

Walsall Metropolitan Borough Council Integrated health and social care

The challenge

The key challenges in Walsall include a growing older population, improved life expectancy and an increase in people living with complex conditions.

- Walsall is over represented in the 65-74 age groups
- 39% of Walsall's households have one or more persons with a limiting long-term condition
- Circulatory diseases are the main cause of death in Walsall accounting for 35.9% of deaths in 2005
- Across NHS Walsall there are approx 37,000 (13.8% of population) patients with Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Coronary Heart Disease (CHD) or Stroke

In 2009/10, 3,387 patients created:

- 4,169 emergency admissions (representing approx 25,000 bed days)
- 7,267 A&E attendances
- 5,450 ambulance call-outs
- 16,830 outpatient appointments
- The commissioning cost for this activity is estimated at c. £12.9 million per annum

How is Walsall going to meet the needs of a growing older, frail and vulnerable population and support people to live fulfilled lives whilst making the best use of available resources?



In every other field of human endeavour without exception over the last 20 years since the availability of microprocessors, technology has changed everything that we do. Why would it be any different in social care? Technology should be at the heart of an integrated system, it's the un-locker, the enabler.

Paul Davies, Executive Director of Adult Social Care and Inclusion



Sources: NHS Comparators (NHS Information Centre and NHS Connecting for Health): reported (QOF) vs. expected (public health observatory modelled) prevalence data for QOF-related conditions 2008/09

NHS Walsall SUS records, JSNA



Walsall Council



Walsall – situation overview

Walsall is a borough of contrasts. There is a divide in terms of access to public and private resources between the East and West of the Borough, and therefore inequalities in relation to access to services.

A new model of care

Walsall previously believed that the main way of keeping people healthy, safe and well was a move to residential care or a series of daily home care visits to carry out routine tasks, which were ineffective and had limited application. What people have told Walsall is that what they really wanted was to stay living at home for as long as possible with an appropriate system of support which was easily accessible and available whenever required.

The model of care in Walsall is moving away from traditional methods, to solutions that put individuals in control, allowing risks to be managed and independence to be enhanced through telecare and response services.

Why change the current model of care now?

The Department of Health has identified four quadrants of what a great health and social care service looks like:

Social capital	Telecare
Individual choice and control	Prevention

Walsall is extremely keen on turning these elements into a workable plan that represents the latest thinking in social care and in particular how technology is used as an enabler in a way that hasn't been looked at before.

The danger is that if change doesn't happen, the likelihood would be that more costly ineffective services would be provided to a much smaller proportion of individuals.

Integrated health and social care

Main objectives

- Maximising the potential of individuals to take control over their lives
- Enabling all people regardless of background to access mainstream services and provisions
- Enabling people to remain at home with the support they need for as long as they wish to
- Ensuring the delivery of cost effective and value for money services

“ Telecare offers an insurance policy – the reassurance of knowing that there is a system of support there if something fails in your own support system. It gives people the reassurance and confidence that they can try new, more person centred ways of receiving their services safe in the knowledge that there is someone there to make sure you are kept healthy, safe and well.

Paul Davies, Executive Director of Adult Social Care and Inclusion

Why telecare and telehealth?

Walsall sees telecare and telehealth at the heart of the integration of health and social care services. In the past, money could be used ineffectively through providing labour intensive, inappropriate and low quality care services to people who didn't benefit from them. The only way to offer a universal offer and provide services to everyone who needs them, is to provide telecare as the default component of every care package. This provides the essential back up that people need, to support them at home, 24 hours a day, 365 days of the year.

Partnership working is key

Walsall Metropolitan Borough Council
 Walsall Healthcare NHS Trust
 Tunstall Healthcare
 Ambulance service
 Walsall GP Consortia
 Trans-Walsall GP Consortia
 West Midlands fire service
 West Midlands police

Telecare and telehealth supports joint health and social care priorities

- **Health management** - Telehealth is enabling the management of long term conditions (circulatory and respiratory diseases in particular) in a much more proactive way, reducing unplanned hospital admissions and improving patient outcomes, regardless of inequality
- **Targeted commissioning** - Telecare is seen as a very acceptable method of being “looked after” from afar and to know help is available 24 hrs a day is extremely reassuring. Telecare allows help to be targeted with specific vulnerable groups of the population for example the increasing numbers of people with dementia, more support for carers and people with learning disabilities
- **Personalisation** - Telecare and telehealth are true enablers for personalisation – ensuring a systematic shift towards early intervention/prevention and service modernisation in the context of rising expectations, increasing demographic pressures and tighter funding settlements from central government.

Six priority areas where telecare and telehealth can be most beneficial in Walsall



1. Hospital admission avoidance from residential care



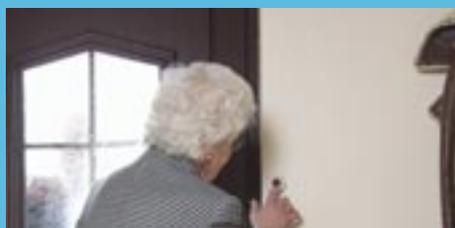
2. Integrated care



3. Reablement – main blocker for hospital discharge



4. Social / digital inclusion



5. Community safety



6. Public health

1. Hospital admission avoidance from residential care

Problem

There are currently 46 residential care homes and six nursing homes in Walsall. Too often the solution when someone becomes ill, is to automatically admit that person to hospital in order to reduce the burden and transfer the responsibility to health professionals.

Vision

No adult under the age of 65 should have to permanently enter a residential care home unless exceptional circumstances apply.

Solution

- A proactive LTC management telehealth service to all residents in care homes and extra care who would benefit
- This will allow resident's vital signs, such as blood pressure and pulse, to be taken on a regular basis with the information being checked by a health professional in order to pick up any signs of deterioration before it becomes an emergency
- A simple PC offering information services, health monitoring and video conferencing with GP
- Technology to reduce admissions resulting from poor medication compliance
- Preventative service includes health and well-being checks at luncheon clubs, day centres

Outcome

For most elderly people in particular, length of stay can be shortened and the threshold at which they are admitted can be reduced.

2. Integrated care

Problem

True personalisation requires the wrapping round of all services around the individual in order to ensure that assistance is targeted and that there is an economy of effort in their delivery. Co-ordinating the activity of multiple teams can be costly and duplication is an issue.

Vision

By redesigning the community care and adult social care pathways with telecare as a foundation, Walsall will be able to coordinate health and social care services around the individual, enabling the right care to be delivered to the right person at the right time.

Solution

- Telecare automatically provided to all who pass through services
- Joint working with community nursing teams in shared locations
- Redesign of community pathways
- Lone worker protection software for all teams
- Sharing data with NHS systems
- One view of the patient/client - linked telehealth and telecare records

Outcome

By joining provider, community nurses, response and reablement teams together it will enable much improved joint working across health and social care, bringing consistency, efficiency and improved outcomes to individuals.

Telecare forms the basis of integrated care, enabling the better coordination of activity and more efficient information sharing such as vital signs monitoring or knowledge of a person's pattern of life.



Anne Coyle, Deputy Divisional Director Community Unplanned Care, comments

'The Community Nursing Service will contribute to addressing the scale of the demographic challenge in support of people living with long term conditions to proactively and systematically manage their long term conditions. This might also include a menu of self management skills, telehealth and telecare technology and appropriate Community Nursing intervention.'

Some of the fundamental benefits to this model will:

- reduce avoidable admissions to Hospital
- reduce length of Hospital stay
- reduce GP attendances
- empower patients to take control over the management of their illness and wellbeing'

3. Reablement – main blocker for hospital discharge

Problem

Rising emergency admissions to the Walsall Healthcare NHS Trust and prolonged length of stay amongst frail elderly people is both operationally and economically unsustainable.

Vision

Maintain the independence of people in their own community for as long as possible ensuring individuals can stay in a familiar environment, and that social capital is not lost.

Developments in progress

- Reablement teams formed and intensive training programme in progress
- To create a rapid response, assessment and support team comprising a mix of health and social care workers to provide the care and support needed to implement a care pathway that will in turn reduce emergency admissions to the acute hospital, and thus reduce expenditure within the hospital setting
- Telehealth as a step down eg take readings in supported environment
- Telecare as a main ingredient for independence – the essential back up plan

4. Social / digital inclusion

Problem

As people age, there is a widening gap between those who retain high levels of function and those who don't. Around 30% of people over 65 do not see any friends at least once a week and one in six people aged 65 and over are affected by depression*. But low level, preventative services and enabling environments (for example, accessible transport, telecare or home adaptations) can help prevent it, or lessen the impact.

*Excluded Older People, Social Exclusion Unit

Vision

To enable people and groups who have not traditionally benefitted from developments in technology to receive those benefits in a way that is meaningful and effective for them.

Developments in progress

- Interactive relationship with clients living alone or in sheltered accommodation eg medication prompts, reminders, information and advice
- Telecare enabling 24 hour person contact
- Planning to develop interactive services using broadband services linking socially isolated people together
- Access to help and support - people appreciate having someone they can discuss a problem with



5. Community safety

Problem

Whilst overall crime rates in Walsall have continued to decrease since 2000 compared to national rates which have increased, violent crime in Walsall has increased and recent perceptions figures show that fewer people feel safe now compared to three years ago.

Vision

To provide support and reassurance, to enable vulnerable people to feel safe and confident in their own homes and communities.

Solution

- Co-locating and integrating the call centre with the council CCTV operation allowing an expansion of services
- Walsall fire service install telecare
- Community safety as a term seems to be a lot more easily accepted by people than social care
- Video door entry and bogus caller initiatives

Outcome

Approx 150 clients have bogus caller packages in Walsall. The case study below demonstrates their importance.

6. Public health

Problem

There is a strong association between deprivation and ill health that includes high morbidity and mortality from Coronary Heart Disease (CHD). Despite some progress, on the whole, Walsall's population continues to exhibit lifestyles (smoking, binge drinking, sexual health, obesity, five a day, exercise) and behaviours which are less healthy than the national average.

Vision

Telehealth is seen as a convenient and non stigmatised way of managing LTC and is more effective for some people than having to attend lengthy out-patient appointments or GP appointments, whilst helping develop the concept of the expert patient.

Developments in progress

- Health, prevention and wellbeing checks via telehealth
- Online health self assessment – partnerships with voluntary sector

Outcome

The potential outcomes include fewer unplanned hospital admissions and more people being supported to live at home. By catching a potential problem early, be it an issue with falling, medication or general decline, professionals are able to take preventative action and improve outcomes.

Bogus Caller Case Study

Problem

Mrs W is a Jamaican lady in her late 60's with very poor and restricted mobility due to a stroke. She lives downstairs in her house with her husband, who slept upstairs. He had a tendency to be verbally and sexually abusive towards his wife. Mrs W was very scared but refused to leave her home.

She had an alarm system already and used to press the button for help when her husband became abusive, but he became wise to this and would cancel the alarm call before it came through to the Careline.

Solution

A bogus caller alarm system was then installed, which worked in the same way as the pendant, the only difference was that once pressed there was no audible or visual indication that an alarm had been raised. Therefore the operators could listen into the sometimes volatile situation and call the police as necessary without the husband realising that help had been summoned.

Outcome

The conclusion was that Mrs W, although still in a very abusive situation, felt safe and secure with the knowledge that if she needed to raise help she could, and this enabled her to stay in her family home.

Case study

Telecare allows couple to stay together despite challenges with dementia

Mr B recently began wandering out of his flat during the night resulting in a great deal of stress for both himself and his wife. A telecare package incorporating a door exit sensor was discussed with the couple and their support team and family. They decided to give it a go, with tremendous results. The technology has allowed staff within the extra care scheme to respond much faster, minimising the risk greatly. The alternative would have meant a move into specialised EMI care and the separation from his wife would have been likely to have led to deterioration in the quality of both their lives.

The cost of Mr B's technology package totalled £390 including installation; this is in comparison to an annual cost in excess of £20,000 for EMI residential care.

John has a room of his own for the first time in his life

John lives with his parents and younger brother, and has epilepsy and severe learning disabilities. He has always slept with a member of family in the same bedroom due to the severity of his night time fits. However this is now proving impractical.

An epilepsy sensor has been the ideal solution, as it has allowed John's brother to be in a room of his own, his parents are together in their bedroom, and he has some privacy too, and if he does have a fit, the alarm signal goes straight through to his mum and dad on their mobile so he has an instant response.

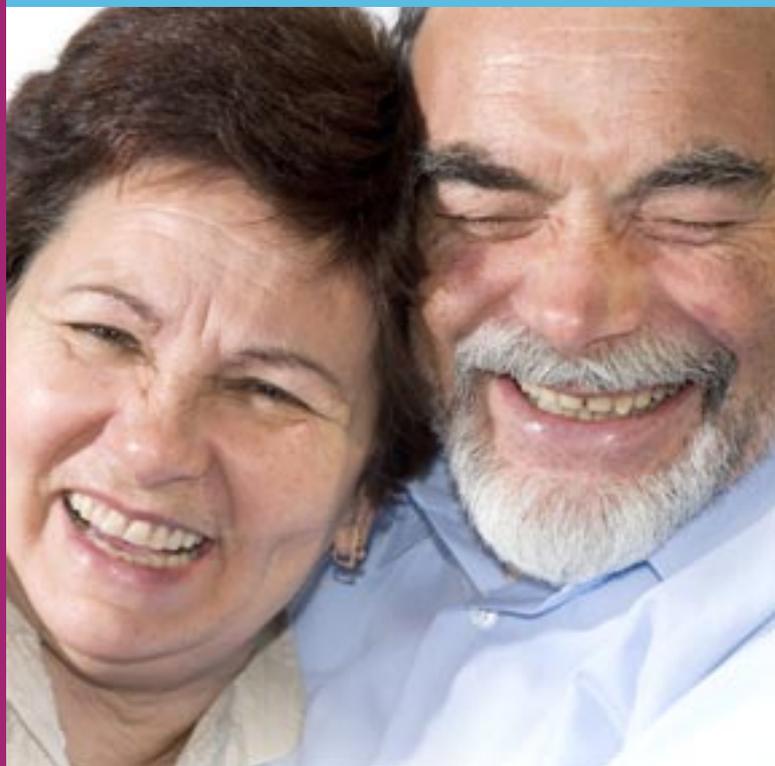
The sensor has made a really big difference to the quality of all of their lives, whilst ensuring John is safe and well through the night.

For more product information on telecare and telehealth, visit tunstall.com



Telecare is the underpinning service for the future of personalisation allowing new, more responsive services to develop, allowing customers to have individually tailored solutions as opposed to the traditional one size fits all approach.

John Fell, Head of Service - Strategic Development



“ We partner with Tunstall Healthcare because they are on the money and do what we want them to do. We find them to be a highly effective and responsive partner who support our vision and ambition.

Paul Davies, Executive Director of Adult Social Care and Inclusion

Funding

Walsall Council and NHS Walsall have made a joint £2.5m investment over two years in telecare, telehealth and a new responsive service, believing that it will deliver a much more efficient use of resources and give better outcomes for people.

The joint investment aims to deliver approximately a three times return in health and social care budgets in a five year period.

Why partner with Tunstall Healthcare?

- Highly developed understanding of the market
- Solutions that are tailored to individual, changing needs
- Responsive R&D, providing outcomes to problems developing a range of products and services to meet perceived demand

Next steps

Walsall intends to further develop the integration of working with health partnerships and once embedded, will look at further partners for example in the fields of housing and joining up all the partner agencies.

The GP Consortia picture is still evolving but they are committed to working collaboratively.

The future is very exciting and innovative solutions to the challenges faced have been identified. With further partnership working and a strong investment in time to share information will reap many rewards in the future.

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