HOUSING LIN POLICY BRIEFING

Wanless Social Care Review

Telecare and older people

The final report of the Wanless Social Care Review team led by Sir Derek Wanless was published in March 2006. The report provides a comprehensive analysis of the demand for social care over the next 20 years.

As part of this review the King's Fund published a background paper entitled Telecare and older people. This briefing paper considers the issues set out in that paper.

The role of telecare

Wanless uses the description of telecare that the Audit Commission used in their 2004 report on telecare and older people 'any service that brings health and social care directly to a user, generally in their own homes, supported by communication and information technology. Data is collected through sensors, fed into a home hub and sent electronically to a monitoring centre' [1].

The government believes that telecare can help older people to remain in their homes for longer; it gives reassurance to carers and contributes to the shortfall in the workforce. However, the House of Lords Science and Technology Committee in 2005 could not understand why third generation 'intelligent' alarms were not already widely used, given their self-evidence advantages [2].

The Department of Health (DH) preventative Technology Grant is providing local authorities with £80m over two years to promote and invest in new technology. In addition, there is a commitment in the DH's White Paper, *Our health, our care, our say: a new direction for community services*, to set up three demonstrator areas, each with populations receiving telecare, alongside new ways of working to improve services for people with long-term health conditions [3]. A copy of the Housing LIN briefing on the White Paper is available at www.changeagentteam.org.uk/housing.

Technology cannot deliver care, but can enable the redeployment of care time, manage risk by providing security and provide alerts. Specific telecare technology can help monitor diabetes, asthma and high blood pressure.

The market for telecare is not limited to individuals who qualify for state funded social care. Many of the manufacturers are targeting the private market.

The existing evidence base for the impact and cost effectiveness of telecare is limited and this report raises the following questions:

- Should telecare be an element of any care package after a needs assessment, on a par with existing services?
- Who will have the professional expertise to recommend the various technological options, is this a role for occupational therapists?
- Should eligibility be governed by national guidelines or left up to individual local authorities?
- Should telecare be targeted at niche high-needs groups or offered on a universal basis to maximise its potential preventative role?

The technology on offer

Telecare equipment and services provide the opportunity to react to hazardous events and to alert and prevent deterioration in an individual's ability to care for themselves. The following classification is based on the Audit Commission 2004 report:

- **Information** Advice, self help groups and web based information systems which could also include internet services such as shopping
- **Electronic assistive technology** intelligent heating systems, automatic beds, doors and electronic prompts such as to take medication and video telephones
- **Safety and security monitoring** Sensors that transmit signals to a central hub to monitor floods, gas leaks, unlocked doors, fire, carbon monoxide and other safety indicators. In an emergency an alarm rings in the home and is transmitted to a call centre where staff will alert previously agreed contacts
- **Personal monitoring** At a basic level this would include falls detectors or a wander monitor that will trigger an alert. More intelligent systems can detect 'abnormal' activity such as overnight absence from a bed. Changes in normal patterns trigger an alert.
- **Vital signs monitoring** these systems can record information about weight, temperature, blood pressure and other physiological signs. The data is assessed by clinicians and can be set to alert them to changes. Monitoring also builds up a health record

Costs of telecare are modest. A basic home safety package costs around £360 plus monitoring costs of £5 per week. Home health monitoring is more expensive, around £700 and £10 per week monitoring costs. Where telecare equipment is provided following a community care assessment as an aid to daily living it should be provided free of charge. The local authority's normal means testing regime can be used for the service element. More information on the legal and regulatory framework for telecare is available at www.curs.bham.ac.uk/research/CICG/Consul2491Presentations.htm and the on-line CSIP Telecare Implementation Guide at www.icesdoh.org/telecare.

The use of technology has significant implications for staff and older people who use it. To be most effective it needs to be part of a whole systems approach, including new models of working.

The evidence base

Various pilot studies have taken place, which offer evidence that providing early, limited packages of telecare can delay moves into residential care. More complex

telecare packages can be aimed at people in the early or middles stages of dementia.

In most cases the technology is straight forward, the greatest challenge is developing the associated organisational infrastructure. Telecare needs to be part of local, housing, health and social care systems.

The report contains details of a number of pilots, including:
West Lothian: Opening Doors for Older People. This is the UK's largest telecare project, launched in 1999 and provided to around 10,000 households (everyone in the district aged 60 or over). The project was part of a major culture change and re-engineering of services for older people that included the development of extra care housing and changes to home care services. David Kelly the Director of the Council's Community Health and Care Partnership draws the following conclusions;

- Implementing telecare on its own without wider system improvements is a wasted opportunity
- Telecare is not a cut price alternative to personal care, but sits alongside it
- A technology driven approach does not work
- A focus on cost saving/shunting does not work
- A high level of commitment at senior level is required
- West Lothian has found 'minimal interest' from the local NHS in telecare/telemedicine possibilities

Details of all the pilot studies in the report and other examples can be found at www.changeagentteam.org.uk/housing and www.icesdoh.org/telecare.

Modelling the impact of telecare services
There is a lack of rigorous data on the cost implications of telecare, due to the small scale of the pilots. Few attempts have been made to model the impacts on a national scale. One theoretical cost model for a large city (Birmingham) involving 11,618 community alarm users (Brownsell et al 2001) found a return on investment after 10 years [4]. Predicted savings were in reductions in time spent in hospital and residential care.

The Brownsell model suggested that financial benefits would be split across the system as follows:

- Local authority housing 4%
- NHS 43%
- Residential care 53%

Research into how far and at what cost the housing stock can be modified to accommodate different types of technology, carried out by the King's Fund, shows that not all properties can be adapted to meet the needs of people with high care needs.

Wireless telecare can usually be fitted to any home, but the home itself may not be capable of adaptation to meet the needs of the person who lives in it, making it necessary for them to move to new accommodation that is easier and more cost effective to adapt.

The acceptability of telecare to older people

It is often said that older people are resistant to new technology. However, a study into the acceptability of upgrading community alarms asked 176 users with an average age of 76 for their views on potential enhancements [5];

- Automatic falls detection
- Lifestyle monitoring
- Telemedicine
- Video conferencing

Only 11% of those interviewed did not want any of the enhancements. On a 20 year horizon, a large proportion of people reaching retirement age will be familiar with IT.

For telecare to become part of the mainstream requires care professionals to be more aware of its potential, such as using falls detectors for people identified at risk of falls or who have had a fall.

Discussion

The report highlights that a majority of older people express a preference for remaining in their own home and technology is likely to play an increasing role to support this.

Successful telecare needs to involve a number of different players, call centres, response teams, health, housing and social care professionals and IT to deal with and analyse data collection.

The messages in the White Paper support and encourage the development and delivery of telecare. Evidence shows that telecare can provide the most benefit to people with low and medium level needs as well as producing the greatest cost benefit. However, these are the people who fall outside of eligibility criteria for state funded care. A key issue is to decide who should be offered telecare and what should be state funded. The report notes that if the preventative potential of telecare is to be realised then the market for self-funded care will need to be encouraged.

It is difficult to judge what impact telecare will have on costs. There have been a large number of small pilots, most studies have produced positive results but there is no agreed framework for evaluating cost effectiveness. However, sufficient lessons have been learned to move telecare into the mainstream and for it to be an automatic consideration in any care package following needs assessment.

Telecare's role in postponing and diverting people from hospital and residential care will redistribute costs and benefits across the system. The costs of delivery need to be apportioned according to likely financial benefits.

It concludes, advances in technology over the next 20 years will play an important role in long term care. Short term cost factors should not be the deciding factor given the potential benefits it offers.

A copy of the full Wanless Report, *Securing Good Care for Older People*, and the accompanying appendix on telecare and older people can be downloaded from the Kings Fund website at www.kingsfud.org.uk/publications.

References

1. Audit Commission (2004), *Older People: Implementing Telecare*, London: Audit Commission
2. House of Lords Science and Technology Committee (2005), *Ageing: Scientific aspects*; London: The Stationery Office
3. Department of Health White Paper (2006), *Our health, our care, our say: a new vision for community services*, London: The Stationery Office
4. Brownsell S et al (2001), *An attributable cost model for a telecare system using advanced community alarms,* Volume 7, Journal of Telecare and Telemedicine
5. Brownsell et all 2000 *do community alarm users want telecare?* Journal of telemedicine and telecare, vol 6, 99 199 - 204