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Conference Abstract

## **Assessment, care package review and process – Mainstreaming the use of video in care for LD clients**

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### **Abstract**

The effect of current economic and demographic pressures on care systems is well documented. The need to do more with less is an established requirement of new models of care.

We present here evidence of the innovative use of video with six learning disabilities clients where cost savings have been achieved whilst improving quality of care and promoting the independence of the service users. It is proposed that mainstreaming such changes requires a systems thinking approach to achieve integration. This systemic view will look at the assessment process; care package design and development of the implementation processes. A practice-based approach is considered more appropriate than a randomised control trial at demonstrating the efficacy of this new approach as it better recognises how the differing needs of the service users interact with new models of care within a complex ecosystem.

The assessment process takes a person-centred view of the needs of the service user. The video technology enables remote video communication to be delivered using the TV and a simple remote control. This obviates the need for any PC or IT knowledge by the client and integrates the experience into a familiar and comfortable everyday device. The level of training required to use the technology has been found to be within the capabilities of a range of clients. The assessment process engages both the client and family members in becoming comfortable with the technology. The video is considered as part of a holistic care package tailored to the service user's needs. The implementation process for connecting a client to the service uses tools developed in collaboration with the technology provider. The implementation process includes: supply of hardware, provision of broadband, installation, access to servers and integration with other IT infrastructure. Streamlining these processes is a key capability in future mainstreaming of the service proposition.

Connecting the client to a twenty-four hour support service has meant that they can call upon assistance, remotely, when required. This promotes independence and has resulted in a lower care need for all clients using the service. Cost savings, in some cases, of £200-£350 per person, per week have been achieved through reduction of the intensity of care packages. These cost savings are real and bankable. Currently the twenty-four hour support is provided through a

community call support centre. There is also an escalation path to a twenty-four hour, on-call response service.

Client and family acceptance is being measured through qualitative evaluations of the experience in using the service. Initial evidence is that the service user's satisfaction with the service is very high.

The project thus far has focused on reducing dependency by supporting clients through new care packages that include the video service. However, the single point of access, using the TV, is being extended to trial social connections between clients. The clients currently live in a community and are known to each other. The intention is to establish whether social use of the video will act to further promote their self-support.

**Keywords:**

**ehealth, video, econsultation, social, care**

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