Care and support at home:
An audit of telecare services
in England

A report from the Good Governance Institute

September 2012

Our recent GGI reports have considered the principles of good governance, clinical audit, quality, telehealth and telecare, reablement, hospices, safeguarding, diabetes services, better practice in treatment decision-making, productive diversity, the board assurance frameworks, integrated governance, governance between organisations and patient safety. GGI are currently undertaking a major piece of work in the form of a Commission to develop thinking around healthcare services and patient needs in the future. You can find downloads of our publications and more details about our work at:

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The Good Governance Institute is committed to develop and promote the Good Governance Body of Knowledge.

About the Good Governance Institute

The Good Governance Institute (GGI) is an independent organisation supporting better governance practice in health and social care.

GGI does this in two main ways: firstly we support individual organisations improve their governance and board working. Secondly, we work to move governance thinking nationally forward.

Accordingly, we work with NHS, local authority, third sector and commercial organisations to improve their governance through board reviews, helping to gain authorisations (such as FT status, CCG authorisation or CQC registration), board development workshops and programmes, etc. We also lead national studies and undertake other commissioned work to take governance thinking forward. Recent examples include our current work for the National Institute of Health Research on the governance of research networks and our publication of guidance for NHS boards on safeguarding issues. GGI are also developing a series of audit guides to support audit committees and their internal auditors to address topics of concern.

This report is part of a growing series of reports developed by GGI that consider issues contributing to the better improvements in health and social care. We have identified telehealth and telecare as key issues which boards and leaders in health and social care should be engaging with. Care services in the future will increasingly have the service user or patient ever-more in control of their care, and we believe that grasping the opportunities offered by new technologies are key to enabling this to happen. We would especially like to thank Tunstall Healthcare (UK) Limited for making available the resources to enable this report to be developed and distributed, as well as other developmental and research work now being carried out by GGI. GGI would also like to take this opportunity to thank MHP Communications for its support in helping to produce this report.

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Summary of key findings

Variations in service provision

- Significant variation in the number of people using telecare services by local authority across England was uncovered. For example, Sheffield City Council reported to have 12,015 people using telecare services in 2011/12[1], while Swindon Council reported having just 75 users[2]

- The number of people reported to be using telecare increased by 18% over the last three financial years from 204,809 in 2009/10 to 241,582 in 2011/12

- The audit's findings indicate a poor understanding amongst local authority commissioners about what telecare services are and how they should be incorporated into the council's social care services

- The amount of money being spent on telecare services over the last three financial years increased by 15% according to figures received through the audit. However, there was disparity in spending at a local level. For example, in 2011/12 Sunderland Council spent over £4.3 million[3] but West Berkshire Council spent just £623 in total on telecare services[4]

- Only £28 million (4%) of the additional £648 million allocated to local authorities by the NHS to support social care services in 2011/12 went towards funding telecare services. 43% PCTs saw no investment in telecare in their area from the funding – particularly in the South West and East Anglia[5]

Assessing need and measuring outcomes

- The audit found that access to telecare services varies greatly across the country. 80% of local authorities who responded to the audit confirmed they had an eligibility criteria or assessment process in place for the provision of telecare services. However, these criteria or processes were inconsistent across the country

- The audit confirmed that some local authorities have chosen to make telecare services universally available – including Leicestershire County Council and Walsall Council

- Nearly half of local authorities who responded to the audit confirmed they had undertaken an assessment of the outcomes being delivered by their telecare services. These assessments demonstrate the potential of telecare services to deliver improvements in the outcomes of service users and the quality of life for carers

- One third of councils confirmed they had carried out an assessment into the savings delivered by telecare services. 60% denied carrying out an assessment, while 8 councils confirmed assessments were currently being undertaken. Information about assessments which had been carried out demonstrated the potential of telecare services in reducing the financial burden on care budgets

Supporting re-ablement and an integrated model of care

- One in five councils who responded to the audit reported having received no re-ablement grant from their local primary care organisation in 2011/12. This is of concern given national guidance set out by the Department of Health and the important role local authorities play in delivering the re-ablement agenda

- Worryingly, Lancashire County Council responded to say that: "*None of the Department of Health's reablement funding has been used specifically for investment into Lancashire County Council's reablement service*"[6]

- 89 councils which responded to the audit were able to provide information about the amount of funding they received from their local primary care organisations. However, there was clearly confusion amongst councils between the different funding allocations being made available to them which had been designed to promote the better integration of services

- Over half of local authorities confirmed they were working with their local PCTs to commission joint telehealth and telecare services. For example, Blackpool City Council said: *"The PCT commissions both Telehealth Services, supporting the effective management of long term conditions for people at risk of repeated hospital admissions, and work[s] with the Local Authority on the commissioning of Telecare Services, to support people with health issues at risk of falling and unable to summon help"*[7]

Bringing care home for 3 million people

- Following the launch of the Department of Health's *3millionlives* initiative in December 2011, nearly three-quarters of local authorities denied having received any written information from the Department of Health or their local NHS organisations about the campaign

- While some local authorities were able to flag other sources where they had received information about the campaign, awareness of the *3millionlives* initiative was, overall, limited

- However, 65% of local authorities confirmed they had plans or internal guidance for the future use of telecare within their social care services. For example, Hillingdon Borough Council has refreshed its telecare offer, *TeleCareLine,* from 1 April 2011 to be available for free to all residents over 85 years of age; to service users meeting *"substantial & critical"* FACS criteria, subject to a financial assessment; for the first 6 weeks as part of a reablement package[8]

Summary of recommendations

- It is vital an agreed definition of telecare is developed. The Department of Health should work with industry and local government to develop a commissioning support pack for telecare services which includes a detailed and agreed definition of what constitutes telecare

- As part of the zero based review of social care data, the NHS Information Centre should provide a clear definition of what constitutes telecare services so as to ensure accurate information on cost and users is recorded by local authorities

- Health and wellbeing boards should ensure that local commissioning plans include details of how local authorities and clinical commissioning groups intend to spend additional funding identified for integration between health and social care

- In developing options for a new assessment and eligibility framework for social care, the Department of Health should include telecare in an identified best practice approach. Assessment tools, such as FACE, should be incorporated into the new assessment process with telecare included in the initial assessment process

- Joint health and wellbeing strategies should set out the role of preventative care and technology in improving the quality of life and experience reported by users of social care services and their carers. This should be part of the duty on local authorities to incorporate preventative practice into care commissioning and planning

- Local authorities should review the svaings from telecare services and include details of how they intend to reinvest savings from telecare services into other areas of social care in their local plans for reforms. Local plans for reforms were recommended in the Department of Health's *A vision for adult social care* to ensure councils are making the best use of available resources

- The Department of Health should expedite the development of the placeholder indicator in Domain 2 of the *Adult Social Care Outcomes Framework 2012/13* on reablement. This will provide a useful metric with which to measure the impact of the additional reablement funding

- Local authorities should publish detailed information of how they are spending additional funding being made available to them from the NHS for services aimed at promoting integration and supporting people with re-ablement following hospital discharge. Auditors should be encouraged to review whether funds from health commissioners are being transferred appropriately to social care commissioners

- Health and wellbeing boards should consider introducing pooled budgets for investing in telehealthcare services to promote joint commissioning and more coherent, responsive and integrated services

- The Department of Health should launch an outreach programme with local authorities to raise awareness of the *3millionlives* initiative, which includes clear guidance on how commissioners can use assistive technology to support people with long-term care needs to be cared for at home

Introduction

In July 2012, the Government published the *Caring for our future: reforming care and support* White Paper which set out its proposals and vision for improving the quality and regulation of social care in England[9]. The key objectives of the Government's White Paper are to:

- Focus on people's wellbeing and support them to stay independent for as long as possible

- Introduce greater national consistency in access to care and support

- Provide better information to help people make choices about their care

- Give people more control over their care

- Improve support for carers

- Improve the quality of care and support

- Improve integration of different services[10]

The social care system is under unsustainable pressure. An ageing population coupled with fiscal pressures means that new ways of funding and commissioning for those in need of long-term care need to be explored and initiated.

Traditional care delivery methods are no longer affordable or desirable. Whilst there will always be a need for more intensive care packages and institutional care, new methods of care at home need to be properly supported by commissioners to ensure people receive the support they need and prevent them from moving up the care pyramid. What's more, the majority of those in receipt of social care would rather continue living independently in their home, if given the right support to do so[11].

Telecare solutions, which include sensors in the home, allow older people and those with long term needs such as dementia, learning disabilities, physical disabilities and people at risk of stroke or a fall, to continue to live at home whilst having access to round-the-clock support in case of difficulties or incidents. Telecare services can lead to earlier interventions in the event of complications for users, whilst also assisting them in their re-ablement following an incident.

The Government is committed to increasing the uptake of telecare and telehealth services in the delivery of health and social care in England through the *3millionlives* initiative[12].

However, despite this commitment, access to telecare services varies greatly across the country. One of the key drivers for this variation is the fact that there are differences in assessment between local authority commissioners. This is combined with a lack of mandated guidance around telecare implementation and a lack of incentives for its introduction.

Existing data on telecare usage captured by the NHS Information Centre is not viewed as delivering a completely accurate picture of availability and uptake. No national picture of variations in telecare availability and usage exists. The purpose of this report was to help address this gap in data and provide a rich picture of how telecare services are currently being delivered, and to make recommendations for how services could be improved.

Methodology

This report and the analysis it contains was compiled following a number of requests under the Freedom of Information Act 2000 sent to all upper-tier and unitary local authorities in England who have responsibility for providing social care services. For the purpose of this report, they will be referred to as local authorities or councils.

The information requested included:

- Figures for the number of users of telecare services within local authority areas across the latest three financial years

- Total spend by local authorities on telecare services across several financial years

- Whether local authorities had received funding from local primary care organisations to spend on re-ablement services as part of the Department of Health's re-ablement fund allocations for the financial year 2011/12

- The type of eligibility criteria the local authority had in place for the provision of telecare services

- Details of assessments made by local authorities on the outcomes being delivered by their telecare service

- Plans local authorities had in place for future use of telecare services

Appendix 1 includes a full list of the requests sent to local authorities. Public bodies are not required to respond to Freedom of Information (FOI) requests in any particular format and the data was not always directly comparable. As such, the analysis set out in this paper has been undertaken by the Good Governance Institute (GGI).

The audit was responded to by 121 out of 152 local authorities (80%) in England. All analyses in this paper are based on the responses of these local authorities which responded in full to the FOI requests.

Though a minority, we are disappointed that one fifth of local authorities were unable to provide details on these issues within the statutory time period and this means we are unable to assess the arrangements they had in place to effectively commission telecare services.

Variations in service provision

Despite a Government ambition to increase the number of people using telecare services, information and data on telecare usage and spend remains poor and incomplete. To address this, as part of its audit, the GGI asked local authorities to provide details of how many people were using telecare and the level of spend for these services in their area over the past three financial years. The GGI also reviewed analysis undertaken on how additional funding allocated to the NHS for spend on social care services has been used for telecare.

Auditing the number of telecare users

The audit uncovered significant variations in the number of people using telecare services across the country by local authority area. This variation is reflected in Figure 1 which shows the number of users of telecare services reported by councils during 2011/12. The findings from the audit found that across all of the councils that responded and were able to provide figures on the number of users across all of the financial years, the number of users of telecare services was:

- 204,809 in 2009/10

- 224,547 in 2010/11

- 241,582 in 2011/12

This represents an 18% rise over the last three financial years. But disparity was uncovered at a local level with, for example, Sheffield City Council reported to have 12,015 people using telecare services in 2011/12[13], while Swindon Council reported having just 75 users[14].

In addition, despite official figures showing 1.5 million people using telecare in England, figures reported by councils through the audit only accounted for a fraction of this. The figures provided by councils to our audit does not, therefore, provide an accurate picture of telecare usage in England today.

Figure 1: Cumulative figure for the number of users of telecare services for the financial years 2011/12, by local authority
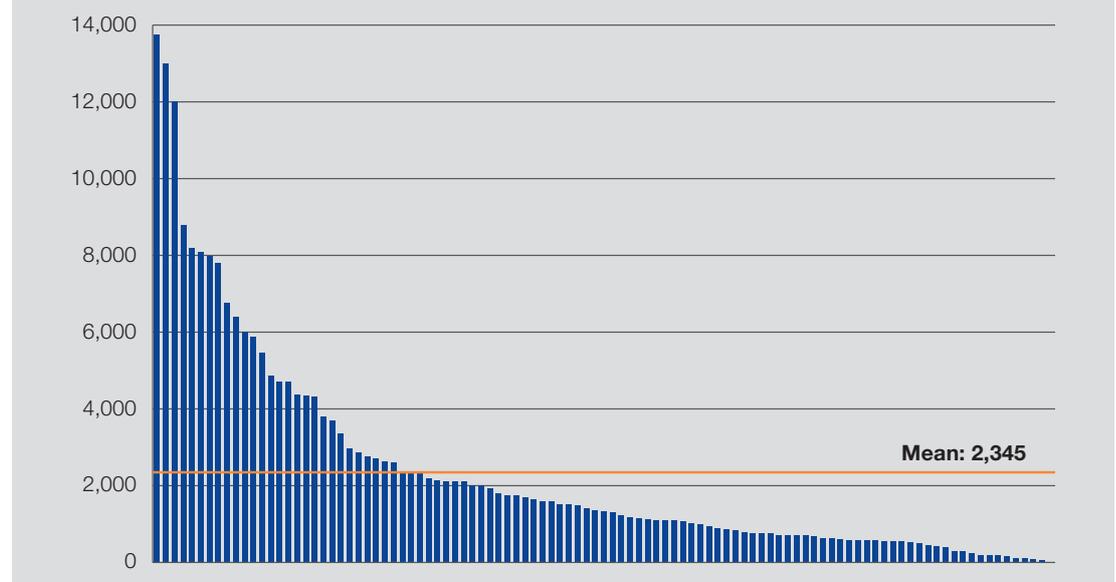
The findings from the audit indicate a mixed understanding among local authority commissioners about what telecare services are and how they should be incorporated into the council's social care services.

For example, when asked to provide the cumulative number of people using telecare Westminster City Council provided figures for people in a supported housing scheme with a community alarm, people with a 'dispersed' community alarm, and people with 'another form of telecare'[15]. Bolton Council, on the other hand, did not include figures for "*community alarm customers*"[16].

To date there is no accepted definition for telecare:

- 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*"[17]

- The Department of Health says telecare services are "*aimed at vulnerable people who need the support of Social Care or Health Services to keep living on their own. For example those with physical disabilities, the frail and elderly or those suffering from dementia or epilepsy*"[18]

- 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*"[19]

Although these definitions would suggest broad agreement, the GGI would recommend national government provides details on what type of services should be defined as telecare.

RECOMMENDATION 1: It is vital an agreed definition of telecare is developed. The Department of Health should work with industry and local government to develop a commissioning support pack for telecare services which includes a detailed and agreed definition of what constitutes telecare

Assessing the level of telecare spend

As well as auditing how many telecare users there were by local authority, the GGI also sought to assess the level of spend local authorities were allocating towards telecare services over the past three financial years. Significant variation was again uncovered and this is illustrated in Figure 2 for the level of spend from the latest financial year.

For example, in 2011/12 total spend on telecare reported by Sunderland Council was over £4.3 million[20], Sheffield City Council spent £1 million[21], while West Berkshire Council spent just £623[22]. Although some of this variation can be explained by local need, it would also suggest a mixed understanding of what constitutes telecare amongst councils and areas of limited investment.

Figure 2: Total spend on telecare services for the financial year 2011/12, by local authority
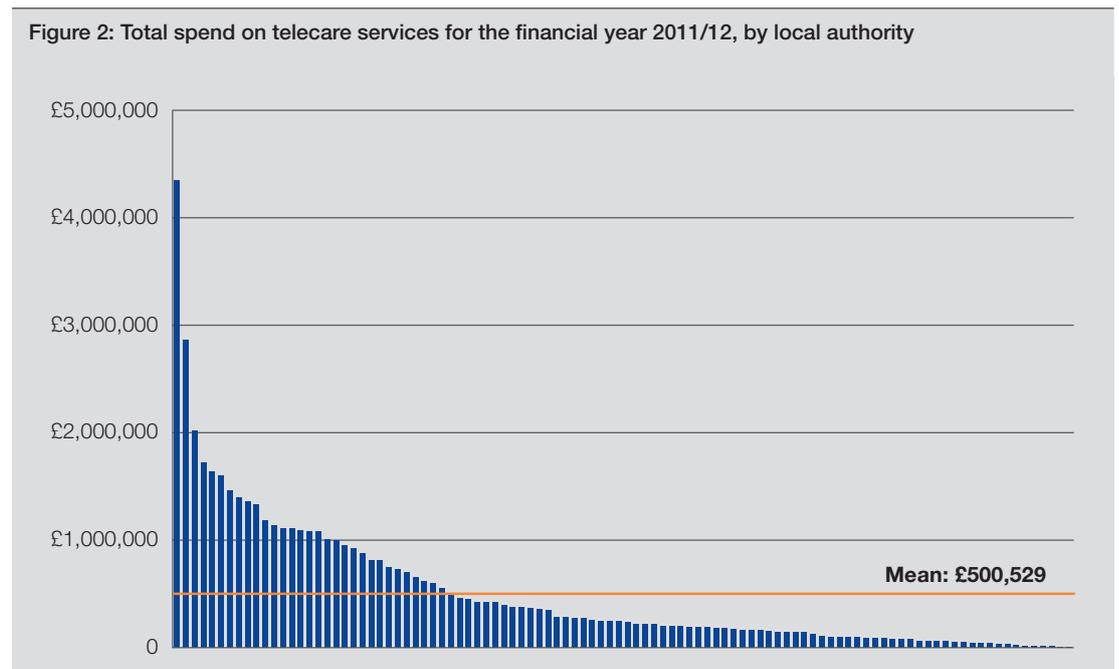
According to figures obtained through the audit, the amount of money spent on telecare services over the last three financial years has increased by 15% to over £50 million. This increase varies across England with some councils demonstrating significant investment in this area since 2009/10:

- Leicestershire Council has increased the level of spend on telecare services from £0 in 2009/10 and 2010/11 to £237,000 in 2011/12[23]

- As part of its programme to mainstream telecare services, Birmingham City Council investment has risen by over 2000% in the past three financial years[24]

- In 2009/10 Thurrock Council spend £23,918 on telecare services, but this has since increased to £101,243 for the latest financial year[25]

RECOMMENDATION 2: As part of the zero based review of social care data, the NHS Information Centre should provide a clear definition of what constitutes telecare services so as to ensure accurate information on cost and users is recorded by local authorities

Investing in preventative services to deliver effective integration

In 2011/12, the Government allocated new funding for the NHS to spend on care services that could help deliver greater integration and improve people's outcomes. This £648 million investment was part of additional money allocated in the 2010 Spending Review to help ensure social care services were protected during the financial squeeze[26].

Analysis undertaken by policy consultancy MHP Health Mandate shows that during this last financial year *"the NHS invested over £28 million (or 4%) of this funding on telecare services"*[27]. Map 1 illustrates the variation in how the £28 million towards telecare was allocated across the country by Primary Care Trust (PCT) areas.

Map 1: Percentage of the £648 million funding made available to local authorities for social care services spent on telecare, by PCT[28]

Legend:
- 30.0 - 40.0%
- 20.0 - 29.9%
- 10.0 - 19.9%
- 5.0 - 9.9%
- 0.1 - 4.9%
- 0%
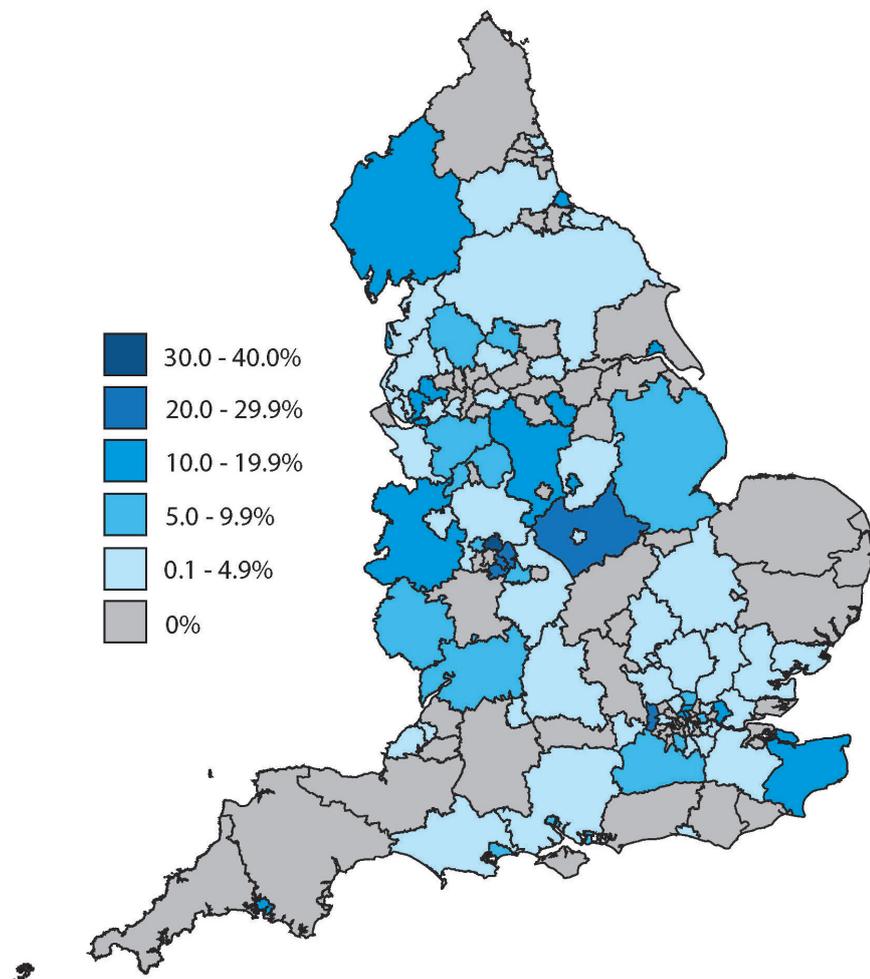
In its analysis, MHP Health Mandate highlighted examples where significant investment in this area had been made, saying:

> *"25% of the [total] allocation from Birmingham PCTs to local authorities was spent on telecare services as part of a wider investment in the city which aims to support up to 25,000 older and vulnerable residents by caring for them in the community. The mainstreaming of telecare services in Birmingham, which was launched by the Minister of State for Care Services Paul Burstow MP in February 2012, reflects the council's intention to focus on early intervention and preventative services."*

However, the findings also show that, despite a national drive towards investment in assistive technology "*65 PCTs (43%) saw no investment in telecare [from the additional funding available] in their area – particularly in the South West and East Anglia*"[29].

RECOMMENDATION 3: Health and wellbeing boards should ensure that local commissioning plans include details of how local authorities and clinical commissioning groups intend to spend additional funding identified for integration between health and social care

Assessing need and measuring outcomes

This chapter explores the processes local authorities have in place to assess and provide users of social care services with telecare services. In addition, it looks at how local authorities are seeking to measure the outcomes being delivered by these services.

Eligibility criteria and assessment processes

Under existing legislation and guidance, local authorities are free to decide the level at which people are entitled to state provided social care support. There is no national assessment framework; instead statutory guidance, published by the Department of Health, sets out an eligibility framework which local authorities must use to specify their own eligibility criteria.

The current eligibility framework is known as Fair Access to Care Services (FACS). The principle behind this framework, introduced in 2003, was *"that there should be one single process to determine eligibility for social care support, based on risks to independence over time"*[30]. The FACS eligibility criteria are divided into four categories

- Critical

- Substantial

- Moderate

- Low [31]

Following an assessment, local authorities use these categories to determine the level of support people need and how this will affect their independence – including whether they will be eligible for telecare services.

The existing framework and assessment system has been criticised for encouraging a 'postcode lottery' in the level of care provided by social care services. The Dilnot Commission said *"there are in effect 152 different systems across England – one for each local authority in England"*[32] and the findings from this audit would confirm these conclusions.

Figure 3: Percentage of local authorities that confirmed eligibility criteria or assessment processes in place for the provision of telecare services

20%

80%

- Yes
- No
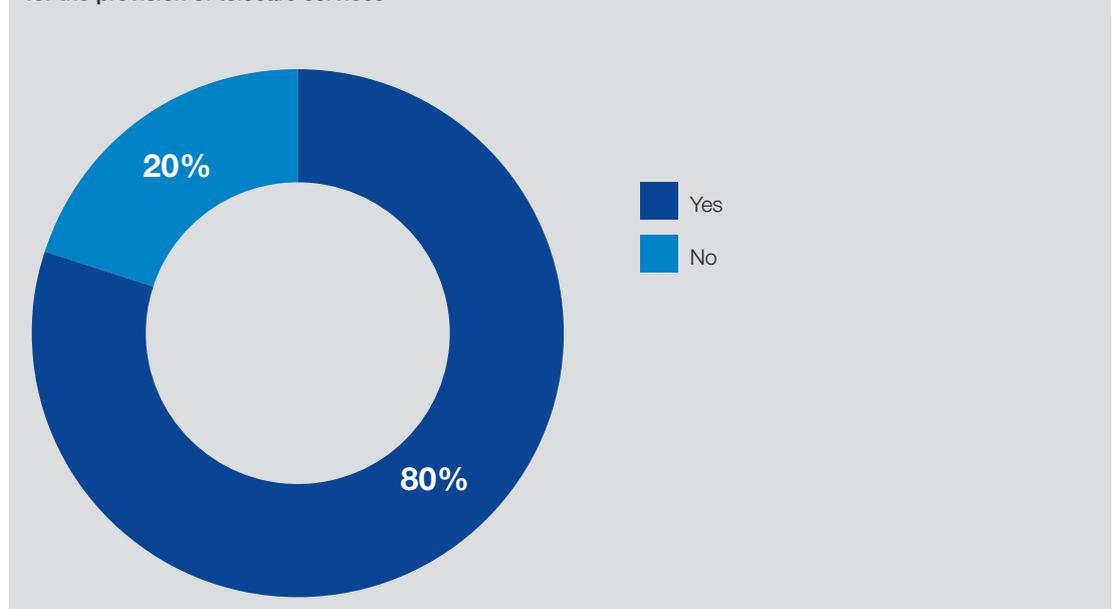
The audit found that access to telecare services varies greatly across the country. 80% of local authorities who responded to the audit confirmed they had eligibility criteria or an assessment process in place for the provision of telecare services. The nature of these criteria or processes was inconsistent across the country:

- Warrington Borough Council provides telecare services to people identified as having critical, substantial or moderate needs[33]

- Lincolnshire County Council said eligibility criteria have *"been moderate and above since 2009/10 to October 2011 when it changed to critical and substantial only, however agreement was reached to continue to provide Telecare to moderate group[s] until such time as a retail model is developed by public health"*[34]

- Only people living in Plymouth City Council who are identified as having critical or substantial needs will be eligible for telecare services[35]

However, the audit found that some local authorities had chosen to make telecare services universally available. For example, Leicestershire County Council said:

"Telecare services are provided under Prevention services, and are subsequently offered outside of Fair Access to Care eligibility criteria. The service went live from March 2012. From March 2012, 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"[36]

Walsall Council confirmed that *"Telecare is universally offered supporting the National Agenda for Early Intervention"* and additional equipment and services are provided depending on the user's needs[37]. Hackney Council provides assistive technology to all residents irrespective of their eligibility criteria under FACS[38].

RECOMMENDATION 4: In developing options for a new assessment and eligibility framework for social care, the Department of Health should include telecare in an identified best practice approach. Assessment tools, such as FACE, should be incorporated into the new assessment process with telecare included in the initial assessment process

Measuring outcomes and user experience

In 2009, the Department of Health announced the launch of the Whole System Demonstrator (WSD) programme, a two year research project funded by government to find out how telehealth and telecare services can improve outcomes and help people manage their own health needs[39]. The programme consisted of the largest ever randomised control trial of telehealthcare – covering 6,000 people – across three sites: Cornwall, Kent and Newham[40].

In December 2011, the initial findings from the WSD programme were published and showed that telehealth, if commissioned appropriately, had the potential to deliver:

- 15% reduction in A&E attendances

- 20% reduction in emergency hospital admissions

- 14% reduction in hospital bed days

- 8% reduction in tariff costs

- 45% reduction in mortality rates[41]

Findings from the WSD programme are currently going through peer review and the data, including for telecare services, will be published imminently. Ahead of this evidence being published, the GGI asked local authorities whether they had undertaken an assessment into the outcomes delivered to users of its telecare services.

The audit found that nearly half of council's (46%) had undertaken an assessment, 47% had not and 7% were currently carrying out an assessment. The GGI welcomes those local authorities who have sought to review the outcomes being delivered by their services and information received through the audit shows that telecare services do have the potential to improve outcomes and general wellbeing.

Figure 4: Percentage of local authorities that confirmed carrying out an assessment of the outcomes delivered by their telecare services

Legend:
- Yes
- No
- Underway

46%
47%
7%
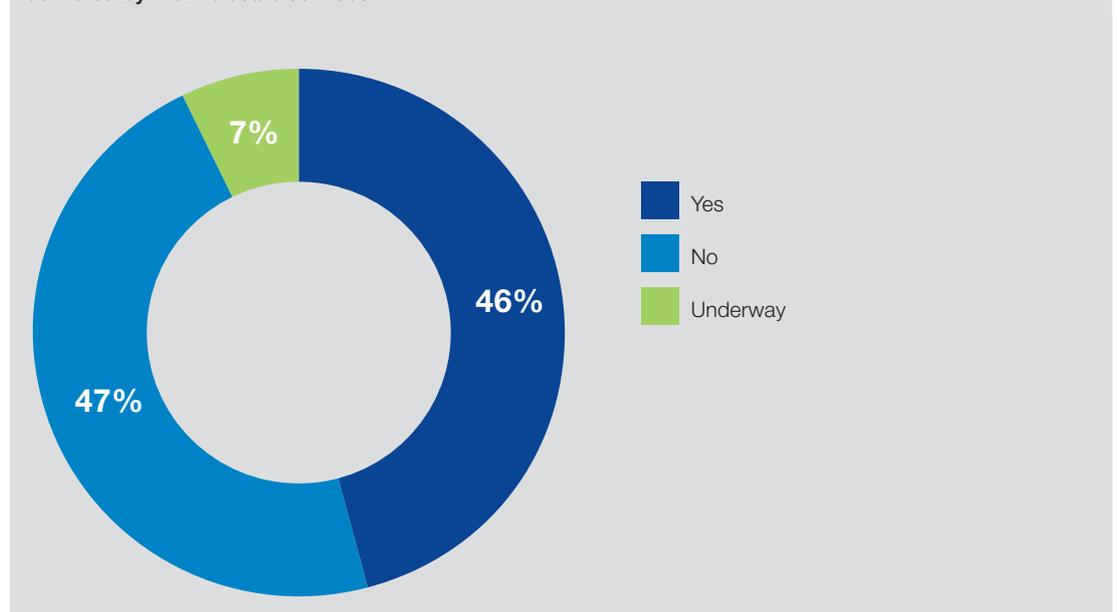
Bedford Borough Council carried out an evaluation of telecare services amongst a representative sample of 75 people receiving a telecare service between 1 April 2009 and 30 September 2010[42]. The evaluation found that 37% of users "*were enabled to remain at home, at least for a longer period, as a result of the use of telecare in conjunction with a home care support package*"[43]. For older users, a significant proportion, 21%, was believed to have avoided possible hospital episodes as a result of telecare[44].

Lambeth Council undertook an evaluation of its assistive technology and telecare services to demonstrate the costs and benefits and to consider efficiencies for both social care and health[45]. Key outcomes uncovered through the assessment included:

- Avoidance or deferral of hospital admissions (6%)

- Avoidance or deferral in nursing home placement (6%)

- Avoidance or deferral in residential home placement (17%)

- Avoidance or deferral in increase of Home Care (72%)

- Avoidance of respite care

- Reducing of need for sleeping night support[46]

Cumbria County Council carried out a detailed assessment looking at the business case for the provision of telecare services through a randomly selected sample[47]. Evidence from this assessment found that 19% of users avoided escalation to residential care and 16% avoided having increased homecare[48].

The main indicators in the third domain of the Adult Social Care Outcomes Framework 2011/12 focus on delivering improvements in the satisfaction and experience of users of social care services, as well as their carers[49]. The GGI welcomes the inclusion of these indicators and the steps local authorities are already taking to measure experience.

Findings from the audit have found that local authorities have sought to measure the experience reported by users of telecare services and their carers. North Yorkshire County Council provided the GGI with examples of the positive experience reported by its users[50]:

"[Telecare] gives me the reassurance that if mum falls I can be called straight away, I don't have to keep popping in to check if she is ok."
Carer

"I wanted to return home and this equipment has helped me do that. I can't tell you how happy I am to be back in my own place. The equipment also means that people don't worry about me as much, because they know they'll get a call if I'm not alright."
Telecare user

"The client is reluctant to allow staff into his home; by accessing the call record at the call centre I can more closely monitor his situation and target services when he needs them"
**Social care co-ordinator**

RECOMMENDATION 5: Joint health and wellbeing strategies should set out the role of preventative care and technology in improving the quality of life and experience reported by users of social care services and their carers. This should be part of the duty on local authorities to incorporate preventative practice into care commissioning and planning

Developing case of invest to save

Telecare enables people with care needs to live independently at home, which in turn has the potential to achieve real cost savings for commissioners of social care through preventing or delaying the need for intensive home care packages, institutional care or hospitalisation. In addition, telecare is an enabler for better integration between health and social care.

Existing evidence from pilots across the country has shown that telecare services can help to deliver significant efficiency savings for local authorities. However, in order to get a better picture of this, the audit asked local authorities if they had undertaken an assessment into the savings delivered by its telecare services.

Figure 5: Percentage of local authorities that confirmed carrying out an assessment of the savings delivered by their telecare services
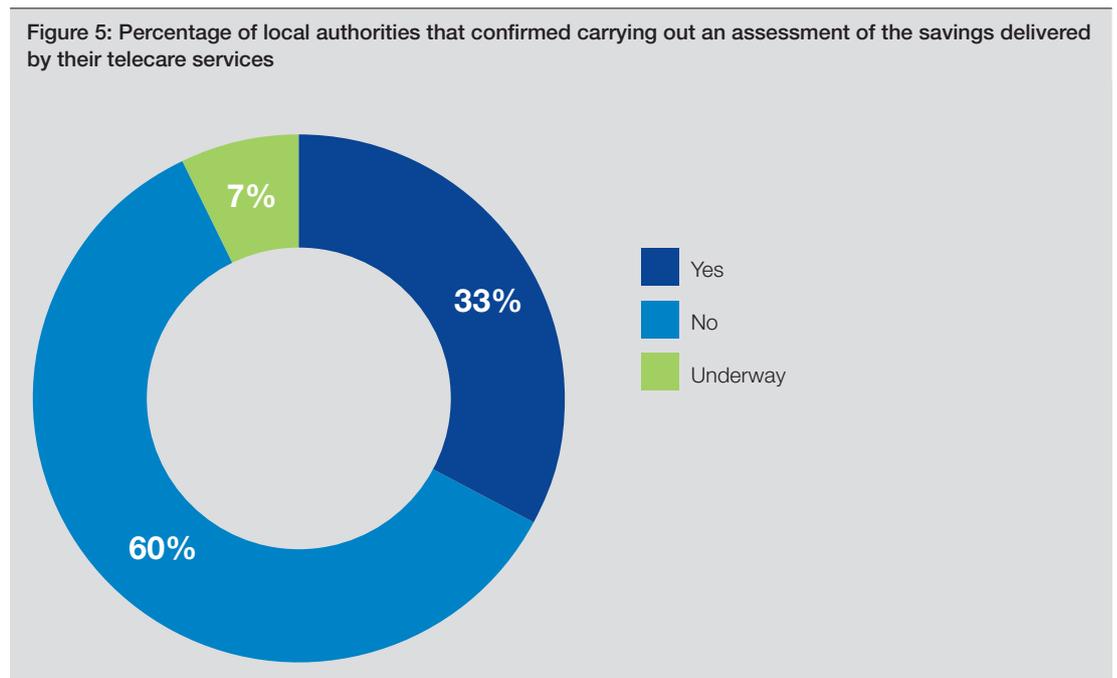
A third of councils that responded to the audit and confirmed they had undertaken an assessment into the savings delivered. 60% denied carrying out an assessment, while eight confirmed assessments were currently being undertaken. Local authorities should be encouraged to carry out financial assessments in order to evaluate the cost effectiveness of local services, and to make the case for long-term investment in preventative services.

Information about assessments which had been carried out by local authorities demonstrated the potential of telecare services in reducing the financial burden on social services' budgets:

• As part of the Department of Health-led London Joint Improvement (JIP) AT-Fast Track programme Lambeth Council undertook an evaluation of the cost effectiveness of telecare services: "*During the evaluation period which covered 20 May 2008 to 22 March 2011, it is estimated that cumulative efficiency gains between £359,454 and £399,393 were associated with Telecare use in Social Care and for NHS provision in the range of £29,210 to £32,456*"[51]

• A study carried out by Wakefield Council reported net savings of £1.325 million during October 2010 and March 2011[52]

• Oxfordshire County Council reported that in 2009/10 telecare services resulted in £953,000 in avoided costs to the adult social care services budget[53]

In a detailed assessment of telecare services in Derby carried out between 1 September 2006 and 23 August 2010, it is estimated that savings were made in social care in the range of £505,966 and £562,185. Further savings in NHS provision were achieved in the range of £99,678 and £110,754[54].

The below table, published by Derby City Council, also highlights that the savings achieved for different service user groups vary significantly – particularly for people with learning disabilities and with mental health needs[55].

Table 1: Summary of efficiency savings delivered by Derby City Council's telecare services from 1 September 2006 to 23 August 2010 by user type[56]

Average Savings (per person over the period of evaluation)					
	Social Care Savings			**NHS Savings**	
Cohort	**Lower Range**	**Higher Range**		**Lower Range**	**Higher Range**
All Telecare Users	£5,060	£5,622		£997	£1,108
Prevention	-£1,203	-£1,504		£0	£0
Other Telecare Users	£8,990	£9,989		£1,608	£1,786
of which:					
Dementia	£6,450	£8,062		£2,912	£3,640
Frailty	£3,332	£4,165		£1,149	£1,436
Learning Disability	£67,100	£95,857		£518	£740
Mental Health	£10,202	£14,575		£1,035	£1,479
Physical Disability	£2,490	£3,113		£1,372	£1,715
Sensory Impairment	-£202	-£289		£2,115	£3,022

RECOMMENDATION 6: Local authorities should review the savings delivered from telecare services and include details of how they intend to reinvest savings from telecare services into other areas of social care in their local plans for reforms. Local plans for reforms were recommended in the Department of Health's A vision for adult social care to ensure councils are making the best use of available resources

Supporting re-ablement and an integrated model of care

Re-ablement has been defined as *"a new, short-term intervention in English home care. It helps users to regain confidence and relearn self-care skills and aims to reduce needs for longer-term support."*[57] It is an established means of supporting people to retain independence and enjoy safer lives.

The Coalition Government has put a renewed focus on the re-ablement agenda, which included the establishment of a dedicated fund for re-ablement services in England[58]. The Department estimated that around 35,000 people would benefit from the £70 million fund in its first year. The Government's Spending Review and NHS Operating Framework for 2011/12 announced further funding for re-ablement in 2011/12 of £150m, and £300m every year in 2012/13, 2013/14 and 2014/15[59].
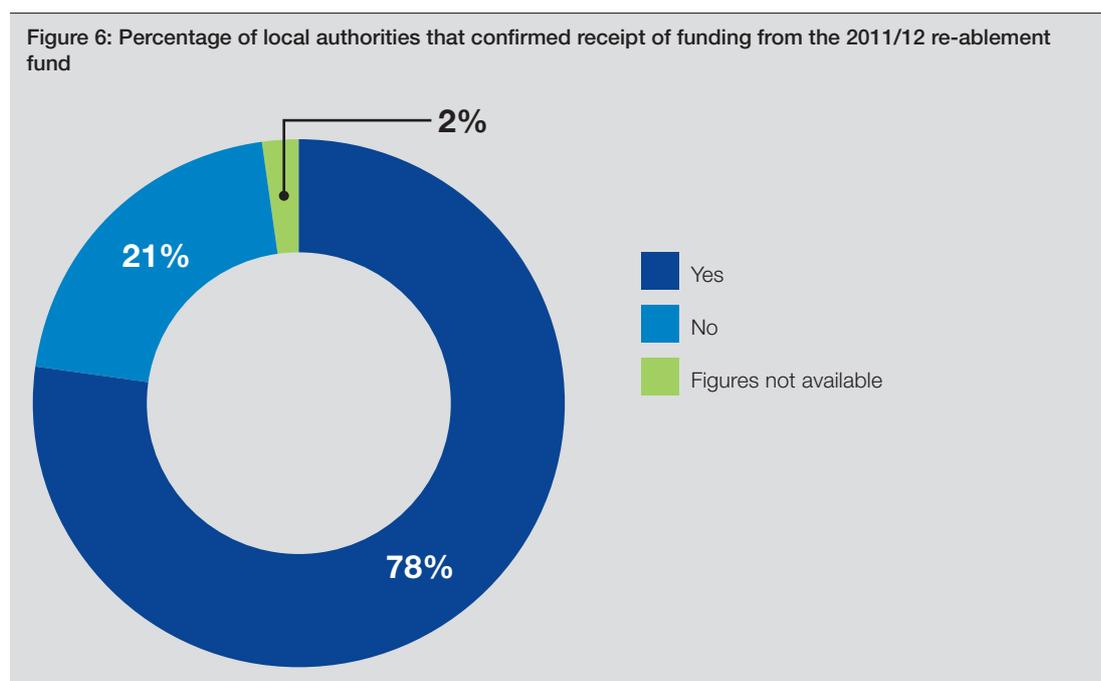
Telecare can play an important part in the re-ablement process, contributing to assessment, managing risk and offering low cost, ongoing support throughout and beyond the re-ablement period. Telecare provides a means of unobtrusively monitoring a person's environment 24 hours a day, 365 days a year.

Wireless sensors placed around the home raise the alarm if they detect a possible problem such as a fall, fire or flood by communicating with a central Lifeline home hub. This automatically creates an alert at a monitoring centre, where trained operators can then arrange an appropriate response.

Assessing implementation of the re-ablement fund

The purpose of the Government's re-ablement fund is to help promote integration between health and social care services. As a result, it was expected that PCTs, which would be allocated the funding, would work with local authorities in commissioning services which would reduce the pressure on NHS services – including through spend on telecare, home adaptations and home care support.

In order to assess this, the audit asked local authorities whether they had received funding from their local primary care organisations to spend on re-ablement services as part of the Department of Health's re-ablement fund allocations for the financial year 2011/12.

Figure 6: Percentage of local authorities that confirmed receipt of funding from the 2011/12 re-ablement fund

2%

21%

78%

- Yes
- No
- Figures not available

The findings outlined above demonstrate that one in five councils in England had received no funding from the 2011/12 re-ablement fund. This is of concern given national guidance set out by the Department of Health about the important role local authorities play in delivering the re-ablement agenda.

The audit did ask councils to provide information about how funding for the re-ablement grant was being spent and the detail received highlights the success the fund is having at a local level:

- Birmingham City Council responded to the audit and said that spending of the funding included £1.5 million for telehealth, provision of residential re-ablement services and the redesigning of intermediate care services[60]

- Sandwell Council said: "*This funding has allowed for provision of integrated Telecare systems to be installed in Reablement and intermediate care settings across the Borough. It has also offered the training of care professionals as part of Telecare provision*"[61]

- Liverpool City Council confirmed that £8.1 million allocated to the council from the PCT was to be spent funding the development of community hubs focussed on re-ablement and post-hospital discharge reablement[62]

Worryingly, and as highlighted previously, Lancashire County Council said: "*None of the Department of Health's reablement funding has been used specifically for investment into Lancashire County Council's reablement service*[63]*.*"

Local authorities, working with PCTs in their area, should ensure funding from the re-ablement grant is being allocated appropriately, particularly given the current financial pressure facing services.

The audit also asked local authorities to provide details about the amount of money they had been allocated by local PCTs from the 2011/12 re-ablement fund. 89 councils were able to provide this information but there was clearly confusion amongst councils between the different funding allocations being made available to them which had been designed to promote better integration of services. For example, the funding received by Liverpool City Council would appear to have been part of the £648 million made available to councils by the NHS in 2011/12, rather than from the specific re-ablement grant itself.

Figure 7: Amount of money allocated by local primary care organisations to local authorities from the 2011/12 re-ablement fund

Mean: £1,117,630
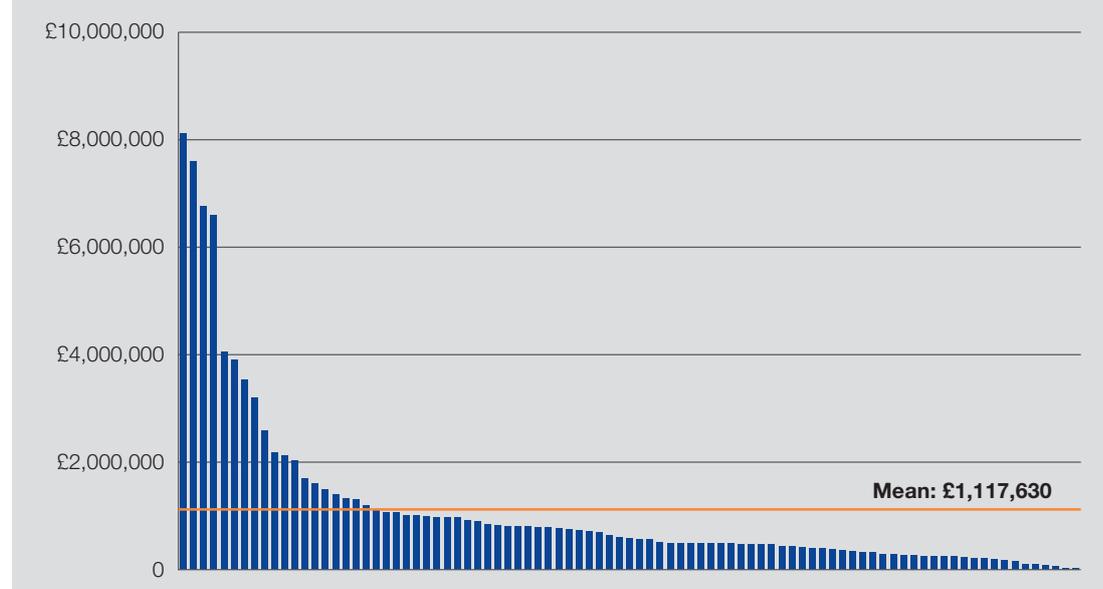
This information would indicate a variation in how much funding from the re-ablement grant is being allocated to councils by the NHS at a local level.

While some of the variation will be explained through the amount of the grant which was provided, it would not explain it all and instead suggests a lack of prioritisation or coordination amongst commissioners. For example, Gateshead Council responded to the audit to say just £20,863 had been allocated from NHS Gateshead[64], while Bexley reported being transferred £70,000[65].

RECOMMENDATION 7: The Department of Health should expedite the development of the placeholder indicator in Domain 2 of the Adult Social Care Outcomes Framework 2012/13 on reablement. This will provide a useful metric with which to measure the impact of the additional reablement funding

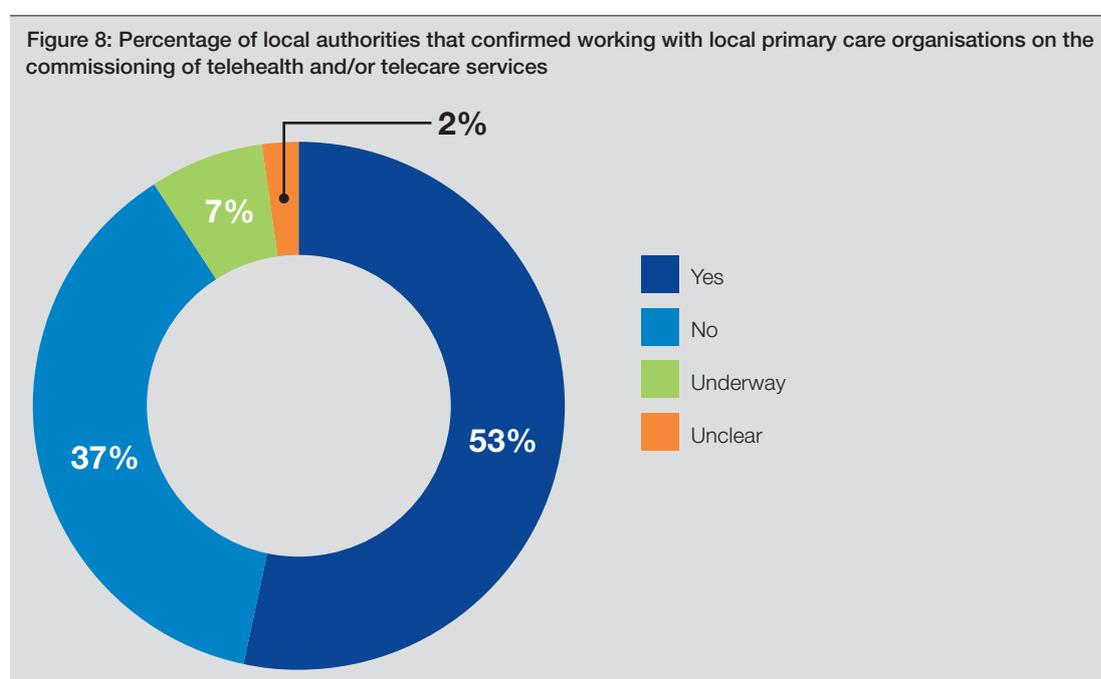**RECOMMENDATION 8:** Local authorities should publish detailed information of how they are spending additional funding being made available to them from the NHS for services aimed at promoting integration and supporting people with re-ablement following hospital discharge. Auditors should be encouraged to review whether funds from health commissioners are being transferred appropriately to social care commissioners

Supporting an integrated model of care

One of the central principles of the Government's health and social care reforms has been to promote greater integration between services. However, integration is a broad term and can work in a variety of different ways depending on the type of service being provided. The main purpose of integration is to improve service user experience and outcomes. This is done by minimising organisational barriers between different services, and between services and commissioners and each holding the other to account.

Innovative care solutions, such as telehealthcare, can assist in delivering an integrated health and social care service by enabling the measurement of outcomes as users proceed through the care pathway. This technology also helps drive improvements in outcomes by allowing multiple stakeholders to share common adult care practices and information in order to enable the delivery of higher quality and more cohesive, integrated care.

To assess the extent to which local authorities are using telehealthcare services as a mechanism for integration, the audit asked councils to confirm or deny whether they were working with their local PCTs on the commissioning of telehealth and/or telecare services.

Figure 8: Percentage of local authorities that confirmed working with local primary care organisations on the commissioning of telehealth and/or telecare services

Legend:
- Yes
- No
- Underway
- Unclear

2%
7%
37%
53%

Just over half of local authorities confirmed this was the case, while 37% of councils denied joint commissioning. Another 9% of councils responded to the audit and said that joint commissioning arrangements were currently underway or responses were not clear. The audit identified a number of good practice examples:

- Blackpool City Council responded to the audit and said: "*The PCT commissions both Telehealth Services, supporting the effective management of long term conditions for people at risk of repeated hospital admissions, and work with the Local Authority on the commissioning of Telecare Services, to support people with health issues at risk of falling and unable to summon help*"[66]

- Bolton Council said it was working with the local PCT on delivering telehealth and telecare services. Specifically, "*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*"[67]

- Ealing Council provided a detailed response of its whole-system process for assessment and provision of telecare services to promote greater integration. In addition, Ealing PCT "*is working with the Clinical Commissioning Group and the Health and Well Being Board via the Health and Well Being Strategy on the next steps for Telehealth services in Ealing, including Ealing Council*"[68]

The GGI welcomes these examples of good practice and recommends the Department of Health uses the findings from the WSD programme as an opportunity to highlight and promote existing examples of good practice. GGI has written elsewhere on the difficulties of securing good governance between organisations and will develop this theme in a new HFMA publication[69].

> **RECOMMENDATION 9:** Health and wellbeing boards should consider introducing pooled budgets for investing in telehealthcare services to promote joint commissioning and more coherent, responsive and integrated services

Bringing care home for 3 million people

On the 5 December 2011, Prime Minister David Cameron launched an ambitious and radial plan to support the lives of three million people with long-term care needs in England over the next five years through the expansion of innovative technologies, such as telehealthcare, in the delivery of health and adult social care[70].

This announcement followed the publication of the findings from the largest randomised control of telehealthcare in England – which covered 6,000 people across three sites: Cornwall, Kent and Newham[71]. As set out earlier in this report, the findings from the WSD programme show that, if implemented effectively, telehealth has the potential to reduce admissions and mortality rates for people with long-term conditions[72].

The GGI has welcomed the launch of the *3millionlives* initiative. In order to assess awareness of the campaign, the audit decided to ask local authorities whether they had received written communication from local NHS organisations or the Department of Health about the campaign.

Figure 9: Percentage of local authorities that confirmed receiving written communications from local NHS organisations or the Department of Health about the 3millionlives initiative

2%

27%

71%

- Yes
- No
- Unclear
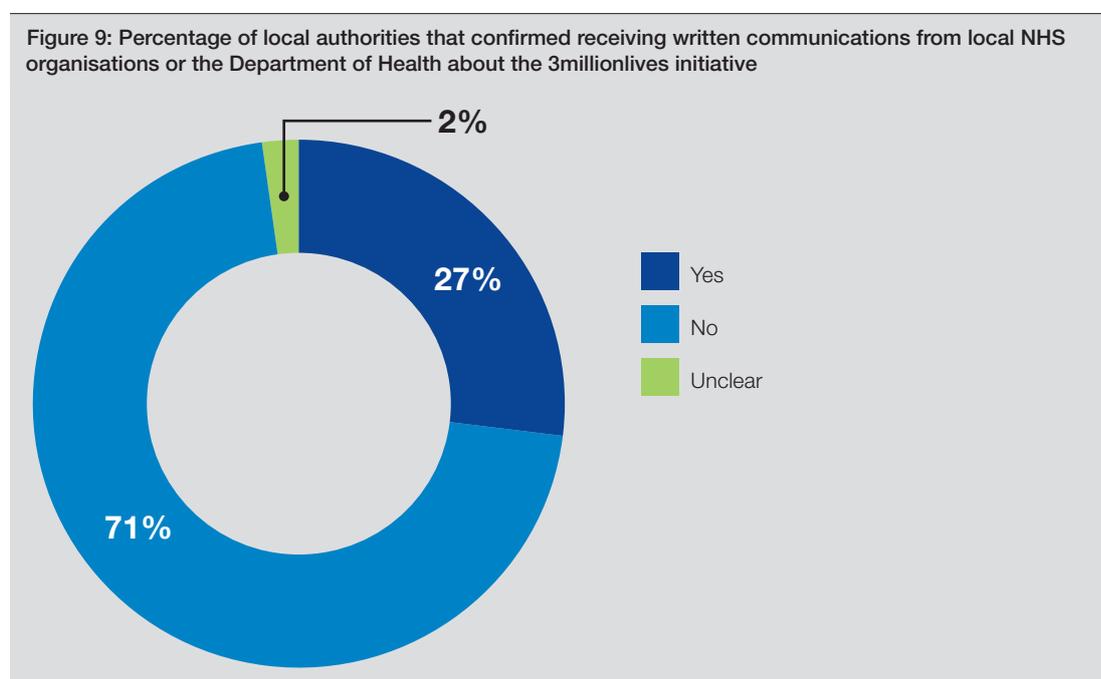
It is of concern that nearly three-quarters of local authorities denied receiving any written information from the Department of Health or local NHS organisations about the *3millionlives* initiative. While some councils were able to flag other sources from which they had received information about the campaign, awareness overall was poor.

Working with the *3millionlives* working group, the Department of Health should consider launching a national campaign of the benefits of self-care and the role of telehealthcare in delivering this.

Despite poor awareness of the *3millionlives* initiative, 65% of local authorities confirmed they had plans or internal guidance for the future use of telecare within their social care services:

- North Tyneside Council said they intended to remove eligibility for telecare under FACS. Instead, *"The future plans are to offer Telecare to any individual over the age of 18 who would benefit from Telecare equipment to improve quality of life and reduce risk of harm to the individual. People who do have eligible needs will be able to access telecare as part of a wider care package"*[73]

- Hillingdon Borough Council has refreshed its telecare offer, *TeleCareLine,* from 1 April 2011 to be available for free to all residents over 85 years of age; to service to service users meeting *"substantial & critical"* FACS criteria, subject to a financial assessment; for the first 6 weeks as part of a reablement package[74]

- York City Council told the GGI that in its Council Plan for 2011-2015 they intend to invest £250,000 each year into telecare provision[75]

On the other hand, while they denied having any internal plans or guidance, Durham Council said: *"Telecare provision is now mainstreamed within Adult Care Services so there is no separate plan".*[76]

RECOMMENDATION 10: The Department of Health should launch an outreach programme with local authorities and health and wellbeing boards to raise awareness of the *3millionlives* initiative, which includes clear guidance on how commissioners can use assistive technology to support people with long-term care needs to be cared for at home

Conclusion

The Coalition Government has published detailed plans for how it intends to reform adult social care services[77]. Although questions around funding remain unanswered, the reforms do present an opportunity to radically alter the way care services are delivered in England today.

The role of telecare services in improving the outcomes delivered and savings achieved by adult social care services is significant and well recognised. The audit does identify clear evidence of good practice where councils are investing in telecare services, which is translating into savings and a better quality of life for users. This reinforces the existing evidence base in the absence of the findings from the Whole System Demonstrator programme.

Despite this, what the audit does find is that the availability of these services is fragmented and poorly understood. The audit also finds that, despite significant funding being made available to councils to go towards re-ablement services, proportions of this funding are not going to local authorities despite the key role they play in delivering this agenda.

The GGI has made a number of recommendations for how these variations in provision can be addressed and services improved based on the reforms laid out in the Care and Support White Paper. For example, clear guidance and support should be made available by the Department of Health to local authorities on what constitutes telecare and how these services can be commissioned at local level.

The establishment of health and wellbeing boards provides an important opportunity for local commissioners to establish pooled budgets for investing in preventative services and identifying how savings delivered from these can be reinvested.

The purpose of this audit has been to increase understanding of how telecare services are being delivered today and to make recommendations for how these services can be improved against the backdrop of the recent Care and Support White Paper. Whilst the audit itself only focused on services in England we believe that a similar exercise undertaken in Scotland, Wales and Northern Ireland would reveal similar variations in access to services.

The GGI looks forward to the opportunity of working with the Department of Health, local government, CCGs and H&WBs and their auditors and other interested partners in implementing these recommendations and helping to bring care home.

Appendix one – Freedom of Information requests sent to local authorities

1. Please confirm or deny if the local authority provides telecare services as part of its adult social care service responsibilities

2. Please provide the cumulative figure for the number of users of telecare services in your local authority for the financial years (a) 2009/10, (b) 2010/11 and (c) 2011/12

3. Please provide details of the local authority's total spend on telecare services for the financial years (a) 2009/10, (b) 2010/11 and (c) 2011/12

4. Please confirm or deny if the local authority has received funding from local primary care organisations to spend on re-ablement services as part of the Department of Health's re-ablement fund allocations for the financial year 2011/12

    If confirmed:

    4(a): Please confirm amount received

    4(b): Please provide any plans developed by the local authority for spending its allocation of the re-ablement funding

5. Please confirm or deny if the local authority has an eligibility criteria or assessment processes in place for the provision of telecare services for the financial years (a) 2009/10, (b) 2010/11 and (c) 2011/12

    If confirmed:

    5(a): Please provide details

    5(b): Please provide details of any assessment software which includes the provision of telecare services

6. Please confirm or deny if the local authority has (a) plans and/or (b) internal guidance for the future use of telecare services

    If confirmed:

    6(a): Please provide details

7. Please confirm or deny if the local authority has undertaken an assessment of the outcomes delivered to users of the local authority's telecare services

    If confirmed:

    7(a): Please provide details of the assessment

8. Please confirm or deny if the local authority has undertaken an assessment of the savings delivered by their telecare services to the local authority's adult social care services budget for the latest year figures are available

    If confirmed:

    8(a): Please provide details of the assessment

9. Please confirm or deny if the local authority has undertaken an assessment of the experience of (a) service users and (b) carers of the local authority's telecare services

    If confirmed:

    9(a): Please provide details of the assessment

10. Please confirm or deny if the local authority has had any written communications from (a) the Department of Health and (b) the local primary care organisations about the *3millionlives* campaign launched in January 2012 (http://www.3millionlives.co.uk/)

    If confirmed:

    > 10(a): Please provide details of all relevant written communications

11. Please confirm or deny whether the local authority works with local primary care organisations on the commissioning of a) telehealth and/or b) telecare services.

    If confirmed:

    > 11(a): Please provide details of these services

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Care and support at home:
An audit of telecare services in England