local people transformed – and efficiency savings made – through use of ALT in our pilot schemes, as we now look to expand the work into mainstream non-social care settings through the 'Prevention Plus' initiative.

9. Beyond adult social care: ALT for all

The next step involves the Council and our local partners in making assisted living technology part of mainstream life in the community, by getting local people excited about the opportunities it offers for them and their families.

The 'Prevention Plus' model involves training and supporting community coordinators in understanding the use and benefits of ALT, and then – literally – 'selling it door to door'. Social care staff and community development workers will take 'Avon' style ALT kits with them around community centre and events, using a 'try before you buy' approach and tapping into our 'Your Support Your Choice' service. 'Pop-up shops' will follow, along with promotional literature which is relevant and eye-catching to all ages and groups of local people.

Our existing aids, adaptation and equipment service is now under review, and we are looking to build around it a wider new Safe and Well Service starting in 2015/16. The new service will further extend our focus on assisted living technology alongside other forms of support, promoting self-care and early intervention, to reduce falls and admissions to both residential care and hospital.

Blackburn with Darwen: Complex needs and assisted living

Moorgate Mill in Blackburn is a development containing 20 apartments for people with complex needs including physical and sensory, learning disabilities, and some with behaviour that challenges. A joint partnership have worked together to provide a managed service for the provision of a communications platform, telecare, environmental controls and access control at Moorgate Mill. The scheme's specification included the installation of a supported living communication system which provides real-time information, bespoke management reporting and a flexible platform to offer needs-based telecare solutions for residents with diverse, changing requirements.

Telecare sensors such as flood, fire and smoke detectors are supplied as standard in every apartment, helping to manage risk. Other devices, such as epilepsy and bed occupancy sensors and fall detectors will be supplied according to the individual's needs following an assessment.

Moorgate Mill has been wired using Cat6 cabling, which means the scheme will be able to take advantage of future developments in communications and telecare, such as the cost-effective provision of broadband, telephony and WiFi direct to residents. Other facilities to support social inclusion can be included, such as electronic noticeboard and digital kiosk and the myworld tablet.

The apartments at Moorgate Mill are also equipped with aids such as lighting and heating controls, automatic door openers working with biometric readers and blind/curtain openers. The installation and ongoing maintenance of the integrated technology platform is completely managed. Other devices can be supplied according to need, such as suck/blow and eye controls.

Once an assistive technology/telecare support package is in place, this will be reviewed regularly to ensure it is meeting the users evolving needs. Software is also in development which will enable data from the technology to be gathered to create detailed reports which measure the benefits for the individual.

HB Villages is at the forefront of harnessing available and emerging technologies to promote the independence and dignity of the people it supports, delivering the best possible outcomes and making sustainable care possible.

Bradford: Remote diagnosis in care homes

Brief description of Project / Scheme / Programme / Service

- Single point of access to expert opinion, diagnosis and support remotely (through secure video conferencing and via dedicated telephone lines) to develop models of care for Long Term Conditions. Shift from a responsive medical response to a proactive health and social enabling model focusing on optimising residents individual capabilities and building on new clinical models of care

Brief Description of good practice to be shared

- This is a new project and therefore evidence of the success of the approach has not yet been demonstrated systematically. Some small scale testing of the model has occurred in some Council operated residential care homes.

Type of Technology intervention

- Telecare Sensors
- Telehealth
- Tele video
- Telemedicine

Group covered

- Older People
- Older People with Dementia

Aim of the project/ scheme / programme / service

- reduce need for NHS services / hospital admission
- Improved quality of life

Future plans for this project/scheme/service

- to be evaluated

Brighton & Hove: Wi-Fi enabled dementia care and support

Brief description of Project / Scheme / Programme / Service:

- WIFI / iPad technology used nearly every day by multiple staff / service users in this Day Centre for people with dementia.
- Used for a variety of activities and engagement activities including reminiscence.
- One member of staff has taken a lead in championing and learning about tablet technology and Apps that are beneficial for people with dementia. The iPad cable links to the main TV so the screen can be viewed by everyone. Youtube has been used as a reminiscence resource. Music player links to sound system in the centre.
- Music activity – ‘identify what song was number one on the day you were born’. There are apps for quizzes and other games. Service users ‘Googled’ schools they used to attend and found information and historical photographs. benefits:
- iPad and WIFI technology has really enhanced people’s experience in the service. Staff described that some service users who had not been able to ‘word find’ at times had been very engaged with some of the reminiscence activity possible with the tablet and were able to sing along with songs and join in activities.
- Everyone became really animated and engaged; giggling, laughing – really lovey.

Type of Technology intervention

- Mobile Apps
- You tube

Brighton and Hove: Telecare for people living with dementia

Brief description of Project / Scheme / Programme / Service

- Carelink – we couldn't cope without it. Mrs X first started showing dementia symptoms around five years ago. Responsibility for caring for X fell to her daughter Y and son-in-law Z, who live a couple of streets away in Brighton. "When it comes to caring for vulnerable older people, close relatives are so often the critical factor," says Z. The signs of dementia were moderate at first.
- "The moment we knew things were getting more serious was when it came to the festive season and she didn't realise it was Christmas Day," said Z. At the time he was still working in London, but he and his wife were permanently on call and Z often had to dash back from London when X was having difficulties. Carelink assessed X needs and she now has a bed sensor, chair sensor and sensor on the door that alert Z and Y if she gets up at night and doesn't return to bed or tries to leave the property.
- "Carelink has made a huge difference," said Z. "It means someone is looking out for A 24 hours a day and help is always at hand. "We couldn't cope without it." Z is the first point of contact for Carelink. However, Carelink can send paramedics out immediately if they think the situation is urgent.
- "Looking after X is a balancing act. She's very dependent but at the same time she has made it very clear that she wants to continue to live independently in her own home," said Z.
- "Without Carelink X wouldn't have been able to stay independent – given her level of need she'd have been in a care home by now."

Brief description of good practice to be shared

- Continued development of telecare provision to support independence

Type of Technology intervention

- Telecare Sensors

Group covered

- Older People

Aim of the project/ scheme / programme / service

- Keep people independent in their own homes without need for formal (FACs) intervention

Bury: CareLink -Telecare sensors

Brief description of Project / Scheme / Programme / Service

- The CareLink service is a 24 hour, 365 day emergency response service, which is designed to enable users of the service to keep their independence, knowing that someone is always available to answer their call for help. CareLink works by an alarm unit that is connected via a telephone line between the client's home and CareLink 24 hour control centre.

Brief description of good practice to be shared

- Call received from Telecare based SMOKE DETECTOR at an address in Bury.
- Duty Controller was unable to speak to the service user via the community alarm, and could clearly hear the smoke detector activating in the house.
- A quick attempt was made to ring the service user, which also went unanswered
- At this point the Fire service was contacted and attended site within a few minutes.
- It was discovered that the service user was not at home, however they had left a pan on the heat, which had melted and caught fire. The fire service were to confirm that as a result of the early intervention from Telecare, there was no damage to the property, and that the service user's pet dog, that had been alone in the house; was safe and well.

Type of Technology intervention

- Telecare Sensors

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- Carelink provide a universal service to people of all ages. We currently have 2192 customers connected to the service.

Aim of the project/ scheme / programme / service

- keep people independent in their own homes without need for formal (FACs) intervention

Planned or actual efficiencies:

- Currently being reviewed

Future plans for this project/scheme/service

- to be evaluated

Derbyshire: Using telecare as part of an integrated falls service

The challenge

About a third of all people aged over 65 fall each year in the UK, equivalent to over 3 million people. In the year to April 2012, 3,242 people aged over 65 in Derby and Derbyshire were admitted to hospital as a result of a fall, and 1,462 of these people had fractured their hips. NHS Derbyshire County spent more than £10 million treating this cohort of patients.

Hip fractures remain the most serious consequence of a fall and the most common cause of accident-related death in older people – currently 20% of people with hip fracture die within four months and 30% within a year. Approximately half of people who break a hip will never return to their full level of mobility. But there is also evidence to suggest that between a quarter and a third of falls in older people can be avoided through falls prevention strategies.

What we did

There are currently two falls prevention services offering telecare operating throughout Derbyshire:

The Falls Recovery Service (FRS)

The Falls Recovery Service is a partnership between Derbyshire County Council, the NHS and the local monitoring centres throughout the county. Anyone receiving a community alarm or services from Derbyshire County Council's Telecare service that falls and is unable to get up independently can request assistance around the clock from the FRS by pressing their pendant alarm button. An FRS warden will attend, usually within 45 minutes, and if there are no injuries or concerns the warden will assist the person to get up from the floor. If there are any non-urgent medical signs and symptoms the FRS warden will advise the person to telephone 111 for an assessment and advice on further action.

If the service user is injured or requires urgent medical attention, an ambulance will be called. The warden will also notify the relevant GP that their patient has fallen to enable them to update their records and provide further care as required.

Falls Alert Service (FAST)

The FAST service was launched in October 2012. Handy Van Service staff carries out wellbeing checks and advice about potential hazards in the home as well as assessing what kind of telecare equipment would be of benefit. The FAST package can include equipment such as a Lifeline and pendant, bed occupancy sensor, automatic lamp activation, and waist-worn fall detector, which is all provided free subject to a £2.50 per week monitoring fee. Any alerts raised will be received at the local 24 hour monitoring centre who can then take appropriate action.

Results

- FRS accessed by over 3,000 people to date, 2,500 of these were helped without an ambulance or paramedic
- FRS wardens are trained in moving and handling, emergency first aid and post fall risk assessment so are able to offer on the spot expert help, avoiding hospital admissions and A&E attendances from fallers who do not need hospital services
- The FAST service has been installed in 460 Derbyshire homes to July 2014
- Both services are linked to local GPs for coordinated care

Case study – Mrs E’s story (kindly supplied by Rykneld Homes)

Challenge

Mrs E is 90, and has very poor mobility, arthritis, high blood pressure and diabetes. She has lived in the same house for over 50 years and would like to remain in her home living independently as long as she is able. Mrs E has had a high number of falls, and recently fell asleep in her chair whilst her dinner was on the stove. She was awoken by the unmonitored smoke alarm, which she tried to silence using her walking stick, causing her to fall. Only then did she press her pendant. The response centre heard the smoke alarm beeping in the background and immediately rang the fire service to attend; an ambulance was also called as Mrs E had hurt herself when she fell.

Solution

The Independent Living Warden from Rykneld Homes visited Mrs E and they agreed that she would benefit from increased support.

A new Lifeline unit was installed in Mrs E’s home linked to a smoke detector which will automatically raise an alert at the response centre if it detects smoke. Mrs E continues to wear a pendant enabling her to call for help from anywhere in her home 24 hours a day.

A referral to the handy van service was made for Mrs E to have a key safe fitted. When examining the reasons for Mrs E falling more frequently, it was found she was wearing unsuitable footwear. Liaison with Adult Care resulted in Mrs E having safer footwear and a walking aid to assist her around her home. It was also identified that Mrs E was spilling oil onto her floor when cooking, increasing the risk of falls. Adult Care also provided Mrs E with an extra call in the day time to assist in the preparation and cooking of her meals.

Outcome

The new system has given Mrs E more confidence and the reassurances that help will be there if she needs it. The risks of Mrs E falling have been considerably minimised by providing suitable footwear, a walking aid and an extended care package. The monitored smoke alarm has reduced Mrs E’s anxiety about the risk of fire considerably. She remains living independently in her home.

Dudley: Telecare service case studies

The Dudley Telecare Service, is a platinum member of the TSA, and have a reputation as one of the best performing Telecare services across the West Midlands, making a huge difference to people's lives, supporting them to live independently and improving their quality of life. The confidence and control over their own lives that our service can give to people is crucial, in turn it provides carers and family members with reassurance and peace of mind.

Innovation - with a dog

A lady with multiple sclerosis (MS) contacted Dudley Telecare Service (DTS) to request an assessment for a Telecare pendant alarm. She felt that at this stage of her illness she needed the security and peace of mind that somebody can be contacted 24/7.

The service user after a brief time contacted DTS due to deterioration in her condition and was having difficulty activating her pendant. She has an assistance dog Flo provided by canine support, which helps her with daily living and supports her 24 hours each day.

Telecare staff visited and suggested attaching the pendant to the dog's collar, which could be easily pressed by the lady. The pendant was adapted and fitted to the dog's collar and when the lady requires some assistance she calls her dog to her and the pendant is at hand enabling her to press it quickly and easily.

This has proved a very successful solution.

Innovation – IVR (Interacted Voice Response)

DTS was contacted by the Chairman of the Halesowen local pensioners group who met up every 4 weeks. They were always looking for speakers and they were told about DTS and were eager to hear more about the service that was provided.

Following on from a Telecare Talk with the group a referral was made by the chairman for DTS to attend and assess for Telecare equipment to be installed.

The couple (Mr & Mrs C) have been married for over 60 years and had always done a lot for the local community. Unfortunately Mrs C had been having mild strokes which had little by little had deteriorated her health until she had a major stroke which took completely took her speech and mobility. However her other senses were unaffected and apart from being able to verbally communicate understood all that was being said.

Mr C was the sole carer for his wife and was an avid local football supporter and in the past had travelled many miles with them supporting young talent. He went every Saturday to their home matches but when his wife was taken ill he was very concerned about leaving her and how he would communicate with her if her was ever delayed or taken ill if he was away from the property.

After a full assessment and all of the needs taken into account it was decided to install:

- Dispersed alarm
- Carer assist – to enable Mr C to receive any emergency calls from his wife directly
- Wrist falls detector – which will auto activate in Mrs C has a fall

To enable Mr C to still have a social life Interacted Voice Response (IVR) was activated. This was just a matter of programming his dispersed alarm in his property to enable him to access it via his mobile phone. He telephones his alarm, disconnects, and then calls the unit again within 60 seconds. His alarm unit auto answers with the verbal IVR menu; he inputs his password using his mobile phone, which enables him to set his expected “return time”, Mr C then goes to football and enjoys the match; if he runs late he can ring his alarm unit and extend his return time. The alarm unit will announce a reminder, 15 minutes after his expected return time. If he’s not home after the pre-set time and doesn’t acknowledge the reminder, the alarm unit will then present a call to the centre detailing “alarm not acknowledged” the staff will then contact family members to respond to Mrs and raise the alarm for Mr. who may have run into difficulties.

This enables Mr to continue to get respite by watching the match, he also has peace of mind and improved health and wellbeing due to the reduction in anxiety he was suffering.

As Mrs C’s health deteriorates and 24hour care is needed, a decision was made as a couple to move into Extra Care Housing. They are able to use the extensive Telecare equipment as well as the Extra Care Housing scheme’s in-built call system

Mr & Mrs C are still able to live independently in the community but have the extra help that they both need. Mr C is an advocate for Telecare and regularly keeps in touch with Telecare as well as informing others of its benefit. He is able to keep himself independent but have peace of mind that his wife will be looked after and notified if ever he was delayed.

They had a large package of equipment and benefited greatly from Telecare and want people to know its benefits and how it helped them as a couple remain independent.

Community Pharmacy – A pharmacist perspective

A local Community Pharmacy that is funded by NHS works in partnership with Dudley Telecare Service (DTS). The Young Pharmacists’ Group (YPG) was established in 1986 and in its first twenty years of existence has become one of the most pro-active voluntary organisations in pharmacy. With over a thousand members, its main area of activity has been to constantly seek innovation and new ways of working so that pharmacy can support the continuously developing needs of the public.

The YPG pharmacy operates on a not-for-profit basis. A company limited by guarantee has been constituted, ensuring that there could be no shareholders. This means that any proceeds would always go back into innovation and service development to the benefit of the local community and the wider healthcare service. A crucial part of the project is to ensure that this is no ordinary pharmacy; the intention being to create a comprehensive multi-disciplinary healthcare facility for the local population.

DTS contacted the pharmacy when a referral for an automated pill dispenser was made for one of their patients. The pharmacist was eager to know more as she had heard about the automated pill dispensers and felt that this would add value to the services they offered. A meeting and demo was held with pharmacy staff and processes from referral to delivery of medication were put into place. The pharmacy would receive referrals from DTS, liaise with GP surgeries, collect prescriptions, and dispense the medication as well doing a Medication Usage Review (MUR) with the patient.

This arrangement works extremely well and the difference with this particular pharmacy is that they will deliver borough wide not just in their immediate area.

Working with DTS opened new avenues for the pharmacy and they were heavily involved with the fall service to deliver slipper replacements in patient's homes or at the pharmacy. This involved patients who were prone to falling or stumbling being assessed for new slippers. It was evident that some people wear slippers in their own home that do not fit correctly, are too soft and cause them to trip, stumble or fall.

Priory pharmacy staff were trained by the falls team to identify patients that fall into the above categories and to give them falls advice, MUR & lifestyle information, hydration information and if the slippers they are wearing are not fit for purpose to give them Velcro fastening slippers. This was an overwhelming success and many falls may have been prevented by a small interaction from the pharmacy.

An example of good practice with the automated pill dispenser was when a patient was discharged from hospital unexpectedly late on a Friday evening before Bank Holiday Monday. The pharmacy was close to closing when they were informed that the patient had returned home. They called DTS as their driver had finished for the day requesting their help to deliver the filled pill dispenser.

DTS attended the pharmacy and took the pill dispenser to the patient who informed the staff member that the medication had changed. A call was made to the pharmacist who agreed to re-do the pill dispenser that evening to enable the person to have the correct medication that had been prescribed.

The pharmacy stated that the service they received from DTS was impeccable but the partnership working was worthwhile and the patients get good and relevant information, a 24/7 service from DTS and reassurance that their medication needs will be taken into account.

Working Partnership with Health: Falls Pilot – Russell’s Hall Hospital

Dudley Telecare Service is a Platinum member of the TSA, and has a reputation as one of the best performing Telecare services across the West Midlands, making a huge difference to people’s lives, supporting them to live independently and improving their quality of life. The confidence and control over their own lives that our service can give to people is crucial, in turn it provides carers and family members with reassurance and peace of mind.

Dudley Telecare service was approached by their local hospital (Russell Hall Hospital -RHH) part of Dudley Group of Hospitals (DGH) to request help with a reoccurring problem that they were experiencing on their falls and dementia ward.

Concerns had been raised with the falls co-ordinator at the hospital regarding the amount of falls patients were experiencing on the wards and causing further injuries. This issue was subsequently escalated to the CCG. Clinical staff was unaware that their patients had fallen as the bed sensors that they were using at the time were deemed unfit for purpose as they were using relatively old technology and were unreliable. Numerous issues were raised including: The sensors were not activating when they needed to and no audible alert was available to inform the staff that a person needed help. Staff had very little confidence in the equipment as they felt it was unreliable and they were reluctant to use it.

Due to the involvement with the CCG, the Local Authority Falls Service and the falls responder service provided by Dudley Telecare Service were asked to use their expertise to provide a scalable solution to the problem the hospital was experiencing.

A falls project was initiated with the hospital falls coordinator which consisted of a pilot of 4 bed and 4 chair sensors to installed in one bay on the ward with them programmed to a ‘carer assist’ answered by the nursing staff on the ward. The unit would be charged every night whilst staff was completing paperwork in quieter periods. The pilot was due to run for 12 week with initial feedback after 2 weeks and full evaluation on completion of the pilot after 12 weeks.

To enable the smooth running of the project, two staff members were assigned and given dedicated time to scope the project, assess the functionality and range of the units in situ on the ward and to assess and recommend products that would provide exactly what is required to ensure that this bespoke service worked successfully for both the clinical staff and their patients.

The staff visited the ward and spoke to Health Service Professionals to gain their expertise and input to the project. The bed and chair sensors were identified tested for range and suitability and the ward staff were trained by the Telecare Officers in the use of the sensors and the carer assist mobile answering unit. Staff also provided in-depth knowledge of the range of falls equipment that is available from the Telecare Service not only for use in hospital but can also be placed in the patients home following their discharge from hospital to keep them as safe and secure as possible and go some way in avoiding further hospital admission when they were discharged home as they are already familiar with the equipment whilst they were hospitalized.

At this point of the pilot no cost was incurred by the Dudley Group of Hospitals.

Outcome: The initial feedback received after the two week pilot was reported back to Dudley Telecare Service and it was deemed that it had been an overwhelming success. The units were reliable and the staff had more confidence as they were alerted to all activations within seconds of the event. The bed and chair sensors do not avoid falls happening but they do alert the clinical and nursing staff that someone has fallen or needs help so that immediate and appropriate assistance can be arranged.

The feedback from the staff was positive, they were happy with the equipment as it was easy to use and their confidence with technology had been restored. There were no reported problems or issues with the units and the staff had not experienced any problems with the use and positioning of the equipment. There were positive and encouraging comments from the staff and they were impressed with the sensitivity of the equipment and the immediate alert if a patient required assistance.

It was reported by the falls co-ordinator that there was clear evidence of a reduction in falls and injuries since the falls project had commenced and earlier discharges were able to be discussed with Telecare being available to support the patient at home, enabling them to continue to live independently from the point of discharge.

The success of the pilot led to a request from the Dudley Group of Hospitals to escalate the falls project to the whole of the hospital and install a further 20 Care Assist and 160 bed and chair sensors. A formal agreement and maintenance contract was drawn up with the Hospital and Dudley Telecare Service outlining what equipment will be provided and the expectations of all parties for the duration of the project.

Two Telecare staff members were assigned to roll out the project, and were given dedicated time to visit each ward to discuss the use and advantages of the equipment with the clinical and nursing staff. They also demonstrated the equipment and trained the staff not only on the equipment but also in falls prevention and the uses of Telecare in keeping people independent, safe and secure in their own homes and giving their family members and carer's peace of mind.

The staff worked closely with the hospital's equipment maintenance provider to ensure that their policies and practices were taken into account as well monitoring and rectifying any faults or concerns that arose.

Cost Savings: By working in partnership with the Local Authority Telecare Service, the NHS was able to source the relevant equipment at cost price with the extra savings being passed back into the NHS and extra equipment being purchased with the savings. This resulted in extra funding going back into frontline services with a positive result not only for the Dudley Group of Hospitals and the Telecare Service but for the patient both in and out of hospital.

Future Developments: The Dudley Telecare Service has been approached by South Staffordshire Hospital Group to utilise our expertise with the falls project to provide information on specialist techniques and experiences in order to make their project a success. It is our understanding that it is their intention to use the 'Dudley Model' to roll out a similar project within their hospital setting.

Partnership working with Learning Disabilities

Dudley Telecare Service and Dudley Accommodation and Support Team who work in partnership to support people with learning disabilities to live active and independent lives facilitated by the use of assistive technology (AT).

The partnership has supported over 60 people with learning disabilities and autism since 2009 into their own tenancies using AT, ranging from basic pendant alarms to more innovative products such as GPS tracker watches, carer assist and medication aids. The partnership has supported people with Profound and Moderate Learning Disabilities to live independently in their adapted flats or bungalows. The outcomes of this work have been celebrated by people with learning disabilities at local events to demonstrate to others what is possible, explaining how technology has changed their lives. The success of this work has also been shared at national events.

The use of AT has enabled people to have greater control of their lives and has supported people to develop independence when moving from residential care homes into supported living. For some people this has meant that they have been able to choose to be alone for the first time in their lives and by promoting self-care to the user, they are able to take hold of important tasks or have that added safety net whilst they go about their day. The panic alarm and carer assist for example has been very beneficial for people who may be in shared living and provides a way of requesting support discreetly, whilst also providing reassurance that staff is on hand if needed.

The use of technology has brought about changes not only for the person but also the staff and organisation as they move away from a risk averse culture to one that is enabling, respecting peoples dignity – i.e. providing support when people need and want it rather than just in case, support people to take control rather than doing things for or to people. The technology has provided the person, their family carers and staff with reassurance and peace of mind.

Essex: Technology enabling Care and Health Strategy

Brief description of Project / Scheme / Programme / Service

- The Mi Tech concept has produced a strategy for Essex County Council which aims to promote the use of technology in care and health services, for employees, citizens and partner organisations.
- The concept is defining the scope for revision of the current telecare and telehealth services. In addition to this, how the County Council can work collaboratively with other health and care partners to utilise more innovative technology within care and health pathways, reducing duplication, dependency on services and providing better integration of services.

Brief description of good practice to be shared

- The key area of good practice is to provide one overall and consistent approach for technology in care, incorporating services, employees, citizens, and partners. Additionally to encourage partnership working across health and social services, in order to identify benefits from the use of technology across whole pathways.
- In addition to considering best practice for the provision of mainstream telecare and telehealth services, the strategy considers the promotion of technology to aid citizens to self-manage. Some examples of work underway include, an education programme for practitioners, partners and community agents is underway. A pilot project within the programme is considering the use of personal health records, incorporating the benefits for carers, patients and links with clinical practitioners. A further pilot is working with Age UK to provide simplified apps for older people to assist with communication, finding information and online shopping.

Type of Technology intervention

- All types of technology are being considered

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- The strategy considers whole population including the use of technology for those with no current need.
- The app pilot is trialling 30 devices

Aim of the project/ scheme / programme / service

- The strategy considers all of the above

Planned or actual efficiencies:

- The strategy is considering individual business cases which will define proposed efficiencies

Future plans for this project/scheme/service

- to be evaluated

Essex: Telecare sensors

Brief description of Project / Scheme / Programme / Service

- NHS England is funding a national project to unlock efficiency savings of £265m in learning disabilities without compromising care delivery. The initiative brings together industry, Local Government and the NHS to accelerate uptake of innovation which ensures the level of care in supported living is "Just Right". Within this initiative, ECC is supporting 36 service users in 16 locations in the Just Right programme with 5 providers of services

Brief description of good practice to be shared

- Promoting independence and reducing increasing dependency

Type of Technology intervention

- Telecare Sensors

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- 36 in the Just Right Programme. A small number of units are also being deployed as part of mainstream practice within Adult Social Care

Aim of the project/ scheme / programme / service

- keep people independent in their own homes within an agreed (FACs) homecare service

Planned or actual efficiencies

- Overall the Just Right programme aims to achieve efficiencies of some £265m

Future plans for this project/scheme/service

- to be expanded

Hampshire: Argenti telehealthcare partnership

Brief description of Project / Scheme / Programme / Service

- A developmental partnership with consultants and their consortium partners (known as Argenti) designed to make telecare a mainstream part of the social care offer in Hampshire.
- The programme is seeking to increase the number of recipients of telecare from 500 in 2013 to 15,000 in 2018.
- We are on target to achieve this and to deliver a net saving (after all contract costs) of £6.5m. These targets are significantly higher than those set at the start of the programme, reflecting success to date and the expansion of our ambition for the programme.

Brief description of good practice to be shared

We actively avoided the typical approach to commissioning telecare, which is to procure (often separate) providers of equipment, installation and monitoring. We recognised that what we needed was a partner with whom we could design and run a transformation programme to change the perception of telecare and empower care professionals to deploy it far more widely and in place of, rather than as well as, other care services. The contract has the scope to respond to new cohorts of users, for example, Children and transitions, NHS patients and people with early stage dementia. There is considerable emphasis on the collection and use of hard data on the impact and effectiveness of the service.

Type of Technology intervention

- Telecare Sensors
- Telehealth
- Mobile Apps
- Digital Inclusion
- Mobile Alarms,

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- 4,000 to date (after 18 months), target is 15,000 by the end of year 5

Aim of the project/ scheme / programme / service

Keep people independent in their own homes within an agreed (FACs) homecare service. The purpose of the programme is to maximise independence and reduce reliance on other more costly services across the whole health and social care economy

Planned or actual efficiencies

- End of Y1: £806k
- Target for end of Y2 (31 July 2015): a further £1.4m
- Target for end of Y5 (31 July 2018): £6.5m (cumulative)
- All of the above are NET of all telecare costs and savings are robustly evidenced.

Herefordshire: Equipment for falls in care homes

Brief description of Project / Scheme / Programme / Service

- Taurus Healthcare Ltd was awarded a grant from Health England for a pilot to provide equipment to help reduce the incidences of falls in Nursing and Care Homes in Herefordshire.
- Herefordshire Council Telecare Team supported the Taurus project team to better understand what equipment is currently in use in care homes, its efficiency, and what outcomes needed to be achieved, within a 6 month timescale

Brief description of good practice to be shared

- Knowledge and application of current AT and Telecare equipment available, how it can link into installed nurse call systems or to other staff needs, review of older systems in use and analysis of the risks of using them.

Numbers of individuals covered

- Equipment provided to 2 care homes (30 and 15 residents respectively)
- Advice provided to 3rd home with 38 residents.

Hull: Telecare sensors for carers

Brief description of Project / Scheme / Programme / Service

- The service provides free telecare sensors tailored for assessed need. These are linked into the housing Lifeline service and provide monitoring and call centre intervention, with identified escalation plans for each user.

Brief description of good practice to be shared

- Help for Carers
- Telecare has been used to support carers living close by but not in the same property, without the need for a Lifeline to be monitored, a more cost effective solution for some people. In one example a daughter lived opposite her mother, who had dementia and had a history of falling. The daughter would often check on her mother during the day and wake regularly during the night to see if any lights were on at her mother's house, indicating that she may be out of bed and disorientated. A Lifeline unit was installed, along with a bed occupancy sensor. This was programmed to raise an alert on the daughter's CareAssist if her mother gets out of bed during the night and fails to return safely after a short time. This solution has enabled the mother to remain independent in her own home, and her daughter to feel assured that she will be aware if her mother needs her help.

Type of Technology intervention

- Telecare Sensors

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- Total of 4200

Aim of the project/ scheme / programme / service

- keep people independent in their own homes without need for formal (FACs) intervention

Planned or actual efficiencies

- Unable to realistically put an actual efficiency. More study to be carried out.

Future plans for this project/scheme/service

- to be sustained at current levels

Hull: Telecare sensors for physical disability

Brief description of Project / Scheme / Programme / Service

- The service provides free telecare sensors tailored for assessed need. These are linked into the housing Lifeline service and provide monitoring and call centre intervention, with identified escalation plans for each user.

Brief description of good practice to be shared

- **Case Study:** X had a mild stroke and was then diagnosed with vascular dementia. He lives alone and made it clear that he wanted to be as self-managing as possible. Over time X started to have continence problems during the night. This did not happen every night but when it did he found it difficult to change the bedding and his night clothes so he lay in the wet bed until the morning. This was very uncomfortable and also carried the risk of causing his skin to begin to break down.
- **Solution:** Because X was not incontinent every night, a 'pop-in' visit from care staff would have been unnecessarily intrusive. It was therefore agreed to fit an enuresis sensor to X's bed which would raise an alert with HOOHT if it sensed moisture.
- **Outcome:** This solution worked really well; the response time from HOOHT was very fast and this enabled X to be assisted to get changed and settled back into bed with the minimum of disturbance. This helped to maintain X's dignity and independence, and avoided expensive and unnecessary nightly care visits.

Type of Technology intervention

- Telecare Sensors

Group covered

- Physical Disabilities

Numbers of individuals covered

- 1 person

Aim of the project/ scheme / programme / service

- keep people independent in their own homes within an agreed (FACs) homecare service

Future plans for this project/scheme/service

- to be sustained at current levels

Leeds: Assistive technology

Brief description of Project / Scheme / Programme / Service

- Phase 1 has been to bring Assistive Technology (AT) services together on one site - this includes Telecare, Community Equipment Service with associated warehousing refurbishment and training. Customers attend the site for Blue Badge assessments. A single point of information for AT is being developed.
- Phase 2 is about bringing in external partners and external funding to develop the remaining 100sq m space. Ideas include a retail unit, smart house, and innovation lab and dementia design and product facility.

Brief description of good practice to be shared

- Joint H and S care working - including section 75 pooled fund.
- User engagement and user led service development
- New approaches to partnerships with external providers - including universities, vol sector, manufacturers and suppliers and IT companies

Type of Technology intervention

- Telecare Sensors
- Mobile Apps
- Mobile Alarms nb - by mobile alarms we refer to GPS technology for location of service users

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- 16,000 users of telecare
- 17,500 adult users receive community equipment annually

Aim of the project/ scheme / programme / service

- keep people independent in their own homes within an agreed (FACs) homecare service

Planned or actual efficiencies:

- Indicative efficiency from Telecare is that it reduces demand on communicate budget by 1,300 per installation per year
- Efficiencies from Assisted Living Leeds being considered - open for 6/12

Future plans for this project/scheme/service

- to be expanded

Leeds: Citizen driven health and wellbeing information platform

Brief description of Project / Scheme / Programme / Service

- To work with local older people and their community organisations to develop what is in effect "facebook" for health and wellbeing, where older people can put on their health care and support information which they choose with whom to share - egg friends, family local organisations. Alongside developing a platform that will allow for this information to link into statutory held records and telehealth/telecare services - such as health monitoring , environmental conditions

Brief description of good practice to be shared

- Co-produced by a tech company with a local community organisation. LA acts as a broker
- Innovative funding and development model
- Proposed Delivery model post piloting

Type of Technology intervention

- Telehealth
- Mobile Apps
- Digital Inclusion

Group covered

- Older People

Numbers of individuals covered

- 30 in pilot phase

Aim of the project/ scheme / programme / service

- keep people independent in their own homes without need for formal (FACs) intervention
- support self-management

Planned or actual efficiencies

- unknown at this stage - to be considered through the pilot

Future plans for this project/scheme/service

- to be evaluated

Leicester: Telecare sensors

Brief description of Project / Scheme / Programme / Service

- Supported Living schemes were initially identified that supported 58 customers with waking night time support.
- These identified customers formed part of a targeted work stream to ascertain if any efficiency could be gained through the application of Assistive Technology to promote independence and provide less reliance on staff support at night.

Brief description of good practice to be shared

- Through the care management reassessment process of these customers 9 schemes were identified as appropriate to install Just checking telecare systems. This was to monitor residents' movements at night in both individual and multi occupancy schemes.
- The equipment was in place for periods of up to six weeks and residents' movements were monitored to establish any night time needs, also to identify where night support was no longer required. The equipment was particularly useful in providing an objective, reliable and continuous information system about the movements of customers, many who were unable to give an account for themselves. The system is relatively unobtrusive and activity recorded was accessed by the teams AT worker via the internet.
- One customer who has autism was identified for the Icare equipment to be installed had resided in his own home for nearly 10 years. His package of support included round the clock support including waking night support.
- With the installation of the equipment and the data analysed there was evidence that the customer did occasionally wake during the night but this was only to visit the bathroom. Consequently we engaged with Supported Living providers to challenge their views about waking night support being needed, as the results provided robust evidence regarding the customers' night time needs.

Type of Technology intervention

- Telecare Sensors

Group covered

- Learning Disabilities

Numbers of individuals covered

- 21 Supported Living schemes were initially identified that supported 58 customers with waking night time support.

Aim of the project/ scheme / programme / service

- These identified customers formed part of a targeted work stream to ascertain if any efficiency could be gained through the application of Assistive Technology to promote independence and provide less reliance on staff support at night.

Planned or actual efficiencies:

- This information assisted in the negotiation process as it was clear that package costs could potentially be reduced as he only needed sleep in support. This resulted in this one case alone of a net saving of £28,770 pa.
- Other schemes identified where we were able to reduce the reliance of waking to sleep in support have resulted in similar savings.

Future plans for this project/scheme/service

- to be sustained at current levels

Havering: Evidencing the cross sector benefits of telecare

The challenge

The London Borough of Havering's Adult Services team is committed to embracing the opportunity and need to transform the Health and Social Care provision in Havering to meet the challenges of the 21st Century. With demographic changes, limited resources, and increasing levels of dependency, it is imperative to strive for more effective and efficient care options that provide residents with the right outcome, giving local people the opportunity to remain independent in their own homes.

What we did

The Adult Services team is working in partnership with Havering Clinical Commissioning Group to deliver better integrated care for the older population, and part of this work has focused on increasing the use of telecare in order to maximise benefits realisation. Telecare, or assistive technology as it is also known, has been used to support adult social care (ASC) clients in Havering for some time.

However, funding from NHS Support for Social Care enabled the increased use of telecare by improving operational efficiency in assessing, referring, providing, installing and monitoring equipment. It also supported the evaluation of the service to measure the benefits. A basic telecare package consisting of a Lifeline home unit with pendant and 24 hour monitoring and response is being provided to over 1,500 FACS eligible individuals, with a further 2,500 or more FACS eligible clients under consideration for telecare as part of their care package.

Summary results

- Significant cross-sector benefits of telecare have been evidenced
- Service user survey indicates significant improvements to quality of life
- Robust, longitudinal analysis showed:
 - Overall hospital admissions reduced by 50%
 - Hospital admissions due to falls were reduced by 44%, with an estimated annual saving of £2.24m
 - Admissions to residential care reduced by 5.9%
 - Admissions to residential care delayed by 2-7 months resulting in projected annual net saving of £937,500

Outcomes – detailed

The council commissioned an independent evaluation of the telecare service, resulting in a robust, longitudinal analysis of three key measures to evaluate the benefits provided by the telecare service, comparing two cohorts:

- Cohort A - Adult Social Care (ASC) clients who receive Assistive Technology (AT) and homecare (70 at outset)
- Cohort B - ASC clients who only receive homecare (407 at outset)

Three key benefit measures were assessed

1: General impact on hospital admissions

Cohort A, (AT and homecare) is less likely to be admitted to hospital than cohort B (homecare only) after a period of 18 months by a margin of 25.02%. This contributed to the overall 50% reduction of hospital admissions in the borough.

2: Reductions in admissions due to falls

Analysis of ASC data indicates that there is a correlation between the increased number of pendants in the community and a reduction in hospital admissions due to falls of 44% in 2013 compared to 2011. This would convert to an estimated annual saving of £2.24m, or £1.12m if attributing half of this to the telecare service.

3: Impact on admission to residential/nursing care

Cohort A (AT and homecare) are less likely to be admitted into residential or nursing care by a margin of 5.9% than cohort B (homecare only). Cohort A also demonstrates that of those who are admitted there is significant delay in the elapsed time from when they start to receive services until admitted of at least 3 months but this is likely to be significantly longer. A delay of 3 months in the start of a typical residential care package costing £25,000 indicates a gross benefit of £6,250. After accounting for the average cost of domiciliary care prior to admittance at £3,125 per quarter the net saving equates to £3,125 per person. If these numbers are factored up, with approximate numbers entering residential care of 300 per year, the projected minimum annual net saving would be £937,500.

Quality of life outcomes

The service aimed to:

- Increase independence and safety, enabling people to remain at home
- Reduce the need for home care or residential care
- Reduce the need for hospital admission
- Improve quality of life

The evaluations also assessed impact on quality of life and in January 2013 a survey was conducted for recipients of telecare and their carers. Out of 194 surveys sent to service users, 69 responded and 29 carers out of 80 replied.

- User: I am more secure knowing that someone would respond in an emergency 97%
- Carer: The person feels more secure because they know that someone will respond in an emergency 96%
- User: I feel safer in my own home 95%
- Carer: The person being cared for feels safer in their own home 93%
- User: I am being helped to remain independent in my own home 89%
- Carer: The person being cared for is being helped to remain independent in their own home 93%
- User: I feel more confident being on my own 84%

Case studies

Mr & Mrs J - Falls support

Mrs J has trouble with her balance and falls over regularly, often in the middle of the night. Husband Joseph is unable to help her to her feet, and their sons live some distance away. Mr and Mrs J have a Lifeline home unit and MyAmie personal pendant.

Mrs J said:

It's marvellous knowing that someone will come around at any time of day or night to help. A few times I needed to be taken to hospital for a check. The telecare responder knew what questions to ask me about how I was feeling and about unusual pain. One time I had an awful fall and hit my head on the radiator. My head was bleeding at the back. I pressed the button on my neck pendant for help.

Telecare Responder Jon Holmes, said: I came in and saw Mrs J on the floor. She was distressed and I applied some compression to her head to stop the bleeding. The telecare centre had, in the meantime, called for an ambulance and they arrived soon afterwards.

Mr J said: It's brilliant. It's very reassuring to know that someone will come. They are really good people.

Source: London Borough of Havering, Health and Wellbeing Board, Assistive Technology Report, January 2014
<http://democracy.havering.gov.uk/documents/s9914/HWB%20-%20paper%20on%20AT%20v5.pdf>

North Lincolnshire: Telecare and Assistive Technology Service

Brief description of Project / Scheme / Programme / Service

- To offer Telecare and Assistive Technology solutions to support discharge from Hospital and Intermediate Care Service as part of an R & R offer for a time limited period.
- To offer Telecare and Assistive technology solutions to offer reassurance to service users and their family and carers.
- To offer Telecare and Assistive technology solutions to support service users to seek reassurance and support in a timely manner during times of crisis
- To offer information and advice to Service users, families, carers about available options and how they can support the service user.
- To work in partnership with teams and individual practitioners to explore creative solutions to support Service users with long term needs.
- To work in partnership with individual practitioners to explore options to support service users remotely to reduce the amount of hands on support required.

Brief description of good practice to be shared

- Telecare Team Manager role added to the Rehabilitation and Reablement Service has resulted in a 50% increase in referrals over the last six months (in post from 03.11.2014)
- Telecare and Assistive technology solutions for people with long term needs increasing steadily, working towards a full systems approach integrated into a single organisational model.

Type of Technology intervention

- Telecare Sensors
- Assistive Technology

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health

Numbers of individuals covered

- 95 individuals receiving Telecare as part of Discharge/Rehabilitation & Reablement offer at 31.03.2015.

Aim of the project/ scheme / programme / service

- keep people independent in their own homes within an agreed (FACs) homecare service
- Reduce need for assessed(FACs) homecare services (individuals still eligible)

Planned or actual efficiencies

- Planned budget reduction of £20,000 for 2015-2016

Future plans for this project/scheme/service

- to be evaluated

North Somerset: Activity assessment tools and GPS locators for people living with dementia

Autism Grant monies awarded to North Somerset to support service users with Autistic Spectrum Disorder supported the development of the Brain in Hand (BIH) technology support system which aimed at service users to be enabled to better manage their daily routines and achieve greater self-reliance and independence.

NSC and NSCCG are further extending their offer of **Assistive Technology as an activity assessment tool via the Just Checking System**. The system enables clinicians to chart daily living activity for those at risk. Benefits include support of enablement / reablement interventions, identification of additional AT devices to support independent living and to support hospital discharge. We will be working closely with Just Checking to tailor training for staff to review high cost care packages, enabling greater service efficiencies and financial savings where applicable.

Torbay and Southern Devon Health & Social Care NHS Trust, funded by the South of England Dementia Challenge (Department of Health), extended an invitation to North Somerset Council to participate in a 12 month trial of a **GPS Locator Devices for vulnerable individuals living with Dementia**. The trial will end July 2016. A formal evaluation will then be completed by North Somerset with view to the mainstreaming of provision.

The NAS Lynx Centre in Weston-Super-Mare is using assistive technology to support their service users to be more independent and active in the community. Brain in Hand (BIH) is a technology support system that allows service users to better manage their daily routines and achieve greater self-reliance and independence. Through a smartphone app and interactive website users can capture their best coping strategies, manage their anxiety, and request support from a member of NAS staff when they need it most.

Implementation

Over the last 9 months 3 service users have been using Brain in Hand to plan ahead for a range of activities including daily routine, travel, work and new social events. To setup BIH, the Lynx Centre staff and service users worked through the BIH Personal Workbook to identify key goals and areas of difficulty. With support from a member of staff, the users then entered their diary, problems, and coping strategies onto their BIH website. The BIH website syncs with the users' smart device, enabling access at any time. Users monitor their mood using the anxiety traffic light on the BIH app, and if a problem occurs or the service user is feeling particularly anxious a red traffic light alerts the NAS staff team, allowing for intervention when the individual needs it most.

NAS staff can view the users' mood, problems, and activities at any time, providing them with real time and in-depth knowledge about their service users' wellbeing.

Observed Benefits

Both service users and staff have reported many benefits since using the innovative technology. One user's feedback can be viewed on the YouTube link below.
https://youtu.be/uJ_JhWazDk

Oxfordshire: Telecare sensors for adults with a Learning Disability

Brief description of Project / Scheme / Programme / Service

- The project was set up to meet the night time support needs of 18 people living with learning disabilities by better use of assistive technology. Discreet sensors were placed around the people's homes in order to monitor environmental risks such as smoke and gas, and personal risks, such as falls, epilepsy and intruders/bogus callers. The system allowed people to easily contact staff at a 24/7 Response Centre where staff were ready to provide an appropriate response (over the telephone, contacting emergency services, contacting staff who can go to the home and help with whatever need has arisen).

Brief description of good practice to be shared

- Increased people's independence. One person with increased needs remained in his home on his own at night rather than have a sleep-in member of staff.
- Reduced support costs. 2 sleep-in staff and 1 waking night staff.
- Freed up a room previously used by a sleep-in member of staff. The service user who moved in to the new vacancy was supported for very little extra cost.
- Not having sleep-in or waking night staff. While it is easy to assume that person-based solutions are preferable to technology-based ones, in practice this means that people with learning disabilities have staff in their homes 24 hours a day. Staff members work on a rota basis, so each night there could be a different person sleeping-in or awake in their house.
- Positive feedback from people with learning disabilities and their family carers. They responded very well to the use of telecare and assistive technology and stated that this has helped them to gain independence.
- The total savings of the project were £90,756 in the year it was implemented.

Type of Technology intervention

- Telecare Sensors

Group covered

- Learning Disabilities

Numbers of individuals covered

- 18 within the project. The model has now been rolled out.

Aim of the project/ scheme / programme / service

- keep people independent in their own homes within agreed (FACs) homecare service

Planned or actual efficiencies

- £90k was saved in the year the project was implemented. We continue to have savings every year as this has now become business as usual.

Future plans for this project/scheme/service

- To be expanded

Oxfordshire: Telecare sensors for Supported Living

Brief description of Project / Scheme / Programme / Service

- Just Checking is a simple, web-based activity monitoring system installed in an individual's home or in supported living environments.
- Small, wireless movement sensors generate a 24 hour chart of activity, accessed via a secure website by health and social care professionals, care staff and family members who have been provided with log-in details. The activity sensors can help identify what time an individual went to bed, whether they had a disturbed night, how often they visit the kitchen or bathroom, if they left the house, and for how long.
- Installed over a six week period, the Just Checking system can illustrate daily patterns and how an individual is responding to care services. In supported living, Just Checking can show the call on care staff, particularly at night.

Brief description of good practice to be shared

- In Oxfordshire, we have been using this system in:
 - Assessment of need, care planning and review: The system provides professional staff with the person's daily patterns and supports them to make more informed decisions about care needs. In many cases the pattern of activity is better than might be expected, or the call on care staff (for example in supported living) is less than anticipated.
 - Preventing or postponing admission to residential care, or verifying a decision for residential care: The system data often provides a different view of the capabilities of the person enabling them to remain in their own home with targeted support; although there have been occasions when the system has shown that a person needs a higher level of care than had been thought
 - Risk assessment: Just Checking can help professionals to focus on the real risks and retain an objective view on the person's needs and abilities.
 - Value to carers in Oxfordshire: Carers report that the information from Just Checking provides reassurance about the person they care for, and allows them to manage their own input to best effect. Some carers say they are able to concentrate on visiting for social reasons rather than 'checking'.
 - Promotion of independence: Information from the Just Checking system allows professionals to plan an adequate level of care and people to remain independent and be more in control of their own lives without too many intrusive visits from health and social care staff.
 - Supporting hospital discharge / reablement: Just Checking can help to assess whether a person is able to manage at home alone following discharge from hospital, monitoring patterns of behaviour to establish whether a person is mobile, preparing meals and following regular sleeping patterns. It can also help to measure the impact of reablement support.

- Avoiding hospital admission: Just Checking can be used to spot trends in behaviour which may indicate health problems, and allow early intervention. For example, frequent visits to the bathroom may indicate a urinary tract infection. Just Checking can also be used to identify long periods of inactivity which, particularly in the day time, may indicate a problem with a person's well-being such as a fall or illness that has restricted them to their bed.
- Collaborative working across Oxfordshire: The objective data from the system provides information to be shared and discussed with other professionals and family carers. This underpins the collaboration between support and care professionals, people who have care and their families and friends. Just Checking is used to support joint working across health and social care in Oxfordshire when determining a person's long term care needs.

Type of Technology intervention

- Telecare Sensors

Group covered

- Carers
- Mental Health
- Older People with Dementia
- Older People

Numbers of individuals covered

- 31 people with dementia
- 1 older person
- 2 people with mental health conditions

Aim of the project/ scheme / programme / service

- keep people independent in their own homes within an agreed (FACs) homecare service

Planned or actual efficiencies

- Annual estimated saving is £150-200k. The potential saving is based upon the assumption that the client will remain with the level of support provided after the Just Checking assessment for 12 months.

Stockton on Tees: Using telecare to support falls management in care homes

The challenge

Older people living in care homes are three times more likely to fall than older people living in their own homes, and there are ten times more hip fractures in care homes than in other environments. Approximately 40% of hospital admissions from care homes follow a fall.

Managing falls and fractures in care homes for older people, Care Inspectorate, NHS Scotland, 2012

There are many contributing factors to this increased risk including:

- residents of care homes are more likely to be physically frail
- residents may be physically inactive, resulting in weak muscles and poor balance
- many residents have long term medical conditions which can increase their risk of falling
- residents may be taking a number of medications
- newer residents are unfamiliar with their new surroundings

How did Stockton-On-Tees Borough Council's project using telecare in a care home help to prevent falls and mitigate their effects?

What we did

In 2012 NHS funding was secured to assess the effectiveness of using telecare to reduce falls in residential care homes. The Council's community integrated assessment team undertook multifactorial falls assessments of residents of a care home in Stockton-On-Tees to identify those at high risk of falling. Nineteen residents took part in the pilot project as a result.

Many falls occur when getting up from or into a chair or bed unaided, therefore the telecare solutions provided focus on alerting staff when these activities took place. Stockton-On-Tees Borough Council's telecare emergency response service Care Call supplied and installed bed and chair occupancy sensors and passive infra-red (PIR) movement detectors and fall detectors based on the individual needs of each resident. Should a sensor detect a possible fall a member of staff would be notified of the nature and location of the fall on a portable handset, enabling them to respond swiftly.

Highlights

- Falls reduced by 67% from 107 to 35 over 3 months (17 residents)
- Cost saving £34,612 over 3 months
- Staff report technology easy to use

Results

The project took place over a 3 month period and the evaluation included number of falls, ambulance call outs, admissions to A&E, admissions to hospital, length of stay in hospital, GP call outs, and any fractures resulting from the falls. A total of 17 residents of the 19 taking part in the project were reviewed, as no previous falls history was available in two cases.

Since the introduction of the sensors for the 17 residents, the number of falls was reduced by 67% from 107 to 35 over three months. This has resulted in significant costs savings, with cost of 107 falls estimated at £35,444, and the cost of 35 falls approximately £832, saving of £34,612 (£2,036 per resident) following the introduction of telecare.*

Most of the care staff in the project stated that the sensors were easy to use and have helped to reduce the number of falls, and improved the overall management of the residents.

There was no change in the number of staff, demonstrating that the technology was not used to substitute staff.

The project has demonstrated significant benefits in using telecare solutions to help manage the falls in high risk residents. When used in conjunction with training for care home staff and with input from other key stakeholders, telecare can radically improve outcomes and quality of life for residents.

Following the success of the project, a scheme has been introduced which offers residents of care homes at high risk of falls up to two telecare devices bespoke to their needs, linked to a pager carried by staff. Falls packages for up to 80 residents have been funded on a first come first served basis, but residents are also able to pay to receive telecare should they wish to do so.

Telford and Wrekin: Assistive technology

Brief description of Project / Scheme / Programme / Service

- Assistive Technology Development Project is a two year project (end date December 2015) to mainstream the use of assistive technology both internally and externally for Telford & Wrekin staff and residents.

Brief Description of good practice to be shared

- Identifying top 10 assistive technology products that can be issues by both Health and Social Care from a single location without having to order individual products. Stock of top 10 items held in multiple locations in community. This included training of all adult social care staff and identified health staff.

Type of Technology intervention

- Joint working with Health

Group covered

- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- Social Care 142
- Health - stats pending

Aim of the project/ scheme / programme / service

- Improved efficiency for health and social care staff in issuing assistive technology.

Planned or actual efficiencies

- Efficiencies based on health and social care staff time in completing documents, speed of access to assistive technology, reduced need for health to refer for social care assessment, better outcomes for client.

Future plans for this project/scheme/service

- to be sustained at current levels

Telford & Wrekin: Assistive technology

Brief description of Project / Scheme / Programme / Service

- Assistive Technology Development Project is a two year project (end date December 2015) to mainstream the use of assistive technology both internally and externally for Telford & Wrekin staff and residents.

Brief description of good practice to be shared

- Telford and Wrekin are currently arranging for an expert by experience (volunteer) to provide information and advice to residents of Telford & Wrekin at our Southwater (first point of contact) building. This is to raise awareness of services, facilities and resources provided by Telford & Wrekin in reference to assistive technology as well as providing information and advice that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by the use of assistive technology to maintain independence, good health and promoting wellbeing. The volunteer will have items of assistive technology to demonstrate. This service is currently provided by an assistive technology development officer.

Type of Technology intervention

- Information and Advice (expert by experience)

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- Residents of Telford & Wrekin

Aim of the project/ scheme / programme / service

- keep people independent in their own homes without need for formal (FACs) intervention

Planned or actual efficiencies

- Reduce or delay the number of people requiring Community Care/Care Act assessments.
- 2014 - 2015.Savings unidentifiable.

Future plans for this project/scheme/service

- to be closed

Warwickshire: Mobile apps

Brief Description of Project / Scheme / Programme / Service

- In September 2015 WCC is planning to launch a project with children and young people investigating the use of the mobile phone application Brain in Hand; as part of a wider Assistive Technology and Digital by Default agenda. Brain in Hand as an application provides calendar management function, pre-programmed problem solutions tailored for the individual and telephone contact from a mentor such as a teaching assistant or special education needs co-ordinator (SENCO).
- The project will aim to reduce anxiety, increase independence, and ease times of transition. The cohort will include secondary school pupils and those in post 16 education.

Brief description of good practice to be shared

- **So far in the project** three schools and one mobile education unit have signed service level agreements to be active members of the project. Schools have agreed to identify a cohort of appropriate students, and provide support to the young people in the use of the application; paperwork is being distributed for parental consent.
- The equipment i.e. I phones and the license for the application have been purchased. Outcome measures have been identified. Training days for school staff, young people and their families have been identified to be inducted with I phones, the Brain in Hand application, and its use.

Type of Technology intervention

- Mobile Apps

Group covered

- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- Group yet to be identified

Future plans for this project/scheme/service

- to be evaluated

Warwickshire: Assistive technology

Brief description of Project / Scheme / Programme / Service

- In summer 2014 WCC conducted a pilot project that investigated the use of Assistive Technology (AT) and its application for children and young people (13 – 19 years) with disabilities and their families.
- The pilot had 29 participants for the duration of the pilot. All were individually assessed and provided with equipment to support their needs.
- Feedback
- 22 out of 29 families gave feedback. 91% of families who gave feedback reported positive effects of using the equipment provided.

Brief description of good practice to be shared

- Main outcomes for families were increased dignity and independence experienced by young people and reduced stress and risk of breakdown for parents and carers.
- Key lessons learnt
- The 'worst' aspects of using the equipment reported by families were operational difficulties in fitting and / or using the equipment. Parents noted that they would like more guidance on the practicalities of using the equipment; A 'hints and tips' forum was suggested.
- A theme that became apparent from parental feedback was the feeling that the equipment would have been more useful, and easier to introduce, when the children were younger.

Type of Technology intervention

- Telecare Sensors
- Mobile Alarms
- Simple aids

Group covered

- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- 29

Future plans for this project/scheme/service

- To be evaluated

Wigan: Assistive technology

Brief description of Project / Scheme / Programme / Service

- Assistive Technology is the facility to use technology to remotely monitor risks associated with people living independently. The service is available to help vulnerable people live more safely at home by providing early warning of when they are at risk and ensure they receive help quickly.
- It also provides unplanned assistance for people aged 18 or over who need support following an unexpected emergency and who would otherwise be admitted to hospital or respite care.
- The service is available all year round and provides:
 - help with personal care, such as changing soiled clothing
 - physical help with toileting
 - help lift a person from the floor following a fall (where appropriate)
 - Support to carers.
- Support Services is a flexible and responsive service that can meet a range of individual needs and circumstances as well as reducing the pressure on carers.

Brief description of good practice to be shared

- Assistive Technology Service.
- Assistive Technology has now been expanded and sits within the Early Intervention Service.
- The Early Intervention Service is a multidisciplinary team consisting of Occupational Therapists, Reablement staff and Assistive Technology assessors. These staff are trained to improve independence by:
 - Designing a Reablement programme to help clients gain skills and confidence at home (The service is provided free of charge for up-to six weeks).
 - Providing equipment or adaptations to help people to carry out daily living skills
 - Providing advice on new methods and techniques
 - Providing assistive technology devices to help people to remain independent
 - Referring people onto other relevant services or agencies

Type of Technology intervention

- Telecare Sensors
- Mobile Alarms
- Support Service (falls and unplanned don care provision)

Group covered

- Older People
- Older People with Dementia
- Learning Disabilities
- Physical Disabilities
- Mental Health
- Carers

Numbers of individuals covered

- 1700

Aim of the project/ scheme / programme / service

- Reduce need for assessed (FACs) homecare services
- Support carers

Future plans for this project/scheme/service

- To be sustained at current levels