

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

Access to telecare services varies greatly
across the country

September 2012

Who is this briefing for?

This briefing is targeted at policy-makers, local authority councillors with an interest in adult social care, local authority directors of adult social services, and health and wellbeing board members. Its purpose is to encourage decision-makers to understand the current provision of telecare services in England and how services can be improved for the future.

Background: Reforming social care in England

The Government has published detailed plans of how it intends to reform adult social care¹. 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 social care system faces unsustainable pressure. An ageing population coupled with fiscal pressures means that new ways of funding and commissioning social 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.

Auditing telecare services in England

The role of telecare services in improving the outcomes delivered and savings achieved by adult social care services is significant and well recognised. Telecare solutions, which include sensors in the home, allow older people and those with long term needs to continue to live at home whilst having access to round-the-clock support in case of difficulties or incidents.

However, despite Government commitment to increasing the uptake to telecare and telehealth services through the *3millionlives* initiative², access varies greatly across the country. 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 Good Governance Institute (GGI) has sought to address this gap in knowledge by undertaking a Freedom of Information audit of councils looking at how telecare services are currently being delivered. This briefing outlines the **key findings** from the audit and the **recommendations** for how services can be improved.

We hope this briefing will be useful to Government as it looks towards implementing its social care reforms, but also to councils and local commissioners as they improve the quality and efficacy of care services.

If you would like a full copy of the report's findings please get in touch with Andrew Corbett-Nolan, Chief Executive of GGI, on andrew.corbett-nolan@good-governance.org.uk. Alternatively, to download additional copies of this briefing please refer to the publication section of our website.

Summary of key findings

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

Variations in service provision

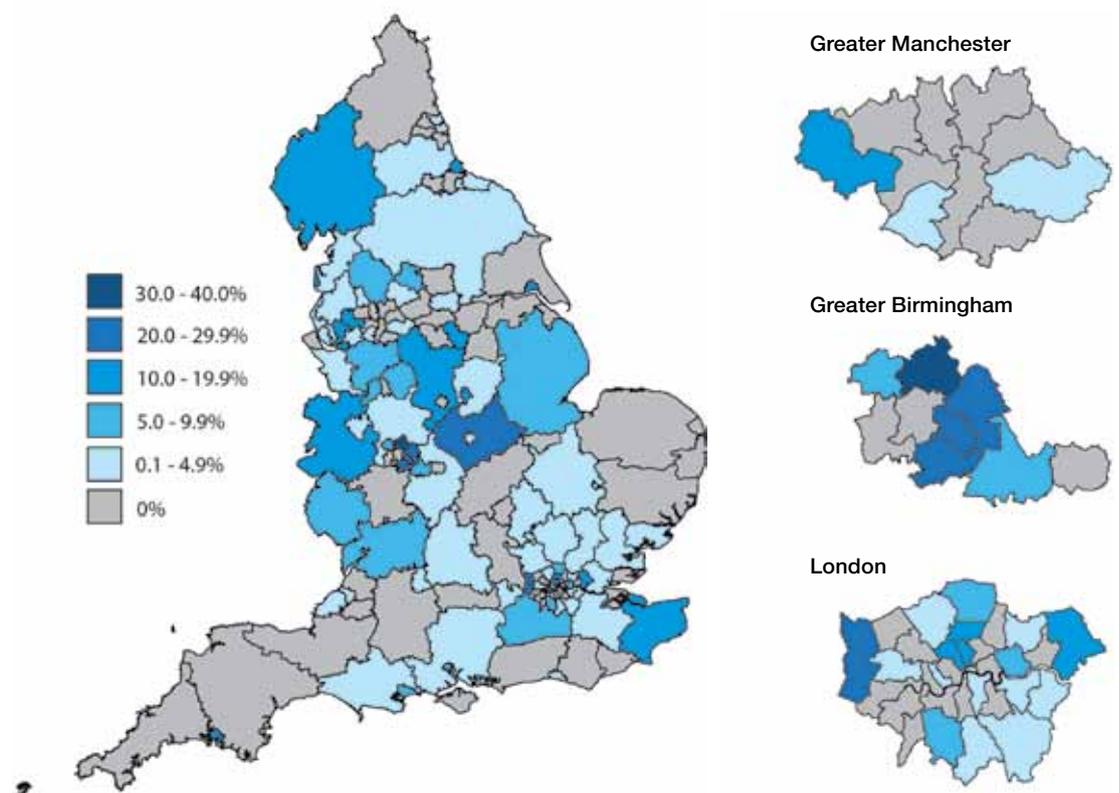
The audit uncovered significant variations in the number of people using telecare services across the country by local authority area. For example, one reported to have over 12,000 people using telecare services in 2011/12³, while another reported having just 75 users⁴.

However, there was also a **mixed understanding** among local authority commissioners on what telecare services are and how they should be incorporated into the council's social care services.

Despite 1.5 million people currently using telecare in England, figures reported by councils through the audit only accounted for a fraction of this.

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 Anglia⁵.

Percentage of the £648 million funding made available to local authorities for social care services spent on telecare, by PCT⁵



Assessing need, measuring outcomes, and developing case of invest to save

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. Other councils, such as Leicestershire County Council and Walsall Council, confirmed that they had chosen to make telecare services universally available.

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 undertaken an assessment into the savings delivered by telecare services. Information about assessments which had been carried out demonstrated the potential of telecare services in reducing the financial burden on care budgets.

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 care packages. The findings from the audit support this existing evidence.

For example, a study carried out by Wakefield Council reported net savings of £1.325 million during October 2010 and March 2011⁶. Oxfordshire County Council on the other hand reported that in 2009/10 telecare services resulted in £953,000 in avoided costs to the adult social care services budget⁷.

Supporting re-ablement and an integrated model of care

One in five councils which 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, one council responded to say that: “None of the Department of Health’s reablement funding has been used specifically for investment into [the council’s] reablement service”⁸.

Over half of local authorities confirmed they were working with their local PCTs to commission joint telehealth and telecare services.

Bringing care home for 3 million people

Whilst awareness of the Government’s *3millionlives* campaign is low, 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” Fair Access to Care Services Eligibility criteria, subject to a financial assessment; for the first 6 weeks as part of a reablement package⁹.

Conclusion

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 or Northern Ireland would reveal similar variations in access to services and need for action.

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.

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- 1 Department of Health, *Caring for our future: reforming care and support*, July 2012
 - 2 Department of Health, *Roll-out of telehealth and telecare to benefit three million lives*, January 2012
 - 3 Response to FOI request, data on file
 - 4 Response to FOI request, data on file
 - 5 MHP Health Mandate, *An atlas of variations in social care*, June 2010
 - 6 Response to FOI request, data on file
 - 7 Response to FOI request, data on file
 - 8 Response to FOI request, data on file
 - 9 Response to FOI request, data on file

Summary of recommendations

- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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

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