Telecare and Personal Budgets

Managing the demand for care and support through assistive technologies

A review of preventative models of practice and their impact on the take-up and utilisation of telecare equipment

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Contents

Background

The ADASS West Midlands sponsored project to position Telehealthcare at the heart of care delivery (the Telecare project) seeks to contribute to the efficiency and improvement plans of councils in the region. Specifically, the project is promoting and actively disseminating good practice in order to **increase the use of telecare for people using personal budgets**.

A separate ADASS-sponsored project seeks to improve the quality and take-up of personal budgets (the Personalisation project) and there is a need to ensure that both projects work together in a way that ensures their common objectives are met without duplication.

Project Requirements

This report is the key deliverable of the project and incorporates:

1. An evidence base of telecare models of practice, with a focus on demand, utilisation, funding and the relationship between telecare and personal budgets
2. A case study analysis incorporating recommendations for improvement
3. An evaluation of the key learning points.

A presentation summarising the report has been made to the West Midlands Telecare Network.

Executive Summary

A range of capabilities is needed to increase the demand and usage of telecare solutions, including:
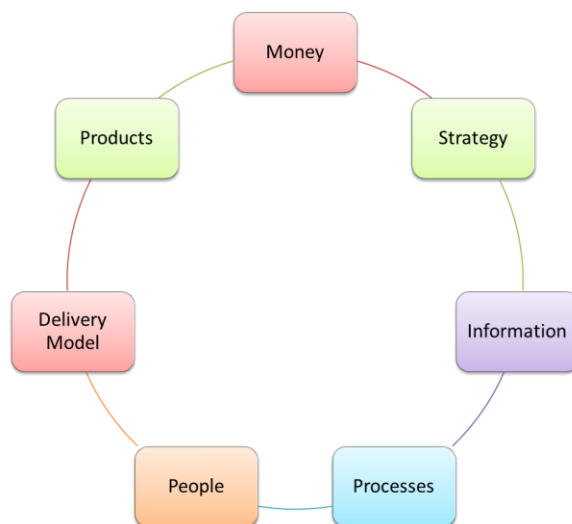
Figure 1: Capabilities needed to increase the demand and use of telecare

- **Strategy** – an integrated telehealth and telecare model should encourage take-up and utilisation, both as a preventative measure and as a means of reducing ongoing health, care and support needs.

- **Information** systems - should promote awareness about all aspects of telecare and should target the whole population, so that awareness of the potential of telecare solutions improves and access to telecare becomes universal.

- **Processes** - should be aligned to increasing access, whether by self-referral and self-funding or through referrals by health or social care practitioners at assessment, support planning and review stages.

- **People** – staff should be equipped to talk knowledgeably about the features and benefits of telecare and to recognise when it might lead to improved outcomes for people; they should routinely consider the telecare options within all ongoing care and support packages.

- **Delivery Model** – councils should consider the scalability of local delivery arrangements so that telecare services can support current and target levels of demand.

- **Products** – there should be a range of affordable solutions and products that are capable of meeting a wide spectrum of needs. Information about products should be easily accessible.

- **Money** – councils and their health partners should allocate sufficient resources to enable their local strategic aims to be met. People should be able to spend their own money, including money allocated to them by way of personal budget or personal health budget, on telecare equipment as part of their care and support package as long as it helps to meet the outcomes they are seeking to achieve.

Councils should consider the extent to which these capabilities are embedded and where local improvement might be necessary in order to increase the demand and usage of telecare solutions.

We have assessed the Dudley Telecare Service against these capabilities and have identified a number of opportunities for improvement. It is, though, for the council concerned to evaluate these opportunities taking into account the local context. In any event, the case study provides good evidence of the council's use of management information to target improvements, as well as identifying gaps in the data that might be closed in order to create a more compelling evidence base for the benefits of telecare. Councils might want to consider enhancing existing management information to give a more insightful picture of demand and utilisation.

Finally, we have considered the relationship between telecare and personal budgets, concluding that telecare should be treated in the same way as any other service selected to meet assessed needs.

Legislative restrictions mean that if a Council has a strategy of offering Telecare through its own service to anyone wishing to pay a weekly amount, they are currently unable to offer a simple direct payment transaction, meaning that such services must be funded through a managed account.

There remains the opportunity to offer direct payments for telecare services that fall outside of the council offer. However the availability of similar or better standard offerings outside of the council service to anyone wanting to buy into them is limited, both in terms of marketing from those solutions and from local authority information to signpost.

In this context awareness, understanding, provision of information and stimulating the market to support people with their own cash to spend on assistive technology solutions are all vital in any programme advocating the use of telehealth or telecare.

Introduction

Councils continue to face unprecedented financial pressure on adult social care budgets, with demand for funded care and support being driven by an ageing population and legislative change at a time of economic austerity and government funding cuts. Against this background, preventative services are competing against more traditional forms of provision for scarce and reducing resources. Care and support services of all types need to prove their worth by preventing, delaying or reducing more intensive levels of need, or by delivering improved outcomes for people, or both.

The Care Bill currently before Parliament envisages a care and support system that promotes wellbeing and that prevents, delays and reduces the need for ongoing care and support. Telecare supports the prevention agenda by enabling people to remain independent and in their own home.

The government has put a firm emphasis on the role of new technologies in supporting people with care needs. The Whole System Demonstrator programme was set up by the Department of Health to show just what telehealth and telecare is capable of. The programme aims to provide a clear evidence base to support important investment decisions and show how technology supports people to live independently, take control and be responsible for their own health and care.

The Department of Health (DH) believes that at least three million people with long term conditions and/or social care needs could benefit from the use of telehealth and telecare services. The *3millionlives* programme sets a target for technology-based care solutions to reach three million people by 2017. Whilst awareness amongst councils of this initiative has been assessed as poor[1] most authorities have developed plans or internal guidance for the future use of telecare within their social care services.

Whilst councils appear to be convinced of the preventative benefits of telecare there is mixed evidence about the benefits across health and social care. As the evidence continues to evolve, systems that reliably identify and track the benefits of technology solutions both as preventative measures and as an integral part of ongoing care and support packages will be a critical consideration in local investment decisions.

Definitions

The King's Fund defines telecare "as the remote or enhanced delivery of health and social care services to people in their own home by means of telecommunications and computer-based systems. Telecare is characterised by continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living."[2]

The 3millionlives initiative sets out that telecare "includes services that incorporate personal and environmental sensors in the home, and remotely, that enable people to remain safe and independent in their own home for longer. 24 hour monitoring ensures that should an event occur, the information is acted upon immediately and the most appropriate response put in train."[3]

[1] Care and support at home: An audit of telecare services in England, Good Governance Institute, September 2012.

[2] The King's Fund, Telehealth and telecare: Key points and background, December 2011

[3] 3millionlives, About 3 Million Lives, http://3millionlives.co.uk/about-telehealth-and-telecare

Neither of these definitions explicitly recognises the potential for telecare to be used in group accommodation settings such as residential care homes, respite facilities or even in hospital wards. Nor do they adequately recognise the flexible and developing nature of the technology. This is more a reflection of the rapidly changing market for telecare and telehealth products than a considered statement of limitation of scope.

Whatever it's setting, telecare requires both home (or mobile) equipment and remote monitoring in combination to enable people to remain safe and independent.

An audit of telecare services in England[4] highlighted a significant variance in telecare deployment by councils in England:
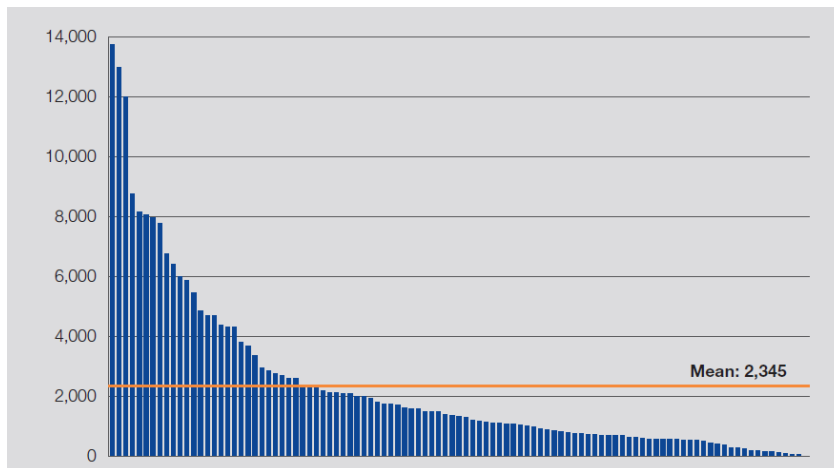
Figure 2: Cumulative figure for the number of users of telecare services in the financial year 2011/12, by local authority (source: Good Governance Institute)

Collectively the councils responding to the audit reported that around 240,000 people were being supported with telecare – significantly below the target set by the 3million lives programme. Official statistics report the number of telecare users (including self-funders and those supported by local authorities and the NHS) as 1.5million and even at this level it is clear that a significant effort is needed to double telecare deployment.

The difference in numbers is likely to be due to a combination of factors, including different definitions of what constitutes telecare and the inclusion of people who buy their own equipment.

Telecare and telehealth: the case for investment

Headline findings from the Whole System Demonstrator programme[5] published in December 2011, identified that if used correctly telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days, an 8% reduction in tariff costs and a 45% reduction in mortality rates – collectively adding up to a saving of £1.2bn per annum according to government figures[6]. Health analysts from the Department of

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[4]   Care and support at home: An audit of telecare services in England, Good Governance Institute, September 2012.

[5] Whole System Demonstrator Programme Headline Findings, DH, December 2011

[6] DH Press Release, March 2012

Health took this finding and, using the emergency admission figures for each GP practice from the previous year, calculated the potential savings this could produce for each CCG[7].

More recent studies have been less positive about the impact of telehealth and telecare: on contact with general practitioners and practice nurses[8], the cost effectiveness of telehealth[9], its effect on the use of other services[10] or its effect on quality of life or psychological outcomes for patients with chronic obstructive pulmonary disease, diabetes, or heart failure[11]. In the absence of consistent and positive evidence of the benefits of telecare local health and wellbeing boards may be reluctant to commit substantial resources and this could threaten telecare provision, with a tendency towards block contracts for a limited range of devices rather than an outcome focussed assessment with a range of telecare options integral to the solutions offered where appropriate.

Notwithstanding the conflicting evidence from academic studies, there remains a significant commitment to telehealth and telecare from those involved in the Whole Systems Demonstrator programme and from those to have built their preventative services around the use of assistive technologies, whilst there are many local case studies that evidence the personal benefits experienced by users of telecare and telehealth services, such as the West Midlands Pill Dispenser project in which participants generated savings of £431k, at an average of £1,700 per person over a six month period. As local Health and Wellbeing Boards seek to prioritise their spending for optimum benefit, it is essential that a credible evidence base is developed in order to support vital investment decisions.

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[7] http://3millionlives.co.uk/about-telehealth-and-telecare#benefits_for_health_and_social_care_professionals

[8] Impact of telehealth on general practice contacts: findings from the whole systems demonstrator cluster randomised trial, Bardsley et al.; licensee BioMed Central Ltd, October 2013

[9] Cost effectiveness of telehealth for patients with long term conditions (Whole Systems Demonstrator telehealth questionnaire study): nested economic evaluation in a pragmatic, cluster randomised controlled trial, Henderson et al, BMJ 2013;346:f1035, March 2013

[10] Effect of telecare on use of health and social care services: findings from the Whole Systems Demonstrator cluster randomised trial, Steventon et al, Age & Ageing doi: 10.1093/ageing/aft008, February 2013

[11] Effect of telehealth on quality of life and psychological outcomes over 12 months (Whole Systems Demonstrator telehealth questionnaire study): nested study of patient reported outcomes in a pragmatic, cluster randomised controlled trial, Cartwright et al, BMJ 2013;346:f653, February 2013

Part A - Evidence Base: the capabilities needed

This section provides examples of practice in telecare and reflects efforts made by local councils and their partners to increase the take-up and use of telecare solutions. It should be noted that there is no single or optimal approach to increasing telecare deployment and it is for individual councils to determine whether the examples provided are appropriate to their local context.

Local strategies vary but typically describe:

- a locally agreed definition and scope for telecare services
- a vision of the future that involves telecare making a significant contribution to the prevention agenda
- a statement on entitlement to telecare services
- an outline of the operating model, describing how people will access and experience telecare services
- a baseline and target level of deployment
- enhanced public information about Telecare, how it works, how it can be accessed and the benefits that can be expected from using telecare

Strategies for increasing access to Telecare

Councils are increasingly offering a mainstream telecare service that can "significantly contribute towards the continued shift from residential and nursing care to personalised community-based care"[12], thus avoiding or deferring the need for more costly support whilst ensuring that people remain safe.

Leicestershire County Council reports[13] that "Telecare services are provided under Prevention services, and are subsequently offered outside of Fair Access to Care eligibility criteria… telecare is offered as a Prevention service under Leicestershire County Council's Assistive technology strategy. Referrals are made to our Assistive Technology team via a single point of access (Customer Service Centre). A simple paper based assessment is undertaken to identify the individual's prevention need and whether this can be met through a technology based solution."

Sunderland Telecare offers telecare services on three levels:

- Level One - Universal Prevention Service
- Level Two - Targeted Service (Reablement)
- Level Three - Targeted Service (Complex Care)

In the context of a system that seeks to promote wellbeing the 'target demographic' for telecare services is far broader than those in receipt of traditional care and support services and should not be constrained by an assessment of eligibility against Fair Access to Care Services (FACS) criteria. This requires that councils develop a telecare offer that is relevant to those not yet in receipt of care and

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[12] Surrey County Council Adult Social Care Select Committee report 'Mainstreaming Telecare and Telehealth Service in Surrey', November 2011

[13] Care and support at home: An audit of telecare services in England, Good Governance Institute, September 2012

support services, including those who fund their own care, so that they use, and benefit from, telecare as a preventative approach.

Strategies for an integrated approach to Telehealthcare

One of the central principles of the Government's health and social care reforms has been to promote greater integration between social care, health and health-related services. In developing their local integration plans, councils and their health & wellbeing partners will want to consider how telecare can advance the integration agenda.

Bolton Council works with local health partners on delivering telehealth and telecare services: "Telecare can be provided to anyone living in Bolton, and has also been provided at Royal Bolton Hospital, on three mental health wards (working with Greater Manchester West NHS FT) and in Intermediate Care Schemes and Extra Care Schemes."[14]

The NHS Hull Clinical Commissioning Group (CCG) has prioritised the development of telehealth services in its Commissioning Strategy with additional resources in the period 2013-15 identified to support an increase in capacity of existing services. To progress the development of telehealth and telecare services a multi-agency Stakeholder Board, chaired by the Director of Commissioning & Partnerships of the CCG and including membership from a range of agencies involved in telehealth and telecare services in Hull, including the City Council, has been developed and meets on a regular basis. Work is underway to develop an integrated telehealth and telecare model underpinned by a common set of processes. These include needs assessment, choice of equipment, installation and de-installation, education and support, review of data and responding to 'alerts'.

Many individuals will have a range of needs that can be met by both telehealth and telecare response e.g. an individual may have Heart Failure, the management of which can be supported through telehealth monitoring; as well as dementia, for which a range of telecare options may assist that individual to remain living independently at home. The vision in Hull is that an integrated telehealth and telecare service will provide a single, consistent, individual-focused response to individuals with a range of care needs.

Partners in Staffordshire take an integrated approach to telehealth and telecare, co-ordinating effort through the Staffordshire Digital Programme Board (formerly Staffordshire Assistive Technology Board). The Board comprises a diverse group of stakeholders including CCG's, Acute Trusts, Community & Mental Health Providers, voluntary sector organisation and Local Authorities. Partners work together to ensure interoperability, connectivity and sharing of data, with a focus on the Digital Health interface with service users, their families and carers.

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[14] Care and support at home: An audit of telecare services in England, Good Governance Institute, September 2012
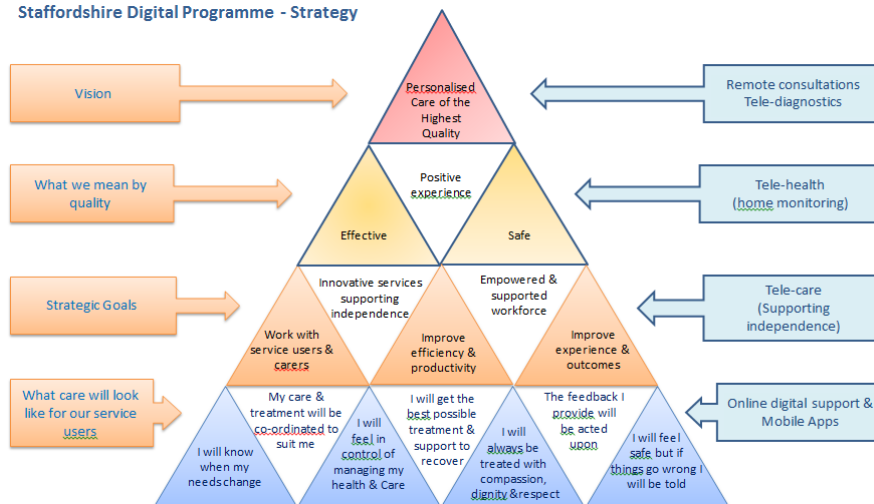
Figure 3: Staffordshire Digital Programme

Delivery of the strategy is through four interoperable technology platforms:

a. Tele-care (devices that support independent living in the home, personal use or accessed / monitored through social care)

b. Tele-health (devices that enable home monitoring of health parameters, allowing for early intervention by the service user, carer or professional)

c. Online self-management & "Apps" – sign-posting to credible relevant information that supports decision making and self-management

d. Video conferencing and tele-diagnostics – to allow necessary contact but without a face to face meeting. Tele-diagnostics is defined as near patient testing (usually blood tests such as INR, routine bloods) to avoid an out-patient appointment.

The strategy represents a move towards a proactive, preventative model and a decrease in reactionary services and a move of all care to the patient's own home wherever possible. This means assessing, planning, delivering and reviewing care in a different way in the future and is underpinned by a clear shift from providing care in the traditional sense to supporting people and their families to better look after themselves.

Improving the Information Offer

Surrey Telecare is a partnership initiative set up by the District and Borough Councils, service providers across the county and Surrey County Council, to raise awareness of Telecare and the peace of mind that an installed Telecare alarm can bring. The Surrey Telecare website (www.surreytelecare.com) contains information about a wide range of telecare equipment, supported by videos and case studies to illustrate how people have benefitted from the use of telecare.

A number of council websites provide the ability to research, select, order and pay for telecare equipment through an online 'e-marketplace' and through links to equipment catalogues such as The Gadget Gateway developed in the West Midlands by The Community Gateway CIC and the Disability Living Foundation's AskSARA service. These online services enable care professionals, intermediaries, and service users to access products and support easily and cost-effectively from

over 100 providers – from handymen to residential homes, domiciliary care professionals to equipment manufacturers.

Staffordshire County Council runs an annual 'Gift Ideas' campaign in the run-up to Christmas, using its website and community facilities (schools, libraries, community centres etc.) to raise awareness of telecare and other aids and the potential for them to be used as Christmas gifts. The site enables direct purchases to be made in the same way that online retailers operate.

ADASS West Midlands commissioned the Community Gateway CIC to develop an information tool kit[15] to spread the word (based on real life experience) about the role assistive technology can play in everyday life. The toolkit provides case study examples of how AT is deployed in a range of community and residential settings and illustrates the positive impact that assistive technology can have on people's lives, often at modest cost but always based on achieving the best outcomes for the individual.

Enabling Processes

Eligibility for telecare services is mainly based on the potential of the equipment to prevent or delay ongoing care and support needs. This means that it is not limited to those who are eligible under FACS criteria for funded support.

The London Region Joint Improvement Partnership produced the Telecare Optimum Delivery Tool[16] in 2010, detailing the overarching steps for a telecare service. We have adapted this model to reflect current practice particularly in respect of pre-assessment reablement:
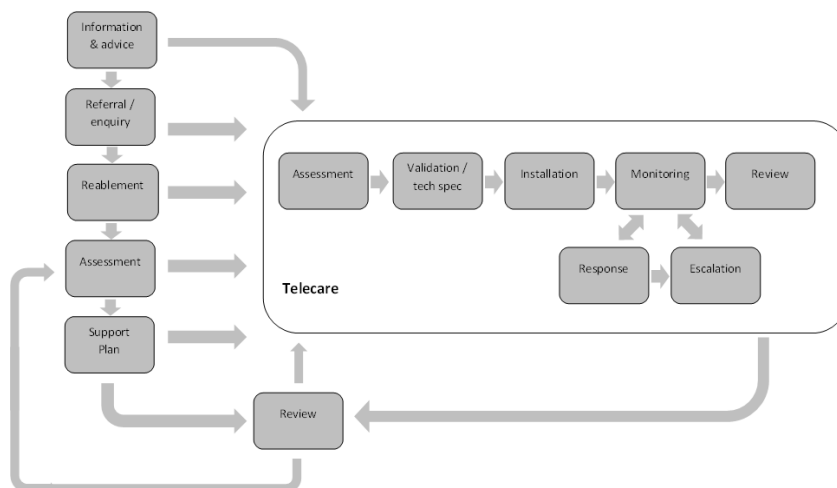
Figure 4: Telecare Optimum Delivery Tool (adapted), London Councils

This adapted model shows a typical 'customer journey' based on the self-directed support process (vertical process steps) and its interface with a typical telecare process (horizontal process steps). In this model, access to telecare services may (i) be purely preventative, facilitated either by self-referral or through the intervention of health, social care or community practitioners; (ii) arranged during a period of reablement; or (iii) as part of an ongoing package of care and support.

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[15] "Maximising the potential for the use of Assistive Technology", The Community Gateway CIC / ADASS West Midlands, 2013

[16] See http://www.thinklocalactpersonal.org.uk/Regions/london/resources/overview/?cid=8070

(a) Referral

Cumbria County Council has developed guidance for accessing telecare services based around three 'Routes to Telecare':

1. Prevention Route, for customers who have a need for Telecare services but who don't meet FACS eligibility criteria.

2. Reablement Route, for Customers who have a need for Telecare as part of a Reablement package.

3. FACs Critical/ Substantial Route, for Customers who are FACs eligible and assessed as requiring Telecare Services.

A fourth route involving information and signposting is needed for people with low-level needs but who fund their own care and support.

(b) Assessment

The model identifies two types of assessment – an Assessment of Needs and a Telecare Assessment.

Within the self-directed support process assessment typically comprises a self-assessment, community care assessment of needs and a financial assessment, all of which are used to help determine eligibility for funded care and support. Such assessments should routinely consider the potential for telecare within the overall package of care and support.

In all cases where telecare is considered (whether as part of a community care assessment or as a result of a preventative or reablement intervention) a telecare assessment is used to determine whether telecare is appropriate and to identify the most advantageous equipment to be deployed. Lincolnshire Council provides an online telecare assessment tool, developed by ADL Smartcare. The tool comprises 23 questions about a person's ability to perform a range of tasks and uses the responses to identify appropriate telecare solutions. The assessment can be undertaken as a self-assessment or by trusted assessor and client together. https://www.lincolnshiretelecare.org.uk/ .

(c) Support Planning

Where people have eligible needs they will produce a support plan which will identify the range of supports required to help them achieve their personal outcomes. Support plans should routinely consider whether telecare solutions would contribute.

Councils are increasingly turning to strengths-based approaches to support planning, such as the 'Empower and Enable'[17] model developed by The Groundswell Partnership. The approach is intended to be used for people using personal budgets and is also good preventative practice for people with support needs who might fall outside local Fair Access to Care thresholds for support.

Effective support planning relies on there being reliable information about the options available to people to meet their needs. Without useful and compelling information about telecare, support plans are unlikely to seriously consider technology-based options.

(d) Review

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[17] Empower and Enable: a people led approach to support planning, Groundswell Partnership, May 2012

The review stage also provides an opportunity to reassess the appropriateness of telecare as a part of a person's care and support package. There is a need for a more assertive approach to reviews, both in terms of the number of reviews and the rigour with which they are undertaken.

According to official data[18] only 65% of FACS eligible clients received a review in 2012/13, down 13% on the previous year. This suggests that the priority afforded to reviews is slipping as resources continue to be stretched. According to Towards Excellence in Adult Social Care (TEASC), the coalition of sector leaders tasked with supporting local authorities to improve in adult social care, "The reduction of reviews is not consistent with an improving picture of care management, especially since reviews are valuable as a means to ensure that people are safe, and to assess and review the costs of packages of care."

The increased focus on outcomes in social care would suggest that reviews should be becoming more, rather than less, frequent. According to TEASC the reduction "may be seen as an increased risk" for service users, particularly those with deteriorating conditions.

Developing the Workforce

There is a need to ensure that workforce training programmes reflect the priority afforded to telecare and help staff to follow the appropriate processes. Skills for Care are in the process of launching new resources http://www.skillsforcare.org.uk/Get-involved/Events/Event-articles/eAT-event-Birmingham.aspx.

Derby City Council uses 'Empower and Enable' to shift how they approach support planning. The personalisation team in Derby City has developed a new, core training package which is being rolled out to frontline staff engaged in supporting adults. The course is three days long and Empower and Enable is introduced on the first day to get people used to the approach. The council has developed a toolkit and a workbook to support learning and encourage good practice and uses this to reinforce its commitment to telecare.

As part of their Telecare Strategy, Surrey County Council has trained Telecare Expert Practitioners to be responsible for delivering local training sessions to the teams within their areas, and working with practitioners to improve Telecare uptake. They have each been provided with a Telecare demonstrator kit, which is available to share with staff and people who may need Telecare. A Telecare demonstrator site is also available to all practitioners as a means of extending their own Telecare awareness and knowledge, and to members of the public who wish to explore Telecare options.

Scalable Delivery Models

Many councils maintain a predominantly in-house monitoring and response service supported by either prime supplier or open market arrangements for equipment provision; other delivery models include arms-length and local authority trading company (LATC) arrangements, wholly outsourced and strategic partnership arrangements. In determining which model best fits the local context councils will want to ensure that delivery arrangements are capable of supporting current and target levels of demand.

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[18] Community Care Statistics, Social Services Activity, England - 2012-13, Final release, HSCIC, Dec 2013

In early 2012, Hampshire County Council supported just 260 domiciliary care clients with telecare equipment. Provision was delivered through four contracted providers for preventive telecare, with spot purchasing arrangements with five providers being used for critical and substantial cases.

There had been several attempts within Hampshire to improve take-up over a period of 5 years, typically based around funding for specific purposes. For example, large numbers of smoke detectors were installed on the basis of a grant received in 2008. However, none of these initiatives had significantly impacted on the take-up of telecare and service user awareness remained low.

Providers were consulted over the development of the telecare service, with a range of delivery options considered (see Figure 4).

OPTIONS APPRAISAL GRID

Market Option / Criteria	Telecare part of wider Council Outsourcing programme	Single Supplier	Prime Contractor	Arms Length Vehicle or Social Enterprise	Consortium Prime Contractor	Multiple Contracts (End-to-End Service)	Multiple Contracts (Fragmented Services)	Open Market (Prevention)	Strategic Partner
Telecare Network Partnership in County	1	0	2	2	2	1	2	3	2
Scope for partnerships - Other Councils	1	2	2	1	2	2	2	0	2
3 or less Monitoring Providers	3	3	3	3	3	1	3	0	3
Single Coherent Response	2	3	3	3	2	0	3	0	3
Simple for Council to manage	3	3	3	3	2	1	1	3	3
Ease and rapidity of Implementation	0	1	2	1	1	2	1	3	2
Rapid penetration of target population	1	1	2	2	1	1	1	0	2
Equity and Consistency of service	2	3	3	3	2	1	3	0	3
Low risk of Challenge from current providers	0	0	1	0	1	3	0	2	2
Low risk of impact on current service users from transition	0	0	1	1	1	3	1	1	1
Scope for Innovation	2	1	1	1	2	2	2	3	3
Value for Money	3	2	2	1	2	2	2	3	2
Total (Rank)	18	19	25	21	21	19	21	18	28

Figure 5: Hampshire Telecare - options appraisal (2012)

A business case was produced which supported the highest scoring option (strategic partnership) on the basis that the partner was to be required to shape and drive a cultural change programme both internally within the council and externally, help to specify and then manage service delivery to embed telecare across Hampshire for both FACS-eligible and private clients, and finally to be the primary contact for Hampshire County Council.

A three year contract with the Argenti Telehealthcare Partnership, led by PA Consulting and comprising Tunstall Healthcare, O2, CareCalls, Medvivo and Magna Careline, was signed in 2013. The council and the partner are required to agree the strategic vision and plan for transition from the current state and design an end to end pathway for telecare provision; responsibility for delivering the telecare pathway rests with Argenti. A 'payment by results' mechanism underpins the partnership agreement, with financial reward linked to achievement of defined outcomes and agreed outputs.

Costs are to be met from savings within commissioning and operational budgets, arising from the termination of current contracts and from a reduction in domiciliary, residential and nursing care. Financial benefits of up to £3.4m are forecast over the term of the partnership – however, it remains to be seen whether these arrangements will deliver the target levels of uptake or the necessary cultural shift.

An alternative option for councils considering commissioning a telehealth or telecare service at scale is illustrated in guidance produced by the 3million lives programme[19]. The report explores the conditions needed for successful outsourced delivery models and can be used to help specify the council's requirements for its service across the elements of service, technology, quality and commercial processes.

A diverse range of products

The telecare market has traditionally been dominated by a small number of major providers who have, through block contracts and strategic partnerships with health and social care commissioners, developed a robust and scalable technology platform based around a telephone line (usually a landline), a power supply and a trigger device (e.g. pendant alarm). Whilst such arrangements may well support a core telecare monitoring and response service, their 'one size fits all' approach lacks flexibility, particularly in responding to the needs of increasingly tech-savvy clients and there is a clear need to shape the market for individual purchasers as an alternative to the current trend for bulk selling to public sector commissioners. A growing number of telecare services operate on mobile technology platforms and there are increasing numbers of health and lifestyle-related mobile applications (apps) that are available[20] outside of the core product range of the major providers. This end of the market has arguably the greatest appeal to those who fund their own care and support or are looking for more preventative solutions.

The dynamic nature of the technology market means that councils need to ensure that their telecare offer reflects the latest available equipment and that information systems are kept up to date. Whilst block contracts and strategic partnerships (often with major providers) offer providers a guaranteed income and source of research & development funding, and the potential for bulk purchase discounts, they have been shown to lack flexibility and responsiveness to client needs. This can restrict innovation and limit the opportunities to provide product feedback, potentially limiting uptake. The West Midlands Fall Detector project turned this traditional model on its head by starting with an understanding of what individual users want and using this insight to develop a range of resources to raise awareness of falls prevention, detection, response and best practice for professionals (see www.coventry.ac.uk/hdti/falls).

Two-way dialogue with manufacturers and suppliers, such as that facilitated through the West Midlands Regional Telehealthcare Innovations Group, based on the Dragons Den model, are an important part of the market shaping activities undertaken by councils. The approach allows commissioners and people who use services to define requirements and to feed back on new ideas, making product development more flexible and targeted. This type of approach to provider engagement provides a real alternative to the provider-led solutions that come with strategic partnerships and prime contractor arrangements but is inherently more risky for providers as it is not underpinned by a contractual commitment (at least until the point at which products are ready for launch) and may potentially be more expensive to procure. However, it is clear that in a preventative model, more innovation is required and councils will need to find ways of facilitating this development if they are to enhance their universal telecare offer.

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[19] Recommendations from Industry on Key Requirements for Building Scalable Managed Services involving Telehealth, Telecare & Telecoaching, 3millionlives, March 2013.

[20] See NHS Choices Health Apps Library

Paying for Telecare

A substantial number of people pay for telecare equipment from their own money, without requesting support from the council. Local authorities will want to encourage and facilitate this through their information systems and partnerships with local community organisations and it is likely that a proportion of telecare budgets will need to be used to fund telecare promotion activities.

Where telecare is provided as either a preventative or reablement measure, councils typically pay for the cost of the equipment and installation, and may require a financial contribution from the client to cover the ongoing monitoring and maintenance costs. Local criteria will typically determine who pays, how much they pay and at what point (e.g. for reablement, normally after 6 weeks).

For FACS-eligible clients an amount should be included in personal budgets to reflect the purchase and / or maintenance costs of telecare equipment. Personal budgets can be taken by way of a Direct Payment or through a managed account, or a combination of both.

A Direct Payment may allow the client greater choice and control over the equipment and provider to be used but cannot be used to pay for services directly provided by the council, whereas incorporating the telecare funding within a managed account will allow the client to take advantage of the 'mainstream' telecare offer. There is no reason to exclude Personal Budget holders from telecare provision – and, in an asset-based approach to care and support, the opportunity for telecare to reduce ongoing needs should always be considered.

Barriers to take-up of telecare

An evaluation of the barriers to participation and adoption of telehealth and telecare undertaken as part of the Whole System Demonstrator programme[21] found that people principally withdrew from, or refused to use, telecare and telehealth solutions because of three broad misconceptions:

- requirements for technical competence and operation of equipment;
- threats to identity, independence and self-care;
- expectations and experiences of disruption to services.

Respondents held concerns that special skills were needed to operate equipment but these were often based on misunderstandings. Respondents' views were often explained in terms of potential threats to identity associated with positive ageing and self-reliance, and views that interventions could undermine self-care and coping. Finally, participants were reluctant to risk potentially disruptive changes to existing services that were often highly valued. These findings were consistent with those of the West Midlands Falls Detector project, which identified issues with awareness, choice, design, practicality, reliability and cost of equipment and with the attitude of some health and social care professionals towards technology.

These insights indicate that more detailed information and time for discussion could be valuable especially on introduction of telecare and telehealth. Enhanced information systems and a skilled workforce are key to overcoming such objections.

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[21] Exploring barriers to participation and adoption of telehealth and telecare within the Whole System Demonstrator trial: a qualitative study, Sanders et al. BMC Health Services Research 2012, 12:220

Part B - Case Study: Dudley's approach to Telecare

Service overview

The Dudley Telecare Service (DTS) is a key part of Dudley Council's 'community based prevention service', which offers a wide range of preventative services working in an integrated way to provide people with the support they need to be able to live in their own homes as independently as possible.

DTS operates 24 hours a day, 365 days a year, providing a range of home-based telecare solutions linked to an emergency monitoring service. Requests for support can be triggered by someone pressing on their emergency pendant (supplied to all customers), by the activation of automatic sensors fitted within some telecare equipment, by the use of GPS tracking systems, or by telephone.

Equipment can be configured in a number of ways to enable monitoring either by carers, friends and family members, in 'group living' settings such as residential care homes, hospital wards and respite care centres, or through the DTS call centre. Responders typically assess the nature of the request and action an appropriate response; this may include referral on to the DTS or other health care professionals (for example, where the initial alert has been received by a family member who is unable to provide the assistance required).

DTS call operators perform an initial assessment, which may simply involve chatting to the customer by phone to check that they are alright. Where on-site assistance is required, the operator will either arrange for a key holder (nominated by the customer) to visit or will request that a member of the Dudley telecare team undertakes a 'responder' visit to check on or offer support direct to the customer within their home.

Dudley Telecare Service is a premium member of the Telecare Services Association - the standard for the telecare industry. Performance monitoring data shows that the service consistently outperforms industry standards for call handling, responder visits, referrals and installations and as such, the service enjoys very high levels of customer satisfaction.
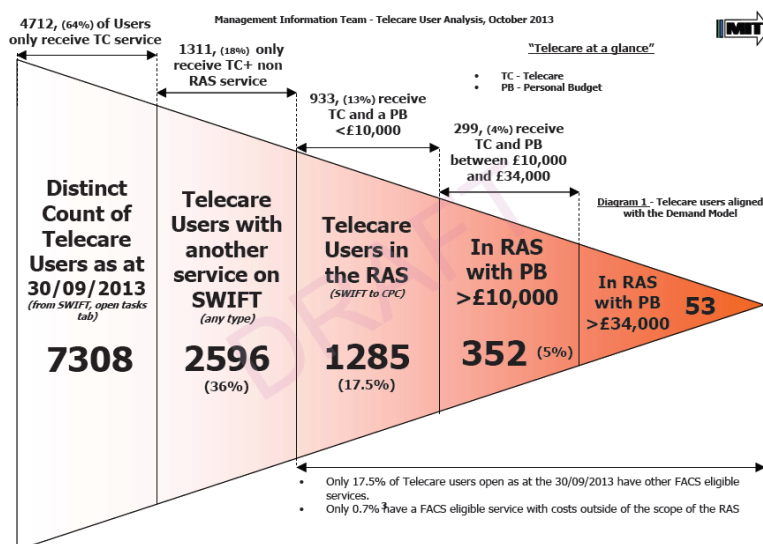
Baseline Position

Figure 6: Dudley Telecare - snapshot data September 2013

The snapshot data above shows that there were 7,308 distinct Telecare users as at the 30th September 2013 placing it amongst the most successful council telecare services (by reference to the 2012 Good Governance Institute audit[22]).

The annual budget for the Dudley telecare service is around £1.1m, which equates to £150 per client. The service is mainly funded from the council's Housing Revenue Account and is free of charge for Council tenants, with private contributions from clients who own their own homes at a rate that is broadly equivalent to the average cost per client.

Telecare contributes to the prevention of further care and support needs in almost two thirds of telecare users (4,712 people). A further 1,311 people use Telecare in conjunction with other services that help to prevent FACS eligibility, meaning that 82.5% of telecare users are not in receipt of care and support funded through the resource allocation system (RAS).

Of the 1,285 people who receive telecare in conjunction with a personal budget, roughly 3 in 4 (933 people) have a personal budget of less than £10,000 whilst for 299 people the RAS allocates between £10,000 and £34,000 per annum. Fifty-three telecare clients have a personal budget that exceeds the RAS upper limit of £34,000.
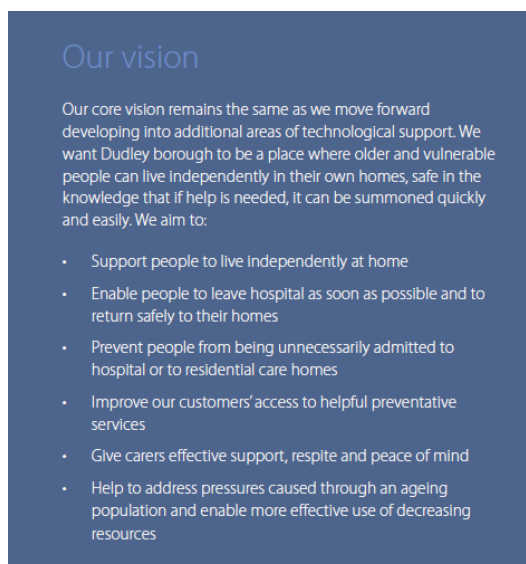
The cost of the Personal Budgets for the 1,285 open telecare users is £13.2m (£10,200 per person). By comparison, there are a total of 3,700 people in Dudley in receipt of care and support that is funded through the RAS. The average personal budget for all FACS eligible clients is £10,800 and for those whose care packages do not include telecare, is £11,000 p.a. This suggests a significant preventative benefit by helping to manage down demand above FACS eligibility levels and the potential for cost avoidance arising from a reduction in the average personal budget through the use of telecare.

Telecare Strategy

Dudley's strategic objectives for telecare are referenced in a range of plans and documents rather than in a single overarching strategy. The council is actively committed to managing demand for care and support services and sees telecare as a key part of its demand management strategy.

The Dudley Telecare Service aims to utilise technology to enable older people, people with disabilities and other vulnerable people to live with dignity and as independently as possible in their own homes.

The Dudley Local Account reflects an objective to make sure that everyone has access to Telecare and equipment, regardless of eligibility.

Our vision

Our core vision remains the same as we move forward developing into additional areas of technological support. We want Dudley borough to be a place where older and vulnerable people can live independently in their own homes, safe in the knowledge that if help is needed, it can be summoned quickly and easily. We aim to:

- Support people to live independently at home
- Enable people to leave hospital as soon as possible and to return safely to their homes
- Prevent people from being unnecessarily admitted to hospital or to residential care homes
- Improve our customers' access to helpful preventative services
- Give carers effective support, respite and peace of mind
- Help to address pressures caused through an ageing population and enable more effective use of decreasing resources

Figure 7: Dudley Telecare Service - Vision and Aims

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[22] Care and support at home: An audit of telecare services in England, Good Governance Institute, September 2012.

Telecare is an integral part of the Dudley Dementia Gateway. The DTS annual report for 2012/13 includes a number of case studies which illustrate how a whole host of bespoke telecare packages have been tailored to the needs of people with dementia and have made a positive difference to their lives:

Calendar clock

John was getting confused about the days he was collected for his regular visits to hospital. He was becoming agitated when his transport didn't arrive - on days he wasn't due to attend, calling family and the hospital in distress. A simple calendar clock was provided which clearly shows the day, date and time, along with a clear sign showing him the days and dates that his hospital visits were due.

GPS tracking

Terry is a fit and active man who has been diagnosed with dementia. He wanted to continue with his daily run around his locality but had occasionally become confused and lost his way home. A GPS watch was provided which his wife ensured he wears whenever he goes out. If he fails to return his daughter is able to track the coordinates of his location by connecting to the watch through her Smartphone. In this way Terry can be quickly located and is still able to be independent and continues to enjoy his exercise routine.

Virtual exit sensor

Betty has dementia and lives alone successfully. She continued to put out her bins regularly as part of her routine. On occasion however she had failed to come back into her home and wandered outside. Family needed to know that once the bins were put out she then came back inside her home. A virtual exit sensor located at the front door was the solution. This monitors movements out and then back inside within a prescribed absence of five minutes. The system alerts family members if time elapses outside the time specified, via a call to their mobiles, ensuring Betty is kept safe and well.

Interacted voice response

Tom is the sole carer for his wife Dorothy who has dementia. Twice weekly he leaves Dorothy on her own while he goes to watch a local football match. He has heart problems himself and was worried that Dorothy would be alone without help if something should happen to him whilst he was out. An interacted voice response (IVR) was set up by us, which enables Tom to access their standard telecare alarm unit from his mobile phone. He programmes the unit with his expected return time, goes to his football match. If he is running late he can call into the unit and extend the return time. If he doesn't return at the pre-set time the unit will issue a call to our monitoring centre who can then alert family members to attend to Dorothy and raise the alarm for Tom who may have run into difficulties. Tom continues to get respite from enjoying his football and has peace of mind that Dorothy would not be left alone in an emergency.

Pill dispenser

David has dementia and often forgets to take his medication. A telecare pill dispenser was provided to him, sounding alerts when it is time to take his medication. If the alerts are ignored our monitoring centre will be notified and will contact David and family members to ensure that the medication is taken. In this way David is kept healthy and well.

If a pill dispenser is not suitable as medication consists of liquid medicine or a nasal spray an IVR can also be used to make sure medication is taken on time. Linked to a standard telecare alarm this can issue verbal reminders about medication. If these reminders are ignored the monitoring centre will be alerted and can notify family members or carers.

The Making it Real in Dudley Transformation Blueprint positions telecare as a key preventative measure and as an enabler for flexible and integrated care and support. Telecare is recognised as making a significant contribution to the council's savings and efficiency targets. The DTS tracks financial benefits in two ways:

Cash releasing efficiency where the net cost of a care package is lower as a consequence of implementing a telecare service.

Cost avoidance where telecare is deployed as part of the demand management model to prevent or delay the need for costly care and support interventions in the future.

Often telecare interventions generate benefits for both the Local Authority and NHS partners as illustrated below

- Supporting tenancies for people with a Learning Disability. The cost of care for 14 people was reduced by £119,381 per annum by using telecare as an alternative to traditional care and support. The total investment in equipment was £6,209.86

- £73,100 has been saved by implementing 43 automated pill dispensers as an alternative to domiciliary care medication check calls

- Just Checking lifestyle monitoring technology has supported ten people with dementia to live independently in the community saving £21,329

- Providing telecare at the point of hospital discharge for 92 people has saved the Local Authority £55,200

- In total implementing telecare as a component of an individual package of care has reduced the cost of care and support to Dudley MBC by £269,010. This figure is a cumulative annual saving for as long as participants remain independent in the community.

- The falls response pilot assists people who have fallen but do not require hospital support. The West Midlands Ambulance Service trained staffs as First Person on Scene, so they could respond, carry out head to toe checks and enable someone back up using lifting equipment or the get up plan, as opposed to contacting the ambulance service to respond. The 241 responder visits undertaken during the pilot contributed to cost avoidance in the NHS of £48,200 in ambulance call outs.

Dudley Telecare Service is accredited by the Telecare Services Association 'telehealth code of practice', a national quality framework for service providers which will enable the service to support people with a range of medical needs. The service already works closely with NHS partners and aims to integrate its referrals and response processes as far as possible, for example in developing its falls response service in partnership with Dudley CCG and West Midlands Ambulance Service.

Whilst there is no specific reference to telecare within the Health and Wellbeing strategy for Dudley, the strategy does highlight the intention to develop closer integration between partners through pooled budgets, including for the community equipment service.

There is no reference to telecare or telehealth in the Dudley CCG Patient Prospectus or Board minutes, and there does not yet appear to be a significant investment in assistive technologies by

the CCG. A modest (£25k) QIPP scheme for Telehealth is mentioned in performance monitoring reports although there is no further information available. The DTS supports the CCG by providing a small telehealth service for people with congestive heart failure. In developing its strategy the council might want to consider engaging with CCG partners over a more integrated approach to telehealthcare between social care and primary healthcare practitioners, using evidence of the preventative benefits of telecare to encourage greater investment and a pooling of resources.

Customer Journey

(a) Information Only

The council's website provides information & advice about the Dudley telecare service, includes a video demonstration of the types of equipment available and signposts the Gadget Gateway website, where people are able to browse, select and purchase relevant equipment.

There is no information currently provided to inform a self-assessment by people looking to pay for their own telecare equipment and the council may wish to consider providing a link to the type of self-assessment tool offered by Lincolnshire telecare (https://www.lincolnshiretelecare.org.uk/).

(b) Prevention and Reablement

Referrals for the service can be made by people themselves, their relatives or advocates, as well as by staff from health, social care, housing or voluntary agencies.

A request for the service is made by calling the Dudley telecare service contact centre, where a call operator will take all personal details, together with information about specific needs. An appointment will be made for one of the telecare officers to visit the individual in their home and they will undertake a full assessment. Urgent referrals are dealt with within 48 hours, others within 7 days.

Following assessment the telecare officer will identify the appropriate equipment and arrange for installation and testing, with operating instructions explained fully to the client.

A telecare officer will make contact with the customer 6 weeks after installation to check that they are happy with the service and equipment and to deal with any concerns or queries.

(c) Assessment & Support Planning

Assessment forms used by health and social care practitioners are intended to identify the potential for telecare as part of an ongoing care and support package. Referrals arising from an assessment of needs trigger a telecare assessment, which is handled as described above.

A panel process is in place to consider and authorise spending against proposed support plans.

Assessment forms in use in Dudley make limited reference to telecare and rely on practitioners to consider telecare, rather than expressly requiring it. It is recommended that assessment and support planning templates be redesigned to direct practitioners to consider telecare and to explain its omission from assessments and support plans.

(d) Review

Reviews currently have limited scrutiny and do not universally consider the potential for telecare to replace existing elements of a care package.

The council is planning to introduce assertive review processes and it is recommended that staff with telecare expertise form part of the assertive review team so that appropriate telecare solutions might be introduced on review.

The snapshot data shown in figure 6 above identifies the preventative demand for telecare in Dudley but does not quantify the number of referrals from all sources (e.g. Self-funders, Reablement referrals, Hospital Discharge, Assessment and Review of existing care package). Such data would be helpful in identifying patterns of telecare utilisation amongst these client groups.

Further analysis of personal budget allocations for non-telecare users would help to quantify the potential financial benefit of telecare beyond the rather broad figures provided above. Current patterns of use suggest that telecare deployment tails off considerably as the complexity of the care package increases and the council will want to understand the potential for telecare to deliver significant cost savings for those with the most complex needs.

Count of Open TC users by number of services they receive (inc. their TC service)	
Number of services including TC	Number of Users receiving that number of services
2	1506
3	746
4	231
5	78
6	27
7	4
8	2
9	1
10	1
Grand Total	2596

- The 352 clients in the RAS and receiving Telecare with a Personal Budget of over £10,000, have a total PB cost of £8,788,381.

299, (4%) receive TC and a CPC between £10,000 and £34,000

In RAS with CPC >£10,000

352 (5%)

In RAS with CPC >£34,000 53

- The cost of the 53 clients in the RAS and receiving Telecare with a Personal Budget of over £34,000 have a total PB cost of £3,640,943.

- These figures would suggest that evidence to highlight the effectiveness of Telecare/Telehealth solutions could be sourced from this group and considerable savings may be achieved?

Figure 8: Telecare use and complex packages

Staff

The Dudley telecare service is a specialist service, with staff trained to assess needs and identify solutions on referral. The DTS has trained a number of staff as trusted assessors within the community based prevention services, with staff trained to assess for falls, living well, feeling safe and as telecare prescribers.

Outside of the service, telecare awareness and expertise are mixed. The council has trained Social workers, Occupational Therapists, Community Nurses and other non-qualified field work staff to provide a core level of health and social care activity that will include provision of low level telecare, and plans to build on this training to embed telecare awareness within assessment, support planning and review functions.

Delivery Model

The Dudley Telecare Service is a predominantly in-house service which has been operational for over 25 years. The service has been promoted in a number of different ways, with work being undertaken

with voluntary and private sector partners. The service works closely with Dudley Clinical Commissioning Group, Dudley Group of Hospitals, borough GPs, local pharmacies, the emergency services, voluntary groups, as well as with sheltered and supported living providers and a range of residential care home providers. This helps to support quality of life in a range of community and residential care settings and to ensure that as many people as possible are aware of the benefits that telecare technology can offer.

Work has also been undertaken with Healthwatch and different ways to raise the profile of services have been undertaken including work conducted with Age Concern, the Warm and Well Service, publicising services when writing to Council tenants and through public engagement events.

Existing arrangements are very effective in supporting in excess of 7,300 distinct telecare users although it is not known to what extent the service as currently configured might expand to increase the number of clients supported. If consideration is to be given to scaling up the service, the council will want to evaluate a range of delivery models including external commissioning and strategic partnering alongside the existing configuration.

Products

Telecare in Dudley represents the whole range of 'assistive technology' products, which include all sorts of alarm systems. The products provide support to people in their own homes, through their link to the Dudley telecare service.

As at the end of September 2013, over 22,000 items of telecare equipment were in use in Dudley, with forty-six different equipment types. The vast majority of telecare usage is based around pendant/intelligent alarms and smoke detection (see Figure 9).
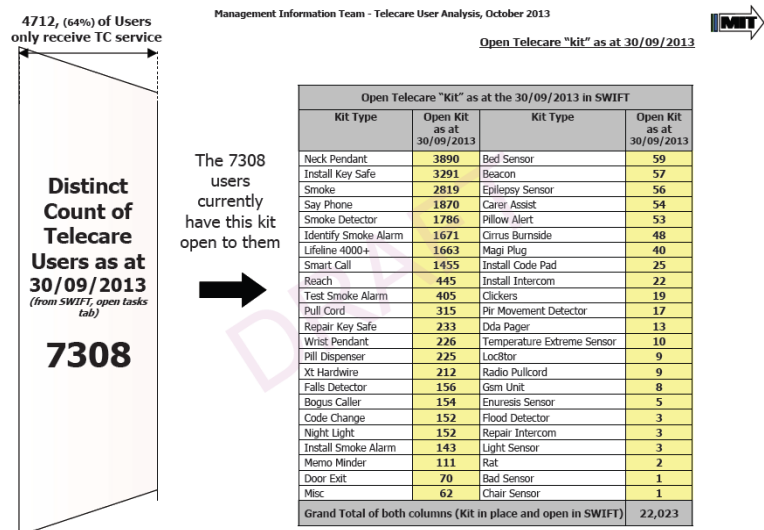

4712, (64%) of Users only receive TC service

Distinct Count of Telecare Users as at 30/09/2013 *(from SWIFT, open tasks tab)*

7308

The 7308 users currently have this kit open to them

Management Information Team - Telecare User Analysis, October 2013

Open Telecare "kit" as at 30/09/2013

Kit Type	Open Kit as at 30/09/2013	Kit Type	Open Kit as at 30/09/2013
Neck Pendant	3890	Bed Sensor	59
Install Key Safe	3291	Beacon	57
Smoke	2819	Epilepsy Sensor	56
Say Phone	1870	Carer Assist	54
Smoke Detector	1786	Pillow Alert	53
Identify Smoke Alarm	1671	Cirrus Burnside	48
Lifeline 4000+	1663	Magi Plug	40
Smart Call	1455	Install Code Pad	25
Reach	445	Install Intercom	22
Test Smoke Alarm	405	Clickers	19
Pull Cord	315	Pir Movement Detector	17
Repair Key Safe	233	Dda Pager	13
Wrist Pendant	226	Temperature Extreme Sensor	10
Pill Dispenser	225	Loc8tor	9
Xt Hardwire	212	Radio Pullcord	9
Falls Detector	156	Gsm Unit	8
Bogus Caller	154	Enuresis Sensor	5
Code Change	152	Flood Detector	3
Night Light	152	Repair Intercom	3
Install Smoke Alarm	143	Light Sensor	3
Memo Minder	111	Rat	2
Door Exit	70	Bad Sensor	1
Misc	62	Chair Sensor	1
Grand Total of both columns (Kit in place and open in SWIFT)			**22,023**

Figure 9: Deployment of telecare equipment in Dudley

The service aims to pilot new technological developments to assess their effectiveness and work with new customer groups and with telecare producers and suppliers. This will include further development into telehealth and GPS technologies.

Money

Of the 2,586 people who use telecare in conjunction with other services, only 165 (6.4%) have a Direct Payment. This is somewhat below the council's expected Direct Payment take-up level.

This may be a feature of the high levels of satisfaction with the council's in house service, reflecting restrictions on the use of direct payments to buy services that are directly provided by the council.

However, the council will want to enable those who wish to purchase additional equipment (outside of the in-house service) to do so using direct payments if they so choose.

Summary of improvement opportunities

Consider developing an overarching telecare strategy, underpinned by clear performance data to highlight the benefits being achieved from telecare use in Dudley.

Seek to influence closer integration with health partners and increased investment in telecare and telehealth. Use performance data and other evidence to highlight the whole system benefits.

Consider enhancing the information provided about telecare so that it encourages wider take up, particularly amongst those who fund their own care.

Consider providing access to self-assessment tools so that people can explore the ways in which their needs can be met.

Align assessment, support planning & review processes and supporting documentation to ensure greater consideration of telecare deployment. Ensure that all staff who are involved in these processes are fully supportive of telecare as a valuable element of ongoing care and support packages.

Identify the optimal capacity of the service as currently configured and determine whether external capacity is needed to achieve a scaling up of the service.

Ensure that those who wish to use telecare services other than those provided by the council are able to do so through direct payments, in line with strategic objectives.

Part C - Telecare and Personal Budgets: key learning points

The project set out to understand the relationship between telecare and personal budgets and in particular to identify whether the inclusion of telecare packages within personal budgets had any impact on utilisation.

It is clear that the intention of government policy is to enable individuals to exercise choice and control over their care arrangements and this is to be facilitated in part through the creation of a personal budget setting out the cost to the local authority of meeting those of the person's needs which it is required to meet. Where assessed needs are to be met by the use of telecare equipment, such costs should be included within the Personal Budget.

The Care Bill before Parliament establishes the right of people to take their personal budget as a Direct Payment if required by them. There is nothing in the legislation or guidance that prevents the use of a direct payment for telecare equipment, although direct payments cannot be used to pay for services that are directly run by the council. This means that anyone wishing to use their personal budget for the council's in-house telecare service, must have that part of their personal budget managed by the council.

We have observed that direct payments for telecare in the case study are low relative to average take-up rates. This may reflect satisfaction with the in-house service and the restrictions on the use of direct payments for council-run services. However, no such restriction applies to the inclusion of telecare within personal budgets, with practice dictating that the relevant amounts should be taken within a managed account.

There is, though, a concern that the market for innovative and flexible technology products that support self-management and prevention is under-developed. In shaping this end of the market, councils will want to ensure that providers listen, understand and respond to the needs of the whole population so that a more diverse and appealing product base can be developed.

We have also observed that the use of telecare appears to decline with the increasing complexity of a person's needs. More work is required to identify whether this is an artificial relationship and the use of an assertive review process within the case study council ought to provide further evidence on this.

Whilst the evidence of financial benefit in Whole System Demonstrator sites has recently been called into question, our case study suggests that there is a significant preventative benefit associated with helping keep needs below FACS eligibility levels, and the potential for telecare to reduce the average cost of a care package for someone with assessed needs. The development of further data should help quantify these benefits.