Ageing Britain

Rapid response

The government's long-awaited social care plans are likely to back telecare. So why isn't it being taken up more widely?

David Brindle

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Telemare alert and control systems are providing a lifeline for older and disabled people. Photograph: Graham Turner/Guardian

As vice-chairman of his local branch of the Princess Royal Trust for Carers, Alan Lindsey has a lot of meetings to attend. His dilemma, as carer for his wife, Joan, has in the past been leaving her on her own. Now, though, he can do so with the confidence that she can call for help at any time of day or night, and that it will be there within as little as 15 minutes.

The Lindseys are among the growing number of users of social care services who are satisfied customers of telecare - the use of IT to monitor vulnerable people in their own homes. The care and support green paper, expected next week, is likely to say that these systems offer an important part of the solution to how we will be able to look after our ageing population.

Great claims have been made about telecare. Until now, however, it has lacked a solid evidence base and premature talking-up of its potential has bred cynicism. What has earned it its place in the green paper is an increasingly convincing series of reports from local authorities that have invested in systems and, crucially, an independent evaluation by health economists at York University.

According to the York study, telecare use in Scotland is yielding a fivefold return on the initial investment. Between 2007 and 2010, the research estimates, there will be savings of £43m in care costs north of the border. Extrapolated, this could mean annual savings of £5.3bn in the care of 1 million people.

David Hinchliffe, the former Labour MP and social worker who chaired the Commons health select committee, is an enthusiastic advocate and is frustrated at the slowness of telecare take-up. "At the moment in the UK," he says, "our approach is costing us significant sums of public money which could otherwise be spent better elsewhere and,
more importantly, is denying very many service users and carers the chance of much greater independence and freedom.”

The Lindseys would certainly endorse that. Joan Lindsey, 69, has multiple sclerosis and uses either a wheelchair or a special relaxation chair at the couple’s bungalow in High Barnes, Sunderland. She needs help to move from one to the other and a hoist to get in and out of bed. Her husband, 73, is a willing carer - assisted by a visiting care assistant - but he can’t always be around and, 18 months ago, was out of action for a few days after a knee operation. “I couldn’t even close the curtains or carry the tea tray in,” he recalls. “But I could call for help if I needed it and they always came. It’s there for us 24 hours a day, 365 days a year. You know it’s there and you don’t have to worry. That’s the thing.”

At the moment, the Lindseys have a fairly basic call system that they can activate through either the call unit or pendants they can wear. They know that if their needs increase, however, the system can be enhanced to include sensors that monitor things such as movement, door opening, bed occupancy, bathwater running, and the use of electrical appliances. Unusual patterns of activity, or inactivity, trigger an alert.

Sunderland council provides telecare as a mainstream service to 16,500 households across the city. Emergency response is promised within 15 minutes. The basic package is free with home care commissioned by the council and to those on housing benefit or living in social housing; other users pay £3.20 a week. The city has achieved a sharp fall in the number of people entering residential care, from well above the England average in 2002 to below average now, and it is striking that the authority is one of only two in England that still provide means-tested social care to people whose needs are assessed as low.

"Investing in more frontline prevention puts us in a position to meet tomorrow’s health and social care challenges head on,” says Neil Revelly, the council’s director of health, housing and adult services. “Over the next 15 years, the number of older people in Sunderland over 65 will rise by 30% to 59,500 and the number of older people with functional dependencies will rise from 22,400 to 27,000, including 4,100 with dementia. With an increasingly ageing population comes an increasing demand on health and social care resources, and our preventative approach means that we are well-placed to cope with future challenges.”

In view of its apparent success, why haven’t more authorities followed Sunderland’s lead? In 2006, the government made £80m available in grants for English councils to pilot telecare and other forms of assistive technology. Some rose enthusiastically to the challenge and there is emerging evidence of the benefits: in Stockton-on-Tees, an evaluation estimated net savings of £221,000 a year in respect of social and healthcare costs for a sample of 150 people; in Gloucestershire, the county council put potential savings as high as £405,000 over two years for just 55 people.

But there is uncertainty about how much of the £80m, which was not ring-fenced, was spent on telecare, as opposed to other uses. Hinchliffe say ministers will need to give a firmer lead if widespread progress is to be made.

Scotland and Wales have taken more assertive approaches. A national telecare development programme was launched in Scotland in 2006, investing £8m in 32 local partnerships, and some £10m has been made available in capital grants and revenue funding to install systems in 10,000 homes in Wales. The York evaluation, commissioned by the Scottish government, found that telecare had prevented hospital admissions, hastened discharge from hospital and reduced numbers of people entering residential care. More than 60% of telecare users said their quality of life had improved and 74% of carers reported feeling less stressed.

**Personal experience**

Hinchliffe has become an adviser to Tunstall Healthcare, a leading provider of telecare systems, but says his belief in the technology stems from personal experience when his wife, Julia, was caring for a close family member with dementia. “It was only after her needs could no longer be managed in sheltered accommodation and she had entered...
permanent care that we learned what might have been available through telecare to enable her to retain some degree of independence in her home.”

Stephen Burke, chief executive of older people's charity Counsel and Care, says: "Helping older people live longer in their own home and improving safety and security are key aims. If by using telecare we can make this happen, and make better use of public funding, then it's a win-win for everyone.”

Perhaps it’s not quite a win-win for home care workers, who face being displaced by technology. Lucianne Sawyer, president of the UK Homecare Association, believes telecare has a role to play in the developing landscape of care and support. But she cautions that the balance of services must be appropriate.

"I do think that relationships and contact with people are very important," Sawyer says. "We should not be thinking we can replace the critical personal involvement that good home care services do offer. You can’t substitute that, no matter how good your machinery and equipment.”