

# Creative use of Telecare in Hull - Programme Overview

“ The Telecare Team is making a positive difference to hundreds of people in the city.

**Louise Eastwood, Older People Mental Health Team Manager, Hull City Council**

## Background

Hull's Joint Health and Wellbeing Strategy (2013-2016) identifies the need to implement telecare technology to support people in their own homes and empower them to manage their own health and wellbeing.

### Telecare team structure

- Hull City Council's Telecare Team was established to improve the safety and health of Hull's residents, particularly those who are older, have dementia, are carers or who have been recently discharged from hospital. Initially providing basic packages including Lifeline home unit and pendant with environmental sensors such as smoke and carbon monoxide detectors, the team now also offers a wider range of telecare to support people with more complex needs. Hull's telecare provision is an integrated service, with the eight Telecare Team staff funded by the City Council's Social Care department, telecare sensors funded by NHS Hull Clinical Commissioning Group, and the Council's Housing control centre Kingston Care providing monitoring and installation.

### Who is entitled to telecare?

- All telecare provision is based on assessed need, with no Fair Access to Care Services criteria applied. However, although telecare sensors, installation and support are provided, service users must fund the cost of the Lifeline home unit and monitoring themselves, at a cost of £10-£12 per month, depending upon their circumstances. (NOTE: The first 3 months are provided free of charge).

### Where do telecare referrals come from?

- Many referrals are received from hospitals ready to discharge patients. Kingston Care control centre will also advise the team each time it provides a Lifeline to a new user, who will then be contacted to establish whether they would benefit from additional telecare sensors. All people receiving a Social Care assessment will also be automatically offered a telecare assessment.

### How large is the service?

- In Hull there are now 5,500 homes with a Lifeline home unit, with 4,800 of these having additional telecare sensors. In the last financial year (2013/14) more than 2,000 referrals were made to the Telecare Team and almost 3,000 telecare sensors were deployed. This increase in demand is demonstrating that people's needs are becoming more complex, as the requirement for multi sensor telecare deployments increase.

The Telecare Team is making a positive difference to hundreds of people in the city and enabling health, housing and social care providers to support people with long-term health and care needs in a more cost-effective way.

### Key achievements

- Thornton Court telecare/reablement flats show 77% of people return home with a reduced package of care
- Same day telecare assessment and installations up to 10 times per week to facilitate rapid discharge
- Telecare is reducing the need for waking night home carers
- Telecare is supporting Hull to become a Dementia Friendly City
- Monitored medication dispensers reduce the need for frequent physical checks, saving money
- Telecare and Out of Hours team is reducing the need for more costly interventions, such as waking night care or residential care, saving money and protecting people's privacy
- Hull's Fire and Rescue Service are really seeing the benefits of monitored smoke detectors

**NHS**  
Hull Clinical Commissioning Group

**Hull**  
City Council

**Tunstall**

# Cross-boundary working

## Reablement and supported discharge

The Telecare Team is an integral part of Hull City Council's reablement services, and as such works closely with local hospital discharge teams. A member of the telecare team is based in the hospital two days per week working on the Acute Assessment Unit and short stay wards working in partnership with clinical staff and social workers to ensure patients are discharged as quickly as possible with the appropriate support in place. In some cases patients cannot be discharged until they have a live telecare service at home, and 5-10 times per week the team will undertake same day telecare assessment and installation to facilitate rapid discharge.

The Telecare Team also supports the Council's intermediate care units, such as Thornton Court which houses 14 semi-independent flats. All flats are fitted with a full range of telecare to enable patients to become familiar with telecare as they rehabilitate. This helps to build their confidence and prepare them for using telecare in their own homes. Joint funded by Hull City Council Social Care and City Health Care Partnership, Thornton Court has been at or near 100% capacity since its inception. Results show that 77% of people of patients staying at Thornton Court returned home with reduced package of care, and 74% returned with telecare in place.

## Support for carers

The Telecare Team offers support for carers, often using a Lifeline home unit and sensors (eg bed occupancy, falls and door exit sensors) linked to a CareAssist pager. This enables the carer to undertake household tasks, go out into the garden, have a good night's sleep or enjoy some leisure time in the knowledge that they will be alerted if the person they care for needs assistance.

Carers can also be supported during the night by the Hull Out Of Hours Team (HOOHT). From 9pm until 7am, alerts from telecare sensors can be directed to HOOHT, who will send a response officer rather than waking a carer. This gives carers respite by providing a safety net in circumstances where incidences during the night are rare. Where HOOHT response becomes required on a regular basis an assessment will be undertaken to review the care plan.

*Telecare has also been used to support carers living close by but not in the same property, without the need for a Lifeline to be monitored, a more cost effective solution for some people. In one example a daughter lived opposite her mother, who had dementia and had a history of falling. The daughter would often check on her mother during the day and wake regularly during the night to see if any lights were on at her mother's house, indicating that she may be out of bed and disorientated. A Lifeline unit was installed, along with a bed occupancy sensor. This was programmed to raise an alert on the daughter's CareAssist if her mother gets out of bed during the night and fails to return safely after a short time. This solution has enabled the mother to remain independent in her own home, and her daughter to feel assured that she will be aware if her mother needs her help.*



## Dementia

There are approximately 800 people in Hull registered with care services who are living with dementia. Using telecare solutions means that people with dementia are safeguarded, and their carers are under less stress. Medication dispensers are also used to help compliance, which can prevent hospital admission.

The Council recently launched the Hull Dementia Academy Action Alliance which aims to help professionals and carers provide improved support to people with dementia, improving the quality of life for people with the condition and helping to reduce the number of admissions to hospital and residential care. The launch of the Academy is a key step in the city's journey towards becoming Dementia Friendly.

## Medication management

There are 120 medication dispensers deployed in the community. In most cases the dispenser is filled by the pharmacist which is proving so successful, more pharmacies are becoming involved. The dispenser will emit an audible beep when it's time for the user to take their medicine. If the dispenser doesn't sense that tablets have been removed it can be programmed to raise an alert on a family member's mobile, or in some cases call the Kingston Care control centre.

In many cases the dispenser has replaced the need for a CareCall visit, where a carer would visit the user at home, up to four times a day, to give them their medication. This saves social care, and some cases the service user themselves, a significant amount of money. Where four visits each day have been replaced, the dispenser pays for itself within a week. Many users have also reported that they found CareCall visits intrusive and would rather manage their medication themselves with support from the dispenser.

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## Housing providers

Telecare can support people in assisted living environments as well as in their own homes. For smaller residential homes without integral communication systems, a CareAssist can be used to enable telecare to be deployed to support residents and staff.

Hull is also currently developing 400 new extra care apartments which are due to be completed in 2016; telecare forms an integral part of this development.

## The Need

### Key Statistics – Hull

- Population **265,000**
- **14%** of people **over 65** (36,500 people)
- **28.9%** of adults **with long-term illness or disability**
- **Lower than average life expectancy** is lower in Hull
- **16%** of residents are carers, **3,700** of them 65+
- **1,881** hospital admissions for **falls in over 65s** (2010/11)
- **9,510** Adult Social Care service users, **6,560** are **65+**

Hull's 2012 Joint Strategic Needs Assessment, Public Health Sciences, Hull Public health, April 2013

## Working in partnership with Fire Services

Hull's Fire and Rescue Service, having identified a need for a smoke alarm, will install a battery operated smoke detector as a safeguarding measure then refer the user to the Telecare Team for installation of a monitored smoke detector.

In circumstances where an individual is at risk of fire due to cigarette, smoking sprinkler systems can be installed. Approximately 15 systems are currently in place which will raise an alert at Kingston Care control centre if a potential fire is detected even if the sprinkler action means the smoke detector isn't activated.

*In one example Kingston Care control centre called the emergency services in response to an alert from a Carbon Monoxide detector which had been fitted 6 weeks earlier as part of a telecare package.*

*The Fire and Rescue service assessed the situation and couldn't see a cause for alarm until the CO detector began to alert again and they discovered the gas cooker was faulty. The occupier was close to collapse and upon being taken to hospital it was revealed that he may not have survived had he remained in the property much longer.*

## Social care

The Telecare Team works closely with the Council's Social Care department, and everyone receiving a social care assessment in Hull is automatically offered a telecare assessment. Telecare is one of a range of services the Council offers to help residents live safely and independently in their own homes. Along with housing options, equipment and adaptations, meals on wheels and domiciliary care, telecare is one of the ways the Council is meeting the requirement to make financial savings whilst at the same time ensuring the needs of residents are met.

Linking alerts from devices such as bed occupancy sensors, property exit door sensors and enuresis sensors to HOOHT often avoids the need for more costly interventions, such as waking night care or residential care. This not only saves the Council money but also gives choice, control and privacy to the service user, whilst protecting their safety and wellbeing.

## Case Studies

### Enabling Dignity

#### Background

Gary had a mild stroke and was then diagnosed with vascular dementia. He lives alone and made it clear that he wanted to be as self-managing as possible.

#### Concerns

Over time Gary started to have continence problems during the night. This did not happen every night but when it did he found it difficult to change the bedding and his night clothes so he lay in the wet bed until the morning. This was very uncomfortable and also carried the risk of causing his skin to begin to break down.

#### Solution

Because Gary was not incontinent every night, a 'pop-in' visit from care staff would have been unnecessarily intrusive. It was therefore agreed to fit an enuresis sensor to Gary's bed which would raise an alert with HOOHT if it sensed moisture.

#### Outcome

This solution worked really well; the response time from HOOHT was very fast and this enabled Gary to be assisted to get changed and settled back into bed with the minimum of disturbance. This helped to maintain Gary's dignity and independence, and avoided expensive and unnecessary nightly care visits.



### Supporting Independence

#### Background

Rose is diagnosed with dementia and at times her recall is very poor. Within the last year she has had to move home to an extra care facility because of issues with her neighbours.

#### Concerns

Rose loves her new flat in an extra care building, and during the day staff were available to prompt her in her new surroundings. However at night time there were no staff onsite to help Rose should she wake and become disorientated. She would then explore the corridors, on some occasions knocking on her neighbours' doors and in one instance leaving the building. This behaviour was putting Rose at risk and also disturbing other residents.

#### Solution

Rose agreed to have a bed occupancy sensor and property exit door sensor fitted to connect to her Lifeline. If Rose left her bed during the night and failed to return within 15 minutes HOOHT would be alerted. The door sensor was active from 10pm to 7am and would raise an alert if Rose opened the door and did not return within 5 minutes.

#### Outcome

HOOHT responded to seven calls in four months, and continues to support Rose. The solution has allowed Rose to remain safely at home, providing her with reassurance that help is always available should she become disorientated and avoiding the risk of her leaving the building at night alone. It has also prevented other residents being disturbed, and meant that Rose will not need to be moved to a scheme with 24 hour care for the time being.

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