How are English Adult Social Care Departments using telecare with older people? 
Emerging issues from the UTOPIA study

UTOPIA: Using Telecare with Older People In Adult Social Care

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This presentation summarises independent research by the National Institute for Health Research School for Social Care Research. The views expressed in this presentation are those of the authors and not necessarily those of the NIHR SSCR, NHS, the National Institute for Health Research or the Department of Health.
2. Context to the UTOPIA study

- Governments have seen a key role for telecare for two decades
- Implementation difficult: formidable barriers & lack of local infrastructure to support use
- The Government published guidance and funding - The Preventive Technology Grant - and also Performance Indicators
- It also commissioned the Whole System Demonstrator project (2008-2011) to fill the gap in evidence for impact and effectiveness – but it found no evidence of benefit.
- Public sector austerity has led to a renewed interest in telecare as a cost-effective way of providing help to people needing adult social care
- ADASS published data and outcomes: Better Care Technology Survey (2014) and Call for Evidence report (2015)
3. The UTOPIA study: objectives and methods

Objectives: to understand Adult Social Care Departments (ASCDs) perspectives about:

- What strategic aims is telecare is intended to serve for older people?
- What local evidence is being collected to enable ASDCs to assess if these are being achieved?
- How these aims are operationalised and delivered?

Multi-method approach:

- Online survey using ‘Survey Monkey’ software: 114 valid responses (75% response rate)
- All types of council and regions represented
- Interviews with telecare leads in 25 English Adult Social Care Departments
- Case Studies in 4 English ASCDs: Interviews with stakeholders, telecare commissioners, assessors, installers and responders to telecare generated alerts
- Questionnaires designed by research team with input from advisors
3. UTOPIA findings

1. Strategic aims for telecare in ASCDs

• Over 60% said their ASCD telecare strategy was not produced collaboratively with NHS/Health partners
• Better Care Fund did not seem to be a particular focus
• Main ways in which telecare was intended to support strategic aims (delaying needs for support and enhancing quality of life) was risk management and safety, and support for unpaid carers

“Under the Care Act they want to provide a least restrictive option for older people that will allow them to remain as independent as possible within their own home or in a homely environment outside of residential care” (LA-Q)

“I think our very major secondary drive is that telecare can replace more expensive human based services where those services aren’t necessary. Even if it’s something as simple as night sits for a person, which can be replaced by a telecare package. In general, although it’s our secondary goal and it’s of secondary importance, it’s pretty high secondary importance, because a package of telecare is so cheap compared to a domiciliary care package that it’s a no-brainer where it’s going to either improve the person’s service or at least maintains it at the same level of efficacy” (LA-A)

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<th>What are the main ways in which telecare is intended to meet needs of older people?</th>
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3. UTOPIA findings

2. Level of financial commitment

• 40% felt telecare would save money but not all could evidence this claim
• Some had done financial modelling and developed ‘hypothecated’ savings
• “I used to gather … what services would have gone in if not for the telecare. But because of the non-robust nature of that evidence, I couldn’t ever prove it. So, for me it’s probably very much a case of common sense from knowing individual cases, rather than any systematic proof” (LA-A)

3. Assessing eligible older people for telecare: what gets considered?

• High proportions answered affirmatively to questions about the kinds of things covered in assessments

What do you assess within your telecare assessment?

- The mental & physical capacity of the person
- The social support the person has inc. family, friends...
- What may be unsafe about the way they do an...
- The person's physical environment inc. steps & stairs
- The person's ability to mobilise & dexterity
- The person's ability to problem solve
- The person's memory & whether this is impaired
- The person's ability to communicate
- The person's daily routines
- What activities the person needs to do in their day
- What activities are important for the person to be able to...
- The person's insight into their abilities and limitations

- 89%
- 88%
- 80%
- 89%
- 64%
- 92%
- 92%
- 92%
- 53%
- 92%
- 91%
- 83%
- 75%
- 73%
3. UTOPIA findings

4. Assessing older people for telecare

But…..
- Formal assessments of need for telecare not always done:
  - For some devices
  - Hospital discharge
- Over a third said older people could self-assess and over half that they could spend their Direct Payment on telecare. Half also said advice was available to support self-assessed/private purchasing decisions (...not always the same ones!)
- Care Managers, specialist telecare workers and OTs could all assess for telecare

5. Assessing older people for telecare: reviews

• Reviews were often done by telephone and sometimes focused on the equipment rather than the person
3. UTOPIA findings

6. Training

- Over 80% said training was available to telecare assessors
- This was usually on-the-job or by telecare manufacturers
- Almost no training was formally accredited or led to a formal qualification
- The length of the training course or session was usually short
- Focus of much training was on how devices worked

Who provides training for telecare assessors?

- On-the-job training on a peer-to-peer basis: 37%
- Training by Local Authority training team or person: 29%
- Training by telecare manufacturer or supplier: 45%
- Training by college or university: 4%
- Some other kind of training: 15%

How long does it take someone who assesses for technology to complete any telecare training?

- 1/2-1 working day: 44%
- 2-3 working days: 3%
- 4-5 working days: 3%
- More than 1 week: 26%
- n/k: 23%
3. UTOPIA findings

7. What telecare is available?

- Most ASCDs relied on a small number of telecare suppliers

- The three most commonly used devices were:
  - Pendant alarms
  - Fall detectors
  - Bed/chair occupancy sensors

- 29 types of device were mentioned in total but some were not telecare

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**How many suppliers does your ASCD obtain telecare equipment from?**

- 1 to 2: 32
- 3 to 5: 75
- 6 to 10: 17
- 10+: 8

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**Most frequently used AT/Telecare devices**

- Ambient temperature sensor: 9
- Epilepsy sensors: 12
- Carbon Monoxide sensors: 14
- Env. Sensors inc. Just Checking/Canary: 19
- GPS & tracking device inc. Buddi & geo-fencing: 21
- Med. Dispenser: 30
- Door sensor/exit sensor: 37
- Smoke detector/alarm: 42
- Bed / chair Occupancy Sensor or pressuremat: 48
- Falls detector: 50
- Lifeline & Pendant alarm: 53
3. UTOPIA findings

Over half said telecare use was ‘person-centred’ rather than ‘service driven’, but over a third felt it was a bit of both.

Person-centred:
“We don’t have any standard sets of kit. We don’t have any packages. I’ve heard this in other places where they might have a falls package or a something-else-package. It’s an individual set of equipment” (LA-N)

Bit of both:
“The assessment is person-centred and we go out and identify exactly what kit will work for each individual. But it can end up being pretty standard packages, because people’s needs are actually pretty similar in such cases” (LA-A)

“A lot of social workers and case managers would over-prescribe telecare. When they do the assessment they have telecare in their mind already. So that makes it standardised in my mind. I can’t say that all social workers are like that, there are people out there separately referring to telecare in a person-centred way, so they would only refer if the person actually does need it” (LA-H)
3. UTOPIA findings

8. Installation and maintenance

- Telecare usually installed and maintained by specialist telecare workers and telecare manufacturers or suppliers
- Over half said maintenance was based around devices programmed to alert a call centre when servicing was needed
- Reasons for requesting telecare to be removed were changes in need, failure to ‘get on’ with devices and concerns about costs and charges

9. Responding to alarms generated by telecare

- Just under half said the ‘first line responder’ was an unpaid carer
- Most Shire counties did not provide a 24/7 paid response service.
- A quarter of this group said that if no-one could be found to act as a responder telecare would not be provided
- Some thought about cutting back on response services and involving unpaid carers more often:
  “I think in some cases, it should be the family. And if they don’t want to take it or they simply don’t answer the phone they know that that call is then going to be forced to us. I think we need to move back to having more family involvement with it” LA-L)
4. UTOPIA issues

- Limited involvement of NHS and other health partners & Better Care Fund
- Should strategic focus be so much on risk management and safety?
- What are the circumstances in which it is OK to use telecare without an assessment and when is it essential?
- Who should assess for telecare? What matters?
- What are the circumstances that make it OK for assessments/reviews to be done outside of the user’s home?
- Are reviews of telecare use carried out sufficiently?

- Is access to a limited range of telecare sufficient?
- Does telecare support carers or add to carer burden?
- Can person-centred approaches to telecare be compromised: e.g. by remote assessment, access to a limited range of devices or the absence of mobile response service?
- Is there a need to develop better training for telecare staff?
- How to ensure people who self-assess and use Direct Payments or private funding make the right decisions for them?
### Selected references

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<tr>
<th>Reference</th>
<th>Publication Details</th>
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<tr>
<td>Royal Commission on Long Term Care (1999) With Respect to Old Age</td>
<td>Long term care – rights and Responsibilities (Cm4192-1 London, the Stationery Office.</td>
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