

WIRRAL COUNCIL

CABINET - 18 MARCH 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

PROGRESS TOWARDS THE TRANSFORMATION OF ADULT SOCIAL SERVICES - ASSISTIVE TECHNOLOGY

Executive Summary

This report sets out a change in the way support services are assessed and provided by the Department of Adult Social Services. It is proposed that all people when referred for support are assessed to see how assistive technology can be used to meet, or partly meet, people's presenting needs. This will require a shift in resources and is presented as an "invest to save" strategy.

This proposal is also presented in the context of promoting self directed support and the need to realise significant financial efficiencies over the next three years. This involves a key decision which was first identified in the Forward Plan dated August 2009. This items falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 At its meeting of 22 February 2010, Cabinet agreed to allocate £0.4m from the 2009-10 Efficiency Fund, and £1m from the 2010-11 Efficiency Fund as part of a major £8.9m three year investment strategy in Assistive Technology. The current year allocation is made to allow for a rapid start to the programme in order to deliver 8 months efficiency in 2010-11.
- 1.2 Assistive technology encompasses a range of support equipment and services to enable people to remain or to become more independent. It includes basic telecare equipment as well as more complex technology to support people who have long term conditions to self care.
- 1.3 In 2006-07 and 2007-08 a Department of Health Specific Grant was made available to Local Authorities to develop and promote telecare services. Wirral Council received £221,000 and £368,000 respectively. When the Grant ceased in 2008 the Council was able to demonstrate that 504 people had benefited from the service and efficiencies of £1.3m were achieved as a result. This led to the service being mainstreamed in the budget with joint health and social care funding of £517,000 per year.

- 1.4 The market place for assistive technologies continues to grow at a fast pace and the opportunity for a major shift in investment now exists as part of the transformation of adult social care. The place of Assistive technology is recognised both for Health and Social care support. At present there is insufficient capacity within the current service to take full advantage of the developing market so it is proposed to further invest in the joint service and mainstream assistive technology assessment into access and assessment services.
- 1.5 The number of people who will benefit from assistive technology 2009-10 1,500. The potential number with a properly resourced service is estimated to be 14,500 by 2012-13. This is therefore a major initiative aimed at dealing with future demand for support more efficiently and effectively. Without this investment there is a serious risk that irresistible demand for traditional support will continue to outstrip resources.

2 Invest to Save

- 2.1 The investment agreed by Council will enable the service to:-
- a) Invest in the joint infrastructure as detailed in paragraph 7.2.
 - b) Expand the existing service specification to offer support to 14,500 people by 31 March 2013. This will require a re-tender in 2010 which will be supported by the corporate Procurement Unit.
 - c) Invest £0.4m from the 2009-10 Efficiency Fund and £1m from the 2010-11 Efficiency Fund in order to deliver £1.6m budget saving, of which £0.4m is bridged.
 - d) Invest a total of £8.9m over three years (2010 to 2013) subject to satisfactory evaluation at the end of the first year, to deliver efficiencies of £22.3m, of which an estimated 50% is cashable.
- 2.2 NHS Wirral have agreed in principle to consider additional investment in this programme in 2011-12 subject to a satisfactory evaluation of the cash releasing benefits in 2010-11. Wirral University Teaching Hospital NHS Trust have agreed to allocate space within Arrowe Park Hospital which will be a useful base to market its potential.
- 2.3 A full ongoing evaluation of the impact of this service will be commissioned with leadership from the Research and Intelligence Team in NHS Wirral Public Health, if possible in co-operation with the Department of Health and an academic organisation.

3 Business Risk

- 3.1 The projected growth in the number of older people and other adults with complex needs presents new demand which the Council has a legal duty

to respond to. This equates to £2.8m of budget pressures per annum. Assistive technology is now a recognised way of meeting some of that growth more efficiently. Without this shift in investment the Council may have to consider ways of identifying growth in order to continue to meet its statutory responsibility of meeting people's assessed need.

4 Financial Implications

4.1 The costs are set out in paragraph 7.2 of Appendix 1.

5 Staffing Implications

5.1 The additional posts outlined in this proposal are:-

- a) 1 x Project Manager, responsible for project management, contract monitoring and performance management of the service.
- b) 1 x Project Officer, responsible for supporting the Project Manager and Strategic Development Manager implement the project.
- c) Up to 7 additional assessors/reviewers who will be contracted out under the terms of the extended contract with Seniorlink Eldercare.

5.2 This is a joint service so the new posts will be advertised as secondments within the NHS in Wirral [this would allow hospital staff to be considered] and Wirral Council and will be open in the first instance to people who need to be redeployed. Successful candidates could remain on the terms of their current employment.

6 Equal Opportunities Implications/Health Impact Assessment

6.1 The expanded service will be offered to 14,500 people, of all ages and ability, living in Wirral. The service has been subject to an Equality Impact Assessment to ensure that all people can access the new service.

6.2 The service will have positive health implications for people as they are designed to avoid crises.

7 Community Safety Implications

- 7.1 People supported by assistive technology will be among the most vulnerable in our society and may be exposed to greater risks than the rest of the population. These risks can be mitigated to an extent through the direct provision of Assistive Technologies and the contract specification.
- 7.2 Assistive Technology is an effective way of reducing people's fears of living alone and contributes to their, and their community's safety,

8 Local Agenda 21 Implications

- 8.1 New technologies aimed at supporting people in their own homes for longer are cost effective, and more energy efficient than traditional support services

9 Planning Implications

- 9.1 There are no direct planning implications.

10 Anti Poverty Implications

- 10.1 Assistive technology is currently delivered free of charge to people in Wirral so there are no anti-poverty implications.

11 Social Inclusion Implications

- 11.1 The outcome targeted by this service is to enable people to remain independent at home, and is therefore critical to including people in mainstream society who may otherwise be excluded.

12 Local Member Support Implications

- 12.1 Services are provided in all wards of Wirral

13 Background Papers

- 13.1 Assistive Technology - Cost Benefit Evaluation April 2008 - March 2009
- 13.2 Department of Health, Telecare Outcomes and Mainstreaming - 30 November 2008

14 Recommendations

That:-

- (1) The contract for Assistive Technology be re-tendered in 2010
- (2) The detail of this Invest to Save Project agreed by Council be noted.

JOHN WEBB
Director of Adult Social Services

Invest to Save Proposal - Assistive Technology

“Telecare offers choice and flexibility of service provision, from familiar community alarm systems that provide an emergency response and sensors that monitor and support daily living, through to more sophisticated solutions capable of monitoring vital signs and enabling individuals with long-term conditions to remain at home”

“Building Telecare in England, Department of Health 2005”

1 Purpose of the Report

- 1.1 This report provides details of the proposal to Invest to Save agreed by Council on 1st March 2010 to fund the development and wider adoption of assistive technology services to meet people’s health and social care needs following an appropriate professional assessment. The initial investment by the Council, funded from the Efficiency Fund in 2009-10 and 2010-11, will be supplemented by NHS Wirral in 2011-12 and beyond subject to satisfactory evaluation of the benefits realised. Further support to the Programme is offered by Wirral University Teaching Hospital NHS Trust who has agreed to provide marketing resource within their premises.
- 1.2 People who are supported with Assistive Technology will be offered it as part of the assessment process before a Support Package or Personal Budget is agreed. However this does not preclude people acquiring technology through their Personal Budget.
- 1.3 To support the bid, clear evidence will be provided on the benefits to people and their communities, and the efficiencies, *cashable and non-cashable*, to the Health and Social Care economy.

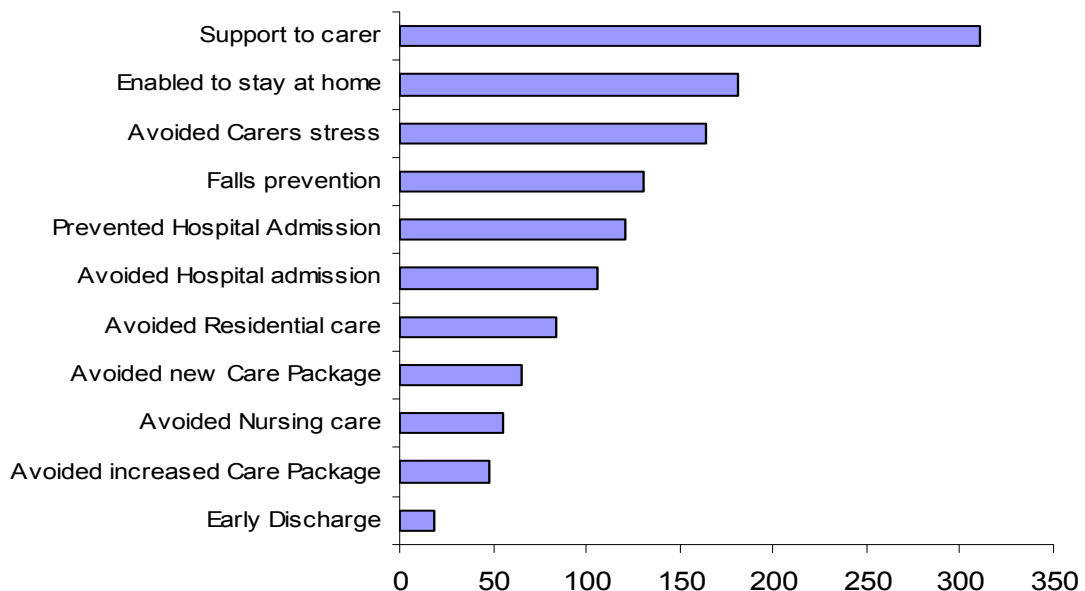
2 Introduction

- 2.1 Assistive Technology encompasses a range of support equipment and services to enable people to remain independent or to become independent. It ranges from the simple to the very complex and can be used in a variety of ways to support individual need more effectively and efficiently than traditional ways (*e.g. home care or institutionalised care*). In most cases this will involve a one-off investment to install equipment in a person’s own home with, or without, ongoing maintenance costs, and the savings that arise will be over an extended period of time.

- 2.2 The savings can be across the whole economy for example simple falls detectors can prevent people laying for extended periods on the floor and thus reduce admissions to hospital. There is evidence that over 50% of admissions to acute care are avoidable and falls with resultant hypothermia in particular are a major cause of emergency admissions. Furthermore there is mounting evidence from national evaluations that people prevented from being admitted to hospital remain living in their communities for longer, with less need for ongoing support.
- 2.3 Financial benefits are not the only benefits from using Assistive Technology. These were articulated by the Care Services Improvement Partnership (CSIP) as Expected Outcomes from the Preventative Technology Grant:-
- Reduced need for residential/nursing care for people of all ages and all types of disability,
 - Unlocked resources directed elsewhere in the care system
 - Increased choice and independence for people of all ages and ability who use services
 - Reduced burden on carers
 - Improved support for people with long term health conditions and complex learning disability
 - Reduced admissions to hospital
 - Reduced accidents and falls at home
 - Supported hospital discharge and intermediate care
 - Helped people who wish to die at home to do so with dignity.
- 2.4 In addition to these nationally recognised benefits the following non-financial benefits are also identified:-
- Environmental, reduced energy use, employee's travel.
 - Safer communities
 - Homes that are "fit for purpose"
 - New employment opportunities
 - Economic - potential impact on retail sector
- 2.5 Wirral Council has provided a joint service with NHS Wirral to provide people with Assistive Technology via a contract with Seniorlink Eldercare. The current joint investment is £517,000 per year and the number of people supported has risen from 504 in 2007-08 to 1,500 in the current financial year. The number of people it is estimated that could benefit from assistive technologies in Wirral is 14,500 and many of these may never need social care services as a result, or at least will need them much later in their life, or to a lesser extent.

- 2.6 The Department of Health's analysis of national programmes indicates that there is potential for a 1% reduction in Council expenditure on Adult Social Care attributable to mainstreaming telecare services. The issue for Wirral Council and NHS Wirral is that such mainstreaming will require pump-priming investment which is difficult in the current financial climate. Therefore an 'Invest to save' bid is proposed that will be ambitious and ensure new technologies are exploited in Wirral on an "**Industrial scale**".
- 2.7 The full evaluation of Assistive Technology services in Wirral is available to members in support of this bid. It is clear that the service has had a major impact on people and their families, and mapping the actual outcomes against those expected as a result of the Preventative Technology Grant shows where this impact is most prevalent.

Outcome measurement 2008



- 2.8 The findings in Wirral are similar to those found elsewhere in the country and Care Services Efficiency Delivery (CSED) has recently completed an evaluation of a number of programmes. This research provides irrefutable evidence that telecare and telemedicine are effective way of preventing and meeting people's health and social care needs in the community. Yet despite the widespread acceptance of the benefits of telecare and the increased independence, choice and control it offers people who use services and carers its use across the country remains largely piecemeal, and therefore its value in delivering more efficient and cost effective outcomes for people remains to some extent 'under exploited'.

3 Evaluation of Wirral Assistive Technology

- 3.1 The Cost Benefit evaluation of Wirral's service shows that the return on investment is 1:2.5 (that is a return of £2.50 for every £1 invested), which is slightly less than reported in other areas. However not all of this will be cashable in the short term as the savings are primarily from avoided costs which would be presented due to increased demand for services. They only become cashable when the existing supported population is not replaced by new demand. The strategy is an effective way of limiting the impact of the ageing population and therefore not having to secure growth for irresistible demand; which the Council would otherwise have to do to meet its statutory obligation.
- 3.2 The return on investment is therefore a hybrid of reduced costs and avoided costs. It is suggested that the model is based on a split of 50% of each and that a cautious approach is taken in deciding actual budget reductions until the full programme is evaluated further. This means that if the Council, with its partners agree to £8.9m investment over three years, it can expect efficiencies of £22.3m over the same period. Furthermore, partner agencies contributing to the investment, can also expect savings however these savings are outside the scope of this report.

4 Achievements to date in Wirral

- 4.1 Wirral's Assistive Technology Service is nationally recognised as good practice and there have been notable measures of its success. The most important of these are those relating to positive outcomes for people and there are some case examples provided in Appendix 2 of this report. In summary, the service's achievements to date include:-
- By the end of 2008, the target of 504 people benefiting from the installation of Assistive Technology in their own homes was achieved.
 - In April 2008 the Assistive Technology Team received the North West Award for Innovative Health & Social Care Technology, Health and Social Care Awards 2008.
 - The Team has been awarded the Unison Safety Shield for two years running, and was runner up in the National Medicines in Management Awards 2008.
 - There are currently over 270 staff working across, Health, Social Care, Housing and the Fire Service trained to order assistive technology.
 - Annual efficiencies of £1.3m have been achieved in Adult Social Services as a direct result of investing in assistive technology.

5 Current Assistive Technology Service Model

- 5.1 The current service is delivered jointly with NHS Wirral and is managed within the Integrated Commissioning Unit. The shared investment is currently £517,000 per year. This funds a limited infrastructure of two posts, the contract with Seniorlink Eldercare and the cost of the equipment installed to 1,500 people by April 2010. This investment is the limiting factor to the service being extended to a much wider population, yet has been shown to deliver more than its cost in efficiencies at a ratio of 1:2.5.
- 5.2 No account in any evaluation locally has been taken of efficiencies in NHS Wirral or the acute sector. These are likely to be significant and relate to:
- Reduced hospital admission and earlier discharge
 - Reduced expenditure on Complex joint funded care packages, and Continuing Health Care.
 - Reduced emergency call out (ambulance services)
 - Reduced Primary care contact (GP and District Nurse call out)
 - More effective use of medicines, with compliance being reinforced.
 - Better support to people with Chronic conditions
- 5.3 The Programme will include a thorough evaluation of these with NHS Wirral agreeing in principle to contributing to the ongoing Programme subject to these financial benefits being evidenced.
- 5.4 The range of smart sensors and detectors connect people who use services by the telephone line to Seniorlink Eldercare monitoring centre. Staffs there answer alerts 24 hours a day, 7 days a week, 365 days a year. In the case of an incident or request for help, the sensor will activate and alert the monitoring centre and trained operators will respond to the call within seconds. A range of products are readily available and these may be viewed on the Department's website or at the 'Smart House' in Girtrell Court. As part of the new service there will also be a high profile presence within Arrowe Park Hospital.
- 5.5 Typical products include:-
- Personal Trigger (pendant)
 - Panic Button/Bogus caller button
 - Pull cords
 - Occupancy sensor (e.g. bed, or a chair)
 - Fall detectors
 - Smoke/Flood detectors
 - Movement sensors
 - Property Exit Sensors
 - Pressure mats
 - Message prompts
 - Enuresis Sensor
 - Bed Epilepsy sensor
 - Low temperature detector

- 5.6 The service is operating at full capacity in Wirral and susceptible to one-off events such as vacancies or extended leave of key personnel. There is insufficient investment to trial and implement new products as they become available. The market is rapidly expanding and capacity is needed to embrace these new solutions and collaborate with other Councils across the region to deliver sustained efficiencies and better outcomes for people.

6 Learning From National Programmes

- 6.1 As part of its role to support sustainable transformation, Care Services Efficiency Delivery (CSED) has undertaken national research and evaluation of Assistive Technology Programmes across the country. Its analysis supports that published in 2008 by the Department of Health "Telecare Learning and Improvement Network (Putting People First)".

- 6.2 The best examples of mainstreaming telecare are put forward by the Department of Health as:-

6.3 North Yorkshire County Council

- 6.3.1 North Yorkshire County Council has introduced Telecare for everybody needing Adult Services as part of the range of mainstream personalised solutions designed to suit each individual's circumstances. In September 2008, analysis of 132 people using Telecare highlighted an average efficiency of £3,600 per person per year; a 38% reduction in care costs. In the first year of the programme the Council saved over £1m that would otherwise have been spent on community care. In August 2009, the Council had 12,265 people who used telecare services

6.4 Essex County Council

- 6.4.1 Essex County Council has allocated £4m to telecare equipment and support in its budget for 2009-10. The Council offers people aged 85 and over a completely free telecare service for one year, covering installation, equipment and a Careline connection. The service is being made available to these older residents without reference to other eligibility criteria. Initial indications show that for every £1 spent on telecare, £3.82 has been saved on traditional support services.

6.5 Sheffield City Council

6.5.1 Sheffield City Council's award winning Telehealth Service has been running for approximately three years. It initially started with 6 monitors for a 6 month pilot. From this they identified an 80% reduction in nurse visits and 50% reduction in hospital admissions. Savings of £30-40,000 was identified during the first 6 months. They now have 30 monitors and have identified potential savings of £1.2 million per year. Similar outcomes are being repeated in other areas of the country.

6.6 Blackpool Council

6.6.1 Blackpool Council has used 13 telemedicine monitors with patients with Chronic Heart Failure (CHF). They identified a 75% reduction in hospital admissions, 48% reduction in home visits by community matrons and 85% reduction in GP contacts.

7 Proposal to Develop Telecare Services in Wirral

7.1 In order to ensure that the benefits and efficiency potential of Assistive Technology are maximised across the Wirral Health & Social Care economy discussions have been held with the Department of Adult Social Services and the wider Local Authority, NHS Wirral, Wirral University Teaching Hospital, Finance and Human Resources departments, GPs and Primary Care Providers, Performance and Intelligence services, and CSED. The areas for strategic development arising from this consultation are:

- Maximise the potential and extend the existing telecare services to support personalisation in Wirral.
- Harness the potential of assistive technology to provide enabling and re-ablement support along with complex rehabilitation e.g. within neuro-rehabilitation, Department of Medicine for the Elderly care, and return home from residential/nursing care.
- Maximise the potential to support medication management compliance.
- Harness the potential of telemedicine to promote the expert patient programme and underpin "step-up, Step-down" services within an integrated services model of care.
- Embed assistive technology in the personalisation and transformation agenda.
- Extend the use of technologies beyond the current telecare and telemedicine and also to support children and young adults who do not currently have access to service.
- Exploit new technologies to support and add value to the lives of people with learning disability and who have complex needs.
- Invest in the infrastructure and leadership of telecare so it becomes an integral part of the assessment process.

7.2 Forecast demand and cost for the new service is as follows:-

	April 2010	2010-11	2011-12	2012-13
Activity				
People using service	1,500	4,500	9,500	14,500
New installations		3,000	5,000	5,000
Equipment removals		360	840	1,440
Equipment repairs		210	490	840
Maintenance visits		1,500	3,500	6,000
Equipment Costs				
		£	£	£
Equipment cost	349,086	750,000	1,250,000	1,250,000
Contract Costs (1)	25,282	297,379	549,004	682,436
Contract Costs (2)	72,543	334,757	781,099	1,339,027
Total equipment costs	446,911	1,382,136	2,580,103	3,271,463
Staffing Costs				
1 x Strategic Manager	47,937	47,937	47,937	47,937
1 x Project Manager	-	40,792	40,792	40,792
1 x Project Officer	-	32,744	32,744	32,744
7 x Assessor/reviewer	-	229,208	229,208	229,208
1 x Admin officer	22,152	22,152	22,152	22,152
Total Staffing costs	70,089	372,833	372,833	372,833
Overheads				
Travel & training	-	28,000	28,000	28,000
Project evaluation	-	10,000	10,000	10,000
General office costs	-	5,000	5,000	5,000
Marketing/publicity	-	10,000	10,000	10,000
Total overheads	-	53,000	53,000	53,000
Service Development				
Falls Pick-up	-	56,250	101,250	146,250
Carers response	-	13,130	13,130	13,130
Market development	-	20,000	20,000	20,000
Total Developments	-	89,380	134,380	179,380
Total Costs	517,000	1,897,349	3,140,316	3,876,676
Current Base Budget	517,000	517,000	517,000	517,000
+ Efficiency Fund Bid →	-	1,380,349	2,623,316	3,359,676
Total Investment	517,000	1,897,349	3,140,316	3,876,676
Efficiency @ 1:2.5	-	4,743,373	Note 3	
50% cashable =	-	2,371,686		

Notes:

Contract (1) - contract costs of installations, repairs and removals

Contract (2) - contract costs of monitoring

Note 3 - Efficiencies in 2011-12 and beyond are uncertain and will be included after evaluation of the first phase of this Programme

- 7.3 This model illustrates that cashable savings in 2010-11 are projected to be £2.4m (in a full year) from a total expenditure of £1.9m. Savings will accrue at approximately £200,000 per month. Cabinet on 22nd February 2010 agreed for 8 months savings to be taken into account in the 2010-11 Budget, equating to £1.6m with £0.4m bridged from balances.
- 7.4 It is suggested that further evaluation of the programme is required before making any assumptions about sustained efficiencies beyond 2011 and their budgetary impact. This evaluation will be conducted to inform the 2011-12 Budget deliberations of both NHS Wirral and the Council. If these projections prove to be accurate savings across the economy are projected to be £22.3m from £8.9m invested, of which £11.1m will be cashable, and £11.1m costs avoided.

	2010-11	2011-12	2012-13
Total Investment	1,897,349	3,140,316	3,876,676
Cumulative Investment	1,897,349	5,037,665	8,914,341
Efficiency @ 1:2.5	4,743,373	7,850,790	9,691,690
Cumulative efficiency	4,743,373	12,594,163	22,285,853
Of which 50% Cashable	2,371,686	6,297,081	11,142,926

8 Project Accountability and Governance

- 8.1 This service currently sits within Integrated Commissioning, managed by NHS Wirral and it continues to be a joint service, with joint governance arrangements. However as the service is mainstreamed these arrangements will be subject to review.
- 8.2 Service accountability will be through the Joint Commissioning Group for Older People, *whilst recognising the service will be offered to all ages and disability groups*, which is accountable to the Strategic Leadership Team of the Department of Adult Social Services and the professional Executive Committee of NHS Wirral.
- 8.3 It is also proposed this development is added to the list of Key Projects delivered under the Transformation Programme for Adult Social Services. This will ensure a disciplined approach to project management and evaluation.

9 Conclusion

- 9.1 Since its inception in 2006 this service has consistently proved its worth and has now reached the limit of its potential in its current form. Wirral Assistive Technology Service is looking for further investment which will enhance an already award winning team and be able to provide a robust, sustainable and efficient service to all Wirral residents for the foreseeable future whilst achieving substantial efficiencies for the health and social care economy.

Invest to Save Proposal - Assistive Technology

CASE STUDIES

Assistive Technology is a very personalised service. There are many real case examples that illustrate the service and its impact on people's lives. The following are drawn from the Cost Benefit evaluation of Wirral's Assistive Technology Service:-

Case Study 1

The Service has supported a young lady to move to a university away from home. This young lady has complex physical health needs and requires assistance several times during the night. The traditional service provision for her overnight support would have been to pay for a night sitter within her accommodation for when she needed help. The provision of 2 simple pieces of equipment has provided her with full privacy and dignity in her student residence; being able to press a button which alerts carers from a voluntary agency who are residing in a flat nearby.

The cost of the equipment is £384. The avoided Costs are £2,100 per annum she will be at university for 3 years therefore a total of £6,300.

Case Study 2

The Service is investigating the application of telecare to a young gentleman who suffers from lifelong nocturnal ventilation for a rare condition called Nocturnal Hypoventilation Syndrome. Currently he is supported by 7 nights a week night sitter who listens out for problems. He leads a normal and active life during the day and only has a problem when asleep at night. He is currently doing A-Levels and is planning on going to university. The aim is to use Assistive Technology to use a vibration system together with the ventilator to wake him up. He can then resolve the problem himself

This would result in removing the need for any care package at a cost of approx £65,000 and provide him with independence and quality of life.

Case Study 3

Mrs O is a 77 year-old lady who suffers from late stage Alzheimer's disease, poor mobility and depression. Following the death of her husband 2 years ago she moved into residential care. Mrs O's son and partner have now adapted their home to enable Mrs O to move out of residential care with the support of a domiciliary care package and Assistive Technology. On return home she received an hour's personal care assistance with bathing/dressing in the

mornings, day care Mon – Fri and has occasional weekend respite. Assistive Technology provides a bed occupancy sensor, door contacts, fall detector smoke alarms and carer alert have been provided so that the family can safely allow Mrs O to “potter” around, with the family knowing when she is in need of support including when she is entering areas of the house that may be of higher risk to her/she has fallen.

On return home there was a significant improvement in Mrs O’s well being, mobility and independence, including making sandwiches and helping herself to food as she wishes. Her family have required home care and respite support but have felt supported to make choices around how to spend their time, especially in gaining respite from their caring role – for example – escaping to the bottom of the garden to have a quiet read of the Sunday papers – something they have always enjoyed doing and without the AT provision, they found that they had lost.

Cost of the telecare service: Equipment and installation - £676.48. Monitoring and response per year £113.15. The likely scenario for Mrs O would have been her admittance to residential care at approximately £25,000 per year.

Case Study 4

Mrs B is a 72 year old lady who has Alzheimer’s disease and lives with her elderly husband who is her main carer. Mr B also has health problems but is determined that he wants to look after his wife for as long as possible at home. He is however finding his caring role increasingly stressful. This is mainly due to the fact that Mrs B has wandered out of the property on a few occasions when Mr B has gone to the local shops. Mrs B enjoys sitting in the garden and her husband does not want to restrict her enjoying this activity, but he would like to be alerted when his wife has left the house so that he can return quickly to make sure she is safe. Mrs B sometimes gets out of bed at night and goes downstairs; Mr B wants to be alerted if this should happen. The fire service has also carried out a home fire risk assessment and has identified a risk that Mrs B may not understand the risk to herself if a smoke detector was activated.

Cost of the telecare service: Equipment and installation £606.60. Monitoring and response per year £113.15. Avoided costs of EMH Residential care £26,000.

/end