

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.



The benefits analysis has revealed that the telecare service achieves significant cost savings, as well as delivering improved quality of life outcomes for users and carers. As a result we're keen to expand the service further, and to work more closely with our partners in health to support the wellbeing of people in our community.

Joy Hollister, Children, Adults and Housing Group Director, London Borough of Havering



Highlights

- 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

Results

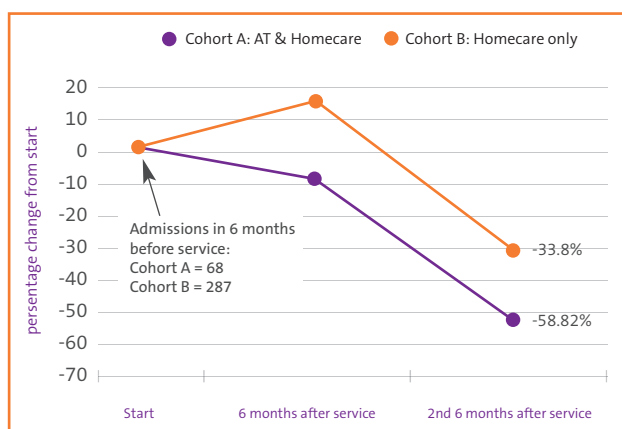
The council commissioned an independent evaluation of the telecare service, resulting in a robust, longitudinal analysis of three key measures to evaluate the benefits provided by the telecare service, comparing two cohorts:

- **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:

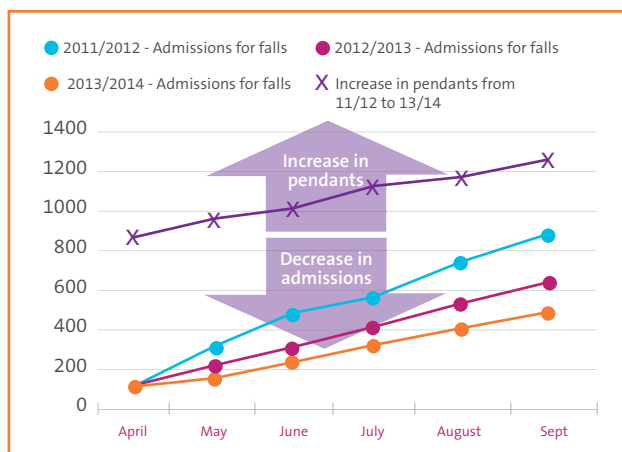
1: General impact on hospital admissions

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.



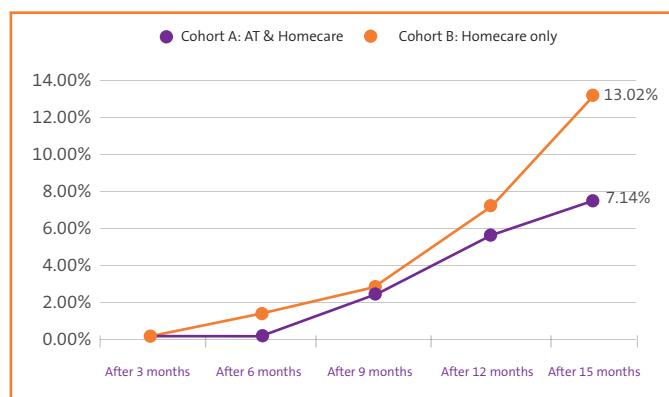
2: Reductions in admissions due to falls

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**.



44%

Reduction in hospital admissions as a result of falls for telecare users compared with home care alone.

Quality of life

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%
Carer	The person being cared for is more confident to be on their own	82%
User	It has prevented me having to go to hospital (or reduced the risk of it happening)	65%
Carer	The person being cared for has been prevented from having to go to hospital (or the risk of it happening has been reduced)	62%
User	The amount of help I need from others has reduced	61%
Carer	The person being cared for needs less help from others	52%



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.

Mr C - Living alone

Mr C is 83 and uses a walking aid to mobilise around the home. He has been using telecare for three years since his wife passed away. Mr C has a Lifeline unit and wears a MyAmie personal pendant on his wrist and also has a smoke detector and carbon monoxide detectors.

“ Mr C said:

When my wife was with me there were occasions when we had to call out an ambulance. One was a kidney problem and another time was my heart. My wife was able to make the phone call and open the front door. Now being alone and having a bad back, I realised I wouldn't be able to do that nearly as quickly.

Since I've had the telecare service there was a time I woke up in real pain – it was horrible. The pain was so bad and I wasn't really with it so was quite anxious. I pressed the button on the alarm around my neck and in no time a man arrived. He asked me about any medicine I needed and was up and down the stairs like a jack-rabbit. The hospital sorted me out and luckily it was just a scare.

I think the telecare service is smashing. It works really well and puts my mind at rest.

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