

Transforming integrated care with telecare in Wakefield

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?

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

²Wakefield Health Profile 2008, Association of Public Health Observatories

³Census 2001

“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

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 in-situ 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 needs.

Background

Wakefield Council has adopted a Catalyst for Change operating strategy, aiming to transform the way services are delivered in order to improve their quality and at the same time generate substantial savings. Telecare forms a key part of this strategy, and the significant economic benefits it can deliver underpin it as a financially sustainable service, as well as one which contributes to the delivery of the Council's broader objectives, supporting the following areas:

Personalisation

People with personal budgets can also choose to use telecare in place of domiciliary care, increasing their independence.

Supporting timely hospital discharge

Approximately 25% of referrals to the telecare service come from the discharge and social work teams at the hospital, helping to support timely discharge. In addition to the ongoing work at Wakefield Council, the Re-ablement service is now provided for six weeks post-discharge where telecare is offered, after this time users may choose to continue with the service for a small weekly charge should they wish to.

Public Health

Telecare supports the Public Health agenda by improving people's wellbeing. Telecare helps to promote independence and associated good health. It also ensures that should an incident occur, a prompt response is given, minimising the effects of crises such as falls and fires.

Prevention

Creating a care plan specific to their individual needs, including telecare where appropriate, helps to prevent unnecessary care home admissions and enables people to remain in their own homes for as long as possible.

Protection/Social Exclusion/Community Safety

Telecare provides the service user with instant access to someone who can give help and advice, 24 hours a day, 7 days a week including access to a mobile response service. This helps them to feel connected to the outside world, and also provides somewhere to turn in the event of an incident such as a bogus caller.



Conclusion

The service in Wakefield evidences the benefits and cost efficiencies gained through embedding telecare as part of a robust, integrated health and social care system.

The service has engendered partnership working between the statutory, voluntary and independent sector in order to maximise independence and self care, reduce and manage risks, and provide timely and appropriate care and health interventions.

Telecare is proving to be an excellent tool for giving greater choice, independence and dignity to service users, especially those with learning disabilities. The success of the service also demonstrates a positive impact on the lives of carers, who find they too have gained independence and increased wellbeing.

The economic benefits are significant and evident of a comprehensive and sustainable approach to service delivery in Wakefield, which is vital in supporting the Prevention Agenda and addressing the Health and Wellbeing Agenda. The cost efficiencies are crucial when considering the future of telecare and, with significant cost savings made over a relatively short period, the potential for future investments is a significant factor for the continuing delivery of excellent services.

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 well being 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; £1.3m over 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

“Wakefield has several pockets of deprivation, which have had an impact on the delivery of health and social care services. So our service aimed to demonstrate the positive outcomes that could be achieved through commissioning and developing a range of services, including telecare, that maximise independence through self care, reduce and manage risks, and provide timely and appropriate care.”

Jim Leyland, Service Manager
Personalisation, Wakefield Council

“Telecare is crucial to Wakefield’s commissioning strategy and to transforming social care. It has a key role to play in achieving the financial efficiencies that are vital in the current climate, and at the same time delivering remarkable improvements in people’s wellbeing, giving them reassurance, protection and dignity.”

Sam Pratheepan, Director of Adult Social Services, Wakefield Council

“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 using future technologies to support people in innovative ways.”

Frances Thompson, Assistive Technology Development Manager, Wakefield Council

Case studies

Caring for carers

Problem

Mrs A is in her early sixties, and had a severe stroke, which led to her sleeping in a bed downstairs. Her husband spent much of the night lying awake in bed upstairs worrying about his wife, and during the day time he felt unable to leave his wife for more than minutes as he was so concerned for her safety.

Solution

Mrs A was given a pendant to press if she needed assistance which alerted her husband via a DDA pager which would vibrate and flash. At night the pager linked to a pad under Mr A's pillow which vibrated to wake him if his wife needed help. In the event that Mr A did not respond to an alert after 90 seconds, the local monitoring centre would pick up the alarm and call Mr A on his mobile phone.

Outcome

With the technology in place, Mr A can have a good night's sleep, spend time in the garden and even walk to the nearby shop for a paper safe in the knowledge that he will be contacted if his wife needs him.

Staying at home

Problem

Mrs B was 96 and had lived in her first floor flat in a sheltered scheme for 26 years. As her dementia progressed Mrs B began to display some erratic behaviour and experienced some falls.

Solution

As a result, a bed sensor and chair sensor were installed so that if Mrs B left her bed or chair and failed to return after a lengthy period of time, her son, who lived locally, would be alerted so that he could check on her wellbeing. The bed and chair sensors worked intelligently with FAST PIRs. This meant that if Mrs B 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.



Outcome

The solution meant Mrs B 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.

Transition to independent living

Problem

Mr C is 30 years old and has learning disabilities and cystic fibrosis, along with limited mobility. He also suffers from epileptic seizures. He had been living at home with his parents, but the environment wasn't conducive to improving his condition or supporting his independence and he was placed on the housing waiting list.

Solution

Mr C was offered one of nine apartments which had been newly built to support people with learning disabilities, and having visited the Smart House he was keen to include appropriate telecare in his new home. A bed occupancy sensor was placed under Mr C's mattress which would raise an alert with support staff if he left his bed during the night and failed to return with a pre-set period of time. The system also slowly turned on lights to illuminate the way to the bathroom, helping to prevent a fall.

Outcome

Mr C is extremely happy in his new home, and enjoys socialising with other residents in the communal area. His support staff have noticed a marked improvement in his ability to undertake everyday tasks, and an increase in his overall wellbeing.

Further details about 3millionlives can be found at:

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