

Transforming integrated care with telecare

The challenge

The Wakefield area covers some 350 square kilometres, most of which is rural, and is home to 325,570¹ people. Despite some improvement in recent years, health inequality remains a major challenge for Wakefield, with life expectancy, deprivation, smoking, obesity and early deaths from heart disease and cancer all worse than the England average.²

Within the Wakefield District 11.1% of the population provide unpaid care to look after, or support family members, friends, neighbours or others because of long-term physical or mental ill-health, or disability relating to old age.³

How can Wakefield deliver efficient, holistic services to all ages, ensuring people can live in their own homes for as long as possible, promoting independence and caring for carers?

What we did

Telecare was officially launched in Wakefield as a service in November 2007, following the introduction of the Preventative Technology Grant (PTG) which was introduced by the Department of Health in order to encourage the widespread adoption of telecare in England.

The telecare service aimed to create the foundation for a large-scale, mainstream service with telecare integrated into the assessment process for people with substantial and critical needs, and being considered as part of their care plan.

Wakefield Council worked in partnership with a number of other stakeholders including Tunstall Healthcare (UK) Ltd, Wakefield District Housing CareLink Monitoring Centre, Northern Housing Consortium, Barnardos, Carers Wakefield District, Kids (WeSail), NHS South West Yorkshire Partnership Foundation Trust, Commissioned Care Providers (e.g. Choice Support, Wilf Ward Trust), West Yorkshire Fire & Rescue and Community Crime Prevention.

A Smart House was created to provide a focal point for engaging with professionals, users and carers alike. Equipped with a selection of telecare solutions, the Smart House enables the technology to be viewed insitu and demonstrates how unobtrusive it can be.

It also allows people to try the technology for themselves and see how it can be used and programmed to meet individual need.

“The key to our success has been building telecare as an integral part of delivering care at home. Our approach is to ask ‘why not telecare?’, rather than ‘why telecare?’. Without it, we would have seen significantly higher numbers of people admitted to hospital and to residential care, instead of enjoying life in their own homes.

Sam Pratheepan, Director of Adult Social Services, Wakefield Council



Result Highlights

- The service generated £1.3m savings in 6 months
- Average of 23 people deferred from entering residential care each month
- Average cost efficiencies per person per year £9,843

“Telecare has the potential to make a huge difference to all sorts of people – older people, carers, people with learning disabilities. We continue to seek new ways of using telecare to improve the lives of people in Wakefield, and look ahead to working with Tunstall using future technologies to support people in innovative ways.

Frances Thompson, Assistive Technology Development Manager, Wakefield Council

Results

Upon initial deployment in 2007, and following the subsequent mainstreaming of the service in 2009, Wakefield Council conducted a comprehensive three-year evaluation, which aimed to show how successful telecare has been in supporting a wide number of people. It also looked at how telecare is promoting independence and wellbeing and deferring admittance to hospital or residential care, providing cost effective care and support.

The most significant result to emerge was the substantial financial saving made as a result of using telecare; **£1,325,753** over a 6 month period based on the cost of the current care-plans, deducted from the allowable residential care admission costs.

Evaluation – October 2010 to March 2011

Based on 135 people who would be signposted to residential care without telecare support (includes Learning Disability support).

	Efficiencies (£)
October 2010	124,711
November 2010	179,027
December 2010	272,699
January 2011	188,586
February 2011	353,003
March 2011	207,727
Total efficiencies	1,325,753 NET

Case study

Iris stays at home

“Iris” was 96 and had lived in her first floor flat in a sheltered scheme for 26 years. As her dementia progressed her son, who lived half an hour away, was concerned that every time he visited his mother she was inactive; either in bed or sitting in her armchair. Iris had also displayed some erratic behaviour and experienced some falls.

As a result, a bed occupancy sensor and chair occupancy sensor were installed so that if Iris left her bed or chair and failed to return after a lengthy period of time, her son would be alerted by phone. This resulted in numerous calls, but every time he then visited his mother she was asleep in bed. A Just Checking system was installed for a week, which used PIRs placed around the property to detect movement 24 hours a day and build up a picture of activity. As the system is web-based, both Carelink and Iris’s son could view the results, which showed Iris was in fact very active throughout the day and night.

In order to reduce the number of false alarms, FAST PIRs were installed, intelligent movement sensors which work with the bed and chair occupancy sensors. This meant that if Iris left her bed or chair for a long period of time, but a PIR detected movement in another area of the flat, no alarm call would be raised. However, if she was to leave her bed or chair and no movement could be detected elsewhere her son would be alerted.

The solution meant Iris was able to remain in her own home for the rest of her life, and her son was assured that he would be able to go to his mother quickly if she needed him.

¹Our Wakefield, State of the District Report, Update October 2011, Wakefield District Partnership

²Wakefield Health Profile 2008, Association of Public Health Observatories

³Census 2001

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