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# An Evaluation of the Telecare Talk Pilot

Final Report January 2019

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## Executive Summary

### Background

Telecare Talk was delivered as a pilot service to test the viability of delivering a proactive telephone call service within Leeds. Following referral from a health or social care professional, Telecare staff contacted service users (mostly older people) via telephone to support them in improving their own health and wellbeing. These were new referrals to the pilot service. This report documents findings of the independent evaluation of the Telecare Talk Pilot, drawing upon qualitative and quantitative data collected throughout the life-time of the programme.

### Key Findings

- Telecare Talk call handlers contacted a total of 40 clients between April and September 2018, aged between 30 and 83 years. More than two thirds of clients were female [n=28 (70%) female; n=12 (30%) male]. The majority of calls conducted within the pilot discussed the service users' first self-management goal (there was a maximum of three). Of the goals recorded, the majority of clients wished for support in relation to an active lifestyle (n=30). 13% of clients were recorded as meeting their goals, 40% of clients reported making progress towards their goal and 47% of clients reported not making any progress towards their goals within the follow-up period.
- There was broad support for the service from those interviewed, who recognised the potential value of the service in relation to its proactive and cost-effective nature. Many discussed the potential of the service being able to make a difference to service users in terms of reducing pressures on primary care, improving quality of life and reducing social isolation.
- There had been several challenges during the pilot phase of the project, in terms of low referral numbers, staffing levels for call handlers and limited time available for them to make calls, which had limited the impact it was able to make within the pilot phase.
- There were different opinions about potentially charging for the service, with some suggesting that this was an option and others reporting it as a barrier to recruitment.
- The service was found to be more suitable for clients who had very specific goals, for example, those referred from the Falls Prevention Team, whose goals were about attendance at exercise classes.
- Service users who were aware of the service generally reported positive experiences of Telecare Talk, with one exception. They also noted the value of the service for clients who were socially isolated.
- Service users felt that Telecare Talk was helpful, but were unable to assess whether

improvements in their health were due to their participation in the pilot because they were also receiving support from other service providers.

### **Areas for consideration**

- Provide a service that offers calls on specific days and times, with a text message reminder in advance
- Link clients with a specific call handler to facilitate the development of rapport, and consistency
- Revisit referral processes, for example, consider reducing the length of the referral form, and taking referrals via telephone
- Revisit the model of implementation offered in the pilot. For example, draw upon existing users of Telecare as a starting point and consider tailoring the call approach more specifically to different client groups, according to their requirements
- Create a feedback loop for referrers to update them about client progress
- Revisit the promotion of the service, paying particular attention to website presence
- Reconsider the name of the service as it can be confused with telemarketing by service users

### **How we did the evaluation**

Using a theory of change, the evaluation team analysed internal monitoring data and conducted a range of interviews with both stakeholders and service users. Qualitative and quantitative methods were used to strengthen findings and allow some triangulation between different data sources.

### **Contact/further information**

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## **1: Introduction**

### **1.1 The Telecare Talk Pilot**

Leeds has an effective Telecare Service, based at Assisted Living. The Telecare service is, however, by its nature a reactive service, responding to alerts from a range of monitors and calls for support from service users.

The Adult and Social Care team became aware of the Telecare Service that Tunstall deliver in several parts of Spain (known as Tunstall Televida). Tunstall Healthcare (UK) Ltd already deliver the supporting software technology for the Telecare service at Assisted Living Leeds. Whilst there are many similarities in the telecare model in Spain to that in Leeds there are a number of differences, most significantly in regard to the use of the service in Spain to proactively call customers to provide health-related information and support.

The fluctuating levels of activity of telephone response centre staff, which are a feature of the reactive service, were optimised to deliver the proactive pilot service, aiming to improve the overall efficiency of the service and provide greater value for money.

A small cohort of service users (200) were targeted to participate during the life-time of the pilot. A key feature of the project was personalised care planning with referring staff and service users working together to agree people's support needs, set goals and monitor progress via a collaborative conversation. Referrers were asked to use a health coaching approach to help service users to identify their health needs and create an action plan, which could then be drawn upon by staff making calls.

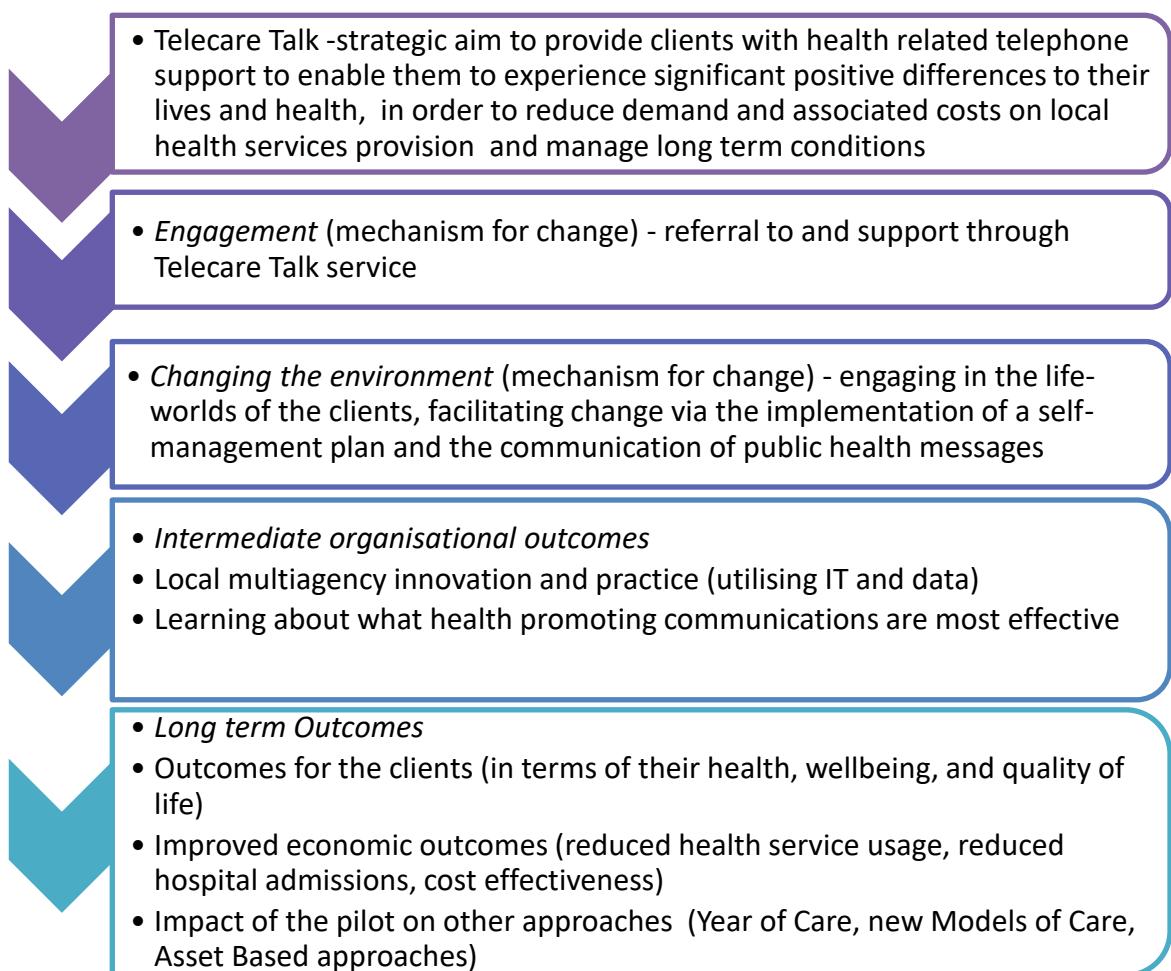
Telecare staff supported service users to achieve their individual goals by providing encouragement and support to clients who wanted to make positive changes in their lives to improve their health and well-being, and make stronger connections in their local community. They also provided tailored health promotion messages to individuals.

## 2: Evaluation Methodology

### 2.1 Approach

The evaluation placed the project staff, partners, stakeholders and service users at the centre. To ensure rigour we used a Theory of Change (TOC) to provide an overall framework for the evaluation (Judge and Bauld, 2001). This helped make explicit the links between project goals and the context in which it was being implemented. Our previous work shows how important it is to appreciate the context in which programmes operate as this can be critical for success or otherwise (South et al., 2012). See appendix 9.4 for an overview of how the TOC relates to the areas of data collection.

**Figure 2.1 – Theory of Change**



We used a Share and Learn approach to the evaluation, where the researchers held events in partnership with the Commissioners, Board Members, Call Centre staff, and other professionals, such as those referring into the service, to report on evaluation progress, and to seek feedback about our approach throughout the life-time of the evaluation.

**Table 2.1 Overview of Share and Learn Workshops**

Date of Workshop	Topic
10 <sup>th</sup> October 2017	Feedback on the draft theory of change and sharing of good practice from professionals in relation to referrals.
3 <sup>rd</sup> May 2018	Evaluation progress update and feedback on the interview schedule for service users.
11 <sup>th</sup> October 2018	Early findings from the evaluation and discussion of dissemination approaches.

## 2.2 Evaluation Methods

Qualitative and quantitative methods were used to strengthen findings and allow some triangulation between different data sources.

### Internal monitoring data

Internal monitoring data were recorded by the call operators and shared with the evaluation team via password protected Excel files. Descriptive statistics were produced in SPSS.

### Qualitative interviews

The evaluation team undertook semi-structured interviews with service users and key stakeholders.

- **Stakeholders**

Qualitative interviews with stakeholders captured learning related to service delivery, project progress and perceived user outcomes. See Appendix 9.1 for the interview schedule used with Board Members, and appendix 9.2 for the referrer/non-referrer schedule. Participants were sampled purposively based on their role in, and contribution to, the project. The evaluation team worked with staff from Leeds City Council to identify these individuals. Interviews took place either face-to-face or via telephone. An additional focus group discussion was conducted with staff from the Falls Team to capture their perspectives and reflections as a group who made the highest number of referrals during the pilot.

- **Service Users**

The team conducted interviews with service users who had experienced the project. See appendix 9.3 for the interview schedule. The service user perspective was crucial to determining acceptability of the project to the community and whether it had been successful. Participants were asked about their experiences of the project, any perceived improvements to their health and wellbeing and their future recommendations.

**Table 2.2 Overview of evaluation data collected**

Data type	Number and profile
Internal Monitoring Data	<ul style="list-style-type: none"> <li>• Internal monitoring data provided on 38/40 service users.</li> </ul>
Interviews with key stakeholders (n=25)	<ul style="list-style-type: none"> <li>• 8 Board Members self-selected to participate in the evaluation interviews</li> <li>• 5 non-referrers and 7 referrers self-selected to participate in the evaluation interviews</li> <li>• 3 staff from the Falls Team attended a focus group discussion, and 1 contributed feedback by email</li> <li>• 3 Call Centre staff delivering Telecare Talk participated in interviews</li> </ul>
Interviews with Service Users (n=15 contacted)	<ul style="list-style-type: none"> <li>• 15 service users (6 males and 9 females) consented to participate in the evaluation, and to be interviewed over the telephone.</li> <li>• 6 were unable to comment in depth, or at the time of the interview were confused about the Telecare Talk offer, or unable to remember it, so full interviews as per the schedule were not conducted with these individuals.</li> </ul>

## **2.3 Ethics**

The evaluation was given ethical approval through Leeds Beckett University ethics procedures. The following practices were adhered to ensure ethical rigour:

- Informed consent. This was obtained from all interview participants.
- Confidentiality and anonymity – no personal identifying information was used in reporting data.
- Secure information management – security was maintained through password protected university systems.

## **2.4 Analysis**

### **Qualitative**

Interviews were transcribed verbatim and analysed using thematic analysis methods (Braun & Clarke, 2006). This method is used for identifying, analysing and reporting patterns (themes) within data. Cross cutting themes are described and reported using direct quotations from the participants to illustrate them.

### **Quantitative**

Descriptive statistics were calculated using Excel and SPSS software, and presented in the form of tables and graphics to report demographics and other information about the pilot, drawn from the internal monitoring data collected by staff delivering the pilot.

## 3: Evaluation Findings

### 3.1 Service User Monitoring Data

The service contacted a total of 40 clients between April and September 2018, aged between 30 and 83 years. More than two thirds were female [n=28 (70%) female; n=12 (30%) male]. Data were not available for all 40 clients.

**Table 3.1 service user characteristics and call monitoring data**

<b>Age (years)</b>	30-83 (incomplete data)
<b>Gender n (%)</b>	Male 12 (30%); Female 28 (70%)
<b>Total call time</b>	8371 minutes
<b>Total call time per client</b>	Mean = 220 minutes (SD 140 minutes) Minimum = 42 minutes; Maximum = 762 minutes

#### Content of call

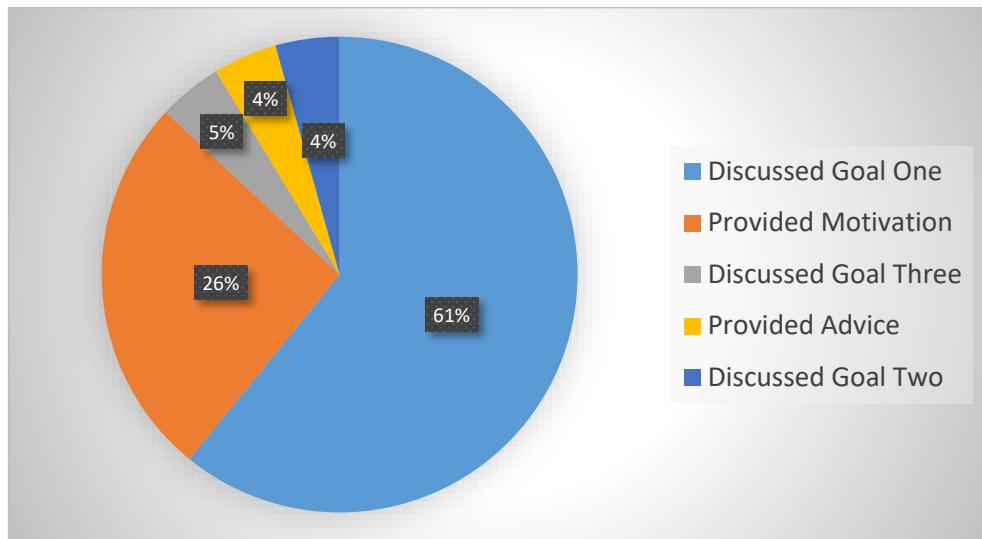
The content of the calls was recorded in general terms, as displayed in Figure 3.1. It can be seen that the majority of calls discussed the service users' first self-management goal.

Feedback from the call operators indicated that some service users only had one goal, while some had up to three goals. The recorded goals were:

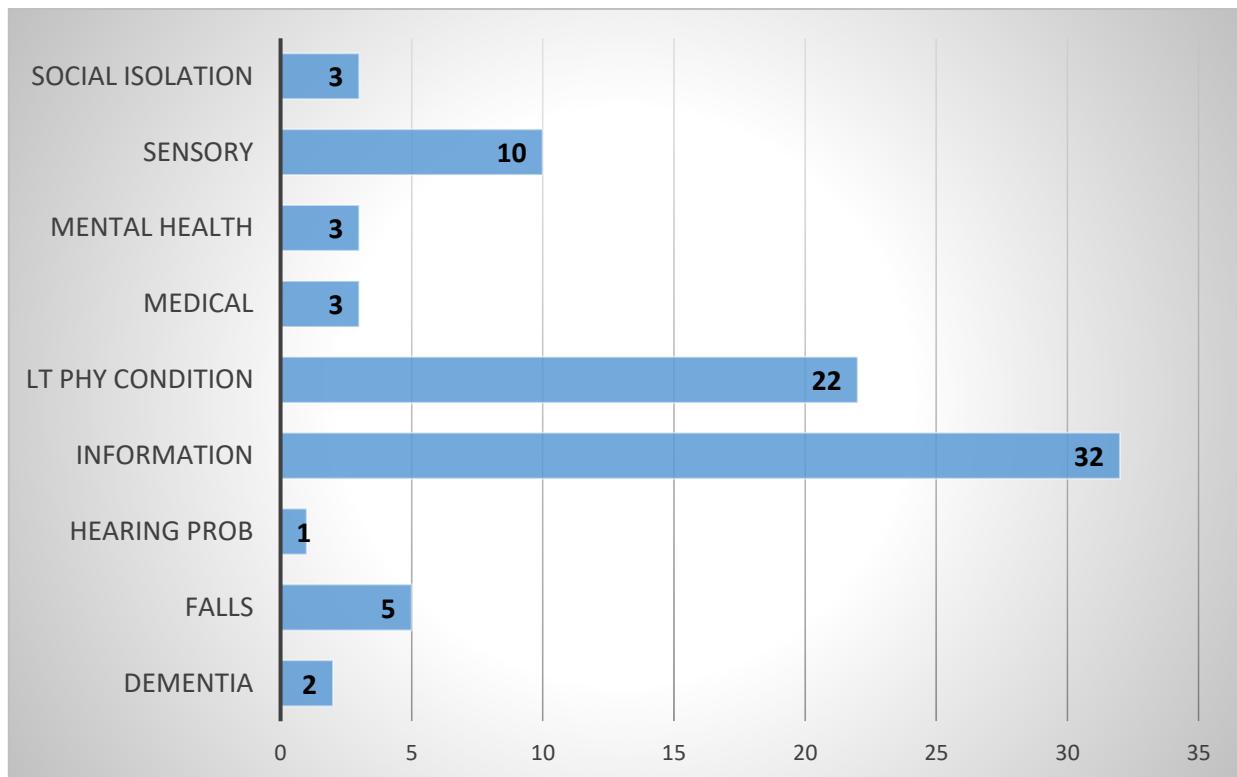
- To support an active lifestyle = 30
- To support good mental health = 9
- To reduce social isolation = 7
- To manage a long term health condition = 1

Some keywords were recorded relating to the needs of the service users. These are displayed in Figure 3.2 where it can be seen that 'information' and 'long term physical condition' were dominant issues.

**Figure 3.1 Call content**

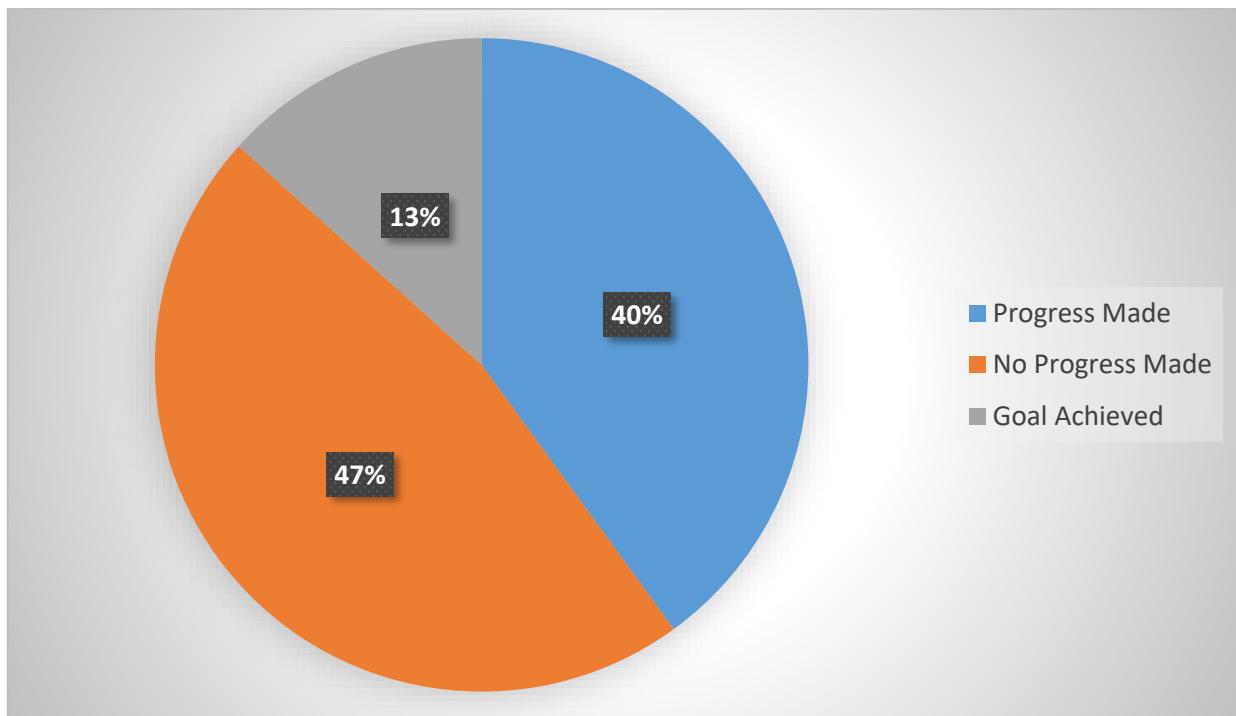


**Figure 3.2 Keywords (n=81) recorded for 38 participants**



In follow-up calls, the progress made in relation to the goals set was discussed. In more than half of cases, progress had been made, and in 13% the goal had been achieved.

**Figure 3.3 Progress towards goals**



### Summary

- Telecare Talk call handlers contacted a total of 40 clients between April and September 2018, aged between 30 and 83 years.
- More than two thirds of clients were female [n=28 (70%) female; n=12 (30%) male].
- The majority of calls conducted within the pilot discussed the service users' first self-management goal.
- Of the goals recorded, the majority of clients wished for support in relation to an active lifestyle (n=30).
- 13% of clients were recorded as meeting their goals and 40% of clients reported making progress towards their goal. 47% of clients reported not making any progress towards their goals.

## 3.2 Qualitative Interviews with Stakeholders

### 3.2.1 Board Member interviews

8 interviews were conducted with Board Members, who held a variety of different roles including a self-defined service user (though not of Telecare Talk), a Local Authority Head of Service, an Occupational Therapy Service Manager, a Commissioning Lead in the Local Authority, The Telecare Talk Project Manager, a Falls Prevention Project Manager, the Local Authority lead for digital health and the Technology Lead for project.

#### How the service operates

Board Members described the Telecare Talk provision in a variety of ways, for example as an information giving service that helps people move away from social isolation, compared to a short-term intervention linked to a self-management plan, as well as a Falls Prevention support service:

*“...support people with their self-management at home rather than just waiting until something went wrong.”* Board Member 2

*“Potentially, I see it as a way of finding ways to link people in with other things in their communities... of addressing social isolation, this is the proactive bit.”* Board Member 4

*“A telephone-based service, regular calls around specific issues and concerns, individual needs will be determined by a plan that is drawn up between the referrer and the service user”* Board Member 5

*“Providing people with advice, having a chat, catch up, seeing if they are alright...checking up to see if they found it [falls prevention session] useful. Just being able to talk to somebody could be a life line for some people, so I can see that it might be a useful service. I certainly think it’s worthwhile trying to see if we can make a difference to people’s lives.”* Board member 8

Some Board Members outlined how there had been a need to think about what the service offer was, and who potential clients were:

*“People are maybe having to think through a bit in terms of the people that they work with and how they might best use that”* Board member 4

*“Like a chicken and egg thing... we think we have a service that people would be willing to use... it’s finding out who those people are.”* Board Member 8

Board members' interview contributions illustrated a shift from the original project idea (the provision of social support to address health issues for people with an identified need in

conjunction with the NHS) to a different service model which evolved as the support team involved attempted to increase referral numbers:

*“Difficulty engaging with health...they were keen on engaging initially and wanted us to come in on the back of some initiatives they were running... identifying vulnerable or high user groups of primary care. They wanted to engage Telecare, then decided they wanted to do that with their own staff and what we were providing would be a duplication of effort so they pulled out.”* Board Member 5

*“The service that was discussed at the initial concept of the project is very different to what is being delivered now, and personally I do feel what we are trying to do is fit a square peg in a round hole.”* Board Member 6

### **The strengths of the Pilot**

Board Members were asked to comment on the strengths of the Telecare approach, and several noted its potential impact, for example, on service users:

*“Bringing people out of isolation.”* Board Member 1

*“Promoting independence, wellbeing and public health.”* Board Member 3

Some felt that it was a cost-effective approach:

*“Doing it out of existing resources...cost effective way to deliver a distant service.”*  
Board Member 3

*“It’s proactive, working with people to prevent things from getting worse...might help reduce demand on higher end statutory services.”* Board Member 4

The provision of one to one support was also noted as being a positive aspect of the service design by one board member:

*“...opportunity for individual conversations between staff and clients.”* Board Member 6

### **Delivery Challenges**

Board Members were asked to reflect on the delivery challenges faced during the implementation of the pilot. Some noted that whilst there had been a lot of interest from professionals in the service, that had not translated into high numbers of referrals:

*“Getting people onto it.”* Board Member 1

*“Turning interest into referrals...people are positive about it then it doesn’t turn into activity. I imagine people will say they have been too busy to refer. Too busy to do self-management plan.”* Board Member 2

*"Recruiting people (referrers); getting people to understand the potential of the service; new service (thinking about it/remembering it)...helping referrers see how the service might work for their clients when either needs are currently being met in more traditional ways or not at all."* Board Member 7

*"The real challenge... [is the] take up of service, referrals don't necessarily translate into service take up."* Board Member 8

Others provided comments about more pragmatic issues for example, the importance of being able to provide a telephone call at a set time:

*"People wanting specific times for calls."* Board Member 3

There was discussion of the low referral numbers by several Board Members, which led some to debate the service model, and service offer:

*"I mean it might be that we haven't quite yet found the service where we can really run with it, it might not be the right model."* Board Member 4

*"Low numbers of referral...I think it about people just getting their heads around the idea really, of what the service can offer and people's kind of misconception in some cases about what it can do...assumption it's geared to older people."* Board Member 5

*"More paperwork for referrers; recruitment and referrals. It begs the question, is this genuinely required? Is there a demand for it?"* Board Member 6

There were also some operational difficulties noted in terms of the technology in use to support the service delivery:

*"The promised specialist software still not there (2 years down the line), current IT is 'clunky' for TCT call handlers."* Board Member 8

### **The use of Public Health Messages**

The service offer had been designed to include the use of Public Health Messages, tailored to the time of year. For example, Call Operators would discuss hydration in summer months, and keeping warm during winter. Most Board Members were aware of these when interviewed and saw them as a small part of the service.

*"Yes they [the Call Handlers] are using them."* Board Member 1

*"Linked to a timetable to be mentioned when appropriate."* Board Member 2

Some commented on their value and usefulness:

*"Difficult to see [usefulness] at the moment because of low numbers...you are never going to really know what you might have prevented, but certainly,*

*intuitively...knowing what we need to address. I think this is potentially a very good way of getting across some of those public health messages'. Board Member 4*

### **The impact of the pilot**

Board Members were asked to report on how they saw the service making a difference to those people who were using it. This was uniformly difficult for Board Members to answer as they were not referring clients and the overall referral numbers to the project had been low. They *hoped* it would make a difference:

*"It's going to be useful... I think it will give them a lot more encouragement and feel reassured...it will be good for family members knowing someone is ringing them and encouraging them to move on as well as checking on how they are." Board Member 3*

*"It could reduce social isolation." Board Member 4*

*"Can't give any specific examples. Hope's it improves quality of life and wellbeing and tackles social isolation; it increases access to a range of health and wellbeing activities locally and gives people more information to make healthy living choices." Board Member 7*

*"It could be for somebody who is living on their own and doesn't see anybody from one week to the next, I can imagine that just hearing another voice would be a life line."*  
Board Member 8

### **The value added by Telecare Talk**

Board members were asked to offer comment upon if the service adds value to primary care during the interviews. Again, they found this question difficult to answer, which is reflected in the frequently used words such as 'might', 'should', and 'the idea is'. Low referral numbers were again noted as making this a difficult area to comment on:

*"It might encourage people to access primary care who need it, rather than waiting for someone to be in crisis... it might be a way of taking some of the huge pressure that is on primary care at the moment and actually having a bit more of a preventative approach." Board Member 4*

*"Potential to reduce inappropriate GP visits" and "to promote key messages from primary care." Board Member 7*

*"Difficult to comment. There is the potential to alleviate some of that pressure (on primary care)...we have to find different solutions to current problems/issues facing health." Board Member 8*

*"No not as much as it could have done...Maybe it's because it's a pilot." Board Member*

## **Telecare Talk and Partnerships**

Board Members were asked to comment on how the pilot had impacted on broader communication (with other services), as well as partnerships. Many felt that partnerships were already strong, and that existing networks had been useful for implementing the pilot:

*“They [partnerships] were strong anyway.”* Board Member 1

*“...used existing links, partnerships and networks well.”* Board Member 4

One commented that the project board itself supported partnership work, and another similarly noted that there was a good range of organisations represented on the Board. In light of these existing relationships, one Board Member noted that they were *‘not sure that it [pilot] has [strengthened partnerships].’* Board Member 6

## **Charging for the service?**

The Telecare Pilot had been offered as a free service, with the suggestion that should it be successful, it could be delivered with a charge attached. Board Members were asked to comment on the idea of charging for the provision. There were differences of opinion in the answers to this question, with some supporting the idea of charging:

*“Charging seems to be an accepted way of doing things.”* Board Member 3

Some understood the need for a charge, but recognised that this may impact negatively upon service user numbers:

*“No fundamental objection however if we are getting low referrals for a free service we are not going to get any more if we charge for it, are we?”* Board Member 2

*“It will have an impact on people’s willingness to use it or not...it will probably have to be the case, we will have to consider charging.”* Board Member 5

Others felt that the service should not have a charge attached to it:

*“No, charging is a barrier and if we charged uptake would be even lower than it is now.”* Board Member 6

*“Charging would be an additional barrier, are you charging for giving advice? It would be difficult to sell.”* Board Member 8

## **Suggestions for Improvements**

Board Members were also asked if they had any suggestions for improving the pilot. One Board Member had no suggestions, reporting that from their point of view the principle of

the pilot was good. Others made several suggestions. One debated the name of the service and questioned the need for rebranding. Others felt that offering a dedicated time slot for the calls by the same Call Handler was needed. The idea of the same person making the calls was actively discouraged in the pilot due to limited staff capacity:

*“Commitment to ringing at same time/day by same person.”* Board Member 2

*“Guaranteed call times, dedicated staff/time for the role.”* Board Member 7

Changes to the referral processes were also noted as being required, with the paper based approach described as a barrier by one Board Member:

*“...easier for people to refer, maybe telephone referrals?”* Board Member 3

Others suggested that the reach of the service could be extended, for example, to a wider range of potential clients:

*“Look at more excluded groups and people who speak English as a second language.”*

Board Member 4

Some felt that the service design itself needed to be revisited given the low levels of referrals:

*“I think it needs to go back to the drawing board in all honesty...need to better understand the client group, the cohort we are targeting...understand the demands on the people that are providing existing support to those individuals and actually what would help them alleviate the pressure off the front line services more and design a service around that...consult clients more.”* Board Member 7

Others noted that the service could be redesigned to better link to current provision in that there is an established Telecare Service being provided that could be used as a starting point:

*“There is a strong argument because of existing infrastructure available in Telecare, maybe it should be more of an aspect of those (existing external referring) services anyway, so instead of something you refer too, it should be something that you are doing as part of your service.”* Board Member 4

*“If we going to do something proactive, focusing on those who are already getting Telecare and a conversation if they have not used the service to check that they are ok. Intervene much earlier before things deteriorate for that individual, that would be more advantageous.”* Board Member 6

Finally, some practical suggestions were noted in terms of the need to develop staff skills via training, and to improve the software that was being used to underpin delivery:

*“Software needs sorting out.”* Board Member 8

### **3.2.2 Referrers and non-referrer interviews**

12 professionals (5 non-referrers and 7 referrers) consented to give their views to the evaluation team about their understanding and experience of Telecare Talk. 11 were interviewed via the telephone, and 1 provided feedback via email.

In addition, 3 staff members from the Falls Team attended a focus group discussion, and an additional staff member, who could not attend, contributed feedback by email.

17 professionals in total were included in this aspect of the data collection.

#### **Understandings of the service offer**

Referrers viewed the service in terms of how it related to their own role. For example, one described it as a telephone support service for people with dementia, reflecting their own caseload of clients. Others had a broader understanding of the service offer seeing it as being based upon interactions and conversations, as well as potentially useful for reminding clients about medication. Some commented that they felt that the service was of use, but that it duplicated other local provision:

*“There is a little bit of duplication...and so I can be an access person for them for linking in with other services.” Referrer 1*

*“I feel that majority of what Leeds Telecare Talk is about and what you offer, is pretty much what we are doing, so we are reminding them [clients] about certain things, we go down and do regular visits just to make sure they are okay and see if they are happy. We try and get our service users out and about, so we ring them and say do you want to come down for lunch club...” Referrer 4*

*“To be perfectly honest, there might be occasions when somebody has to remember something specific on a one off thing, and I might as well as make that phone call myself instead of going to the trouble of filling in a form and referring it to yourselves...it’s as quick to do it myself as it would have been to make the referral to Telecare Talk.” Non-referrer 2*

*“When I first heard about the Telecare service I was wondering how it all fitted with us and I thought that for me, it kind of fitted in nicely when I was discharging a client, because, otherwise I think from my understanding of TeleTalk... is what we kind of do, but I do it on a face to face basis and sometimes I do it on the telephone support level as well, so I felt like I didn’t really need it at that point.” Referrer 5*

One referrer felt that the video illustrating the service offer had helped to provide clarity about Telecare Talk:

*"I think the video, that was very helpful, very direct and to the point about what Telecare offers. I think that was really helpful."* Referrer 4

### **Referral process**

Those interviewed were asked to comment upon the referral processes into Telecare Talk, and there was a mixed response to this question. Some thought that the paperwork required was simple and easy to complete and liked the clarity. Others noted that the form was too long and unclear:

*"I've found the referral procedure a little confusing because it talks about making an action plan."* Referrer 1

*"I think it is a great idea and very needed service. We found the presentation, question and answer session very useful and the referral process was straightforward."* Referrer 3

*"I thought the referral form in itself was great. I found it fairly simple and I found it effective."* Referrer 5

*"It's quite a long referral form, which I think is widespread among services because you have so much content to fit in nowadays with consent."* Referrer 6

A couple of referrers had problems with compatibility between computer systems and ultimately had to make referrals by post. One noted preferring the postal option:

*"...sent the referral via post and I didn't do it through the email because I felt the email was a long process, if I'm honest...also I had to set up a certain system [internally within own organisation] which I felt was a bit of a hindrance for making quick referrals."*  
Referrer 4

### **Referral numbers**

Mostly those interviewed, whether they had referred or not, thought that the service did not meet their client's needs. For example, clients with mental health issues or experiencing dementia were perceived as not benefitting from telephone support. One referrer noted that clients were unable to understand the Telecare Talk offer:

*"I think for us as an organisation, that is it, we don't see how it would fit in for a lot of our service users...a lot of our service users' kind of get confused with what TCT is about because they see it as a conversation, literally about anything and everything. I have to make it very clear that that is not the case, it's not for a friendship really."* Referrer 4

This same referrer noted that the service would be useful for those unable to leave their homes as well as those living alone:

*"That's where we [referring to the team worked in] thought it was probably best for more people who are housebound... I think it can definitely help people who are living on their own."* Referrer 4

Others noted that as referrers they still felt unsure about the provision, and how this would work with some clients:

*"I think from my point of view, I'm not 100% sure of what the service actually entails, you have probably got the impression I've been going on about it a lot, it's telephone support, it's motivational support, so for me that means it has to be quite a specific client that I can refer. Quite often we get quite complex cases and quite complicated issues and things like that, so it's not always appropriate."* Referrer 5

*"I just haven't had any clients that I thought would benefit from it, people have finished support with me then not needed ongoing support... so I worry a bit about telephone support, but as I say, I'm not saying it's not suitable for people cause I think there will... but I just haven't had any cases where I thought it was going to be useful to them."*

Non-referrer 5

One non-referrer noted that a barrier to referral was that the service was unable to provide a specific date and time for the phone calls, so this was a recommendation (see later section) from some:

*"Now the thing that we/the team struggle with or thinking about referrals is the fact that the operators, you can't set a specific time in a day, because, to remind somebody to go to an activity it needs to be about 30 minutes before to encourage to start them to get ready, if they have transport coming, but like the night before, the day before isn't going to work, so it has to be a specific time...so when you are trying to identify whether Telecare Talk will work for a person, that's the biggest barrier."* Non-Referrer 1

This same non-referrer, and another also reported that the service offer was too short:

*"I know you couldn't do it long-term, so I suppose that would be, that's another kind of barrier because, it would have to be very specific to support somebody for say 6 weeks going to an activity, but then they are left to it then..."* Non-referrer 1

*"There might have 1 or 2 people that we may have considered it for, but we felt because they were needing much more long-term interventions, it wouldn't fit the need of the project or the project wouldn't fit the need of the individual."* Non-referrer 3

Another non-referrer commented that their service had not used Telecare Talk because of resources associated with case-loads:

*"The reasons that we haven't referred is that...they were quite clear that we would have to continue to be a case holder, so continue to manage that case when we had*

*finished our service, which we don't have the resources to do that... it was kind of a management decision, we can't get involved with it at the moment... it was a shame, really we were enthusiastic and positive about it, it's just that for us because we don't hold cases long-term." Non-referrer 4*

Throughout the interviews, professionals were enthusiastic about the service offer and then had not referred, or simply referred once. When asked about this, they were unclear as to why this was the case often reporting that the offer was better for service users with needs different to those that they were supporting:

*"I think it's not entirely worked for our group of patients... often people want to be face to face so that can put people off, a lot of our work is done face to face because looking at nonverbal communication is an important part of mental health assessments." Referrer 2*

*"I think initially the concept behind it is really good...I think it is a really good scheme, it can work...I'm not sure what else you could do to improve their service. I do recognise it is good, I just think it works better for some maybe than others." Referrer 4*

*"I think the idea has been very good, but it hasn't really fit with what we do, that's just it really I suppose." Non-referrer 2*

In contrast, the Falls Prevention team used Telecare Talk to support their 20-week exercise programme, with calls being linked to attendance at classes:

*"So, this is just a different way of being able to contact people...keep them reminded [about exercise classes] ...the Telecare Talk team will talk them around how they are overcoming those barriers and how to motivate them and keep them on track for their goals and things... it's implementing some of that behaviour change through nudging people in the right direction... it fits what we do, so there is an outcome at the end of it, I think if it was random, or more of a less specific task around whatever, I think it would be much more difficult to measure and I can see where people say 'oh what's the point in that?'" Referrer 7*

During the focus group discussion with the Falls Team, staff explained that they had referred more of their clients into the service, as a mechanism to try to manage their own workloads, but on reflection they felt that this had implications for the relationships that they had with clients:

*"...we thought it was going to take work away from us because we used to phone people up every week to see if everything was ok. And we did build up a relationship with them and we got more out of them when we phoned up than what we might do in a class and during the class they would be a bit more open. So, we did get to find out a lot more. But once Telecare took that role on..." FGD 1*

*"We lost that bond didn't we?" FGD 2*

The team discussed the importance of face to face contact and building an on-going relationship with clients:

*"I think because they saw us in person. You build a bit of rapport up with them and so they're more open to telling you something. "Oh I had a trip last week" and they'll tell you." FGD1*

*"I think because you see them on a regular basis as well that really helps rather than just somebody at the end of the phone really that they've probably never seen before." FGD3*

### **Public Health Messages**

Referrers were often unaware of these messages, and so they featured infrequently in the interviews and very little comment could be offered in relation to them. Some saw the value of public health messages in the context of calls to more vulnerable people who would not necessarily respond to text messages to remind them of flu jabs or hydration/staying warm:

*"I could see a value, but it would be dependent on, what sort of messages." None-Referrer 1*

One referrer noted their potential value after learning about their use during a Share and Learn Event:

*"Until I went to the Share and Learn Event [had not known about the public health messages] so I thought that would work for our service users, so if it's cold have you, are you dressed appropriately for the weather? I think that would be really good for our service users." Referrer 4*

Another noted that whilst being unaware of these messages prior to the interview, they overlapped with her own approach:

*"If I'm honest I don't know of those messages as such coming from Telecare, but they sound very similar to the work that we do anyway with all the people, so making sure that they are drinking plenty of fluids, making sure that they keep warm in the colder months, making sure that they are eating healthily, a healthy diet, making sure that they are exercising as much as possible..." Referrer 5*

### **Impact upon clients**

Those who had referred into the service were unable to provide feedback to the evaluation team in relation to how Telecare Talk had impact upon clients. One referrer reported that in the context of the Falls Service, clients had positively reported back to the team about their experiences of Telecare Talk

*"We have got good reports back then, sort of anecdotally from the people that are on the programme and around about 50% of people actually want that [Telecare Talk support]... from our perspective, it takes the onus away from our staff and then for us, people are not so dependent upon them, we feel that if it's the same person all the time...that dependency is reduced somewhat.*

*" Referrer 7*

Referrers were also unable to comment upon any impacts upon primary care resulting from Telecare Talk.

### **Added Value**

One referrer noted their view of the way in which the service added value, in repeating messages to clients who would otherwise forget:

*"Well I think it is of value in the sense that when people are living with memory problems, they do forget and the more we can do to reinforce new routines for them, the better really because it is a process, it would be unrealistic to explain something once and expect somebody be able to absorb that information and run with it because of the nature of their difficulties." Referrer 1*

This referrer also noted that the service would be of use to carers as well as clients:

*"I can see that that's not just helpful for the person living with dementia but also for significant others, such as carers for people living with dementia." Referrer 1*

The Falls Team also noted the value of having the option of a call to support clients:

*"If people are open to it, it's good to have that phone call for somebody to ring up and to you know "Is everything ok, are you getting on ok, is there anything that we can help with?" FGD1*

### **Partnership working**

One referrer noted that she had experienced positive communication with those involved in the Telecare Talk Pilot:

*"The communication that I have had, has been really positive, and I did some training sessions for staff and they were always welcomed and felt welcome really." Referrer 2*

Another noted attending a Share and Learn Event, describing this as an opportunity to meet other referrers:

*"I remember attending a meeting in Leeds City Centre and that had different stakeholders within that meeting, to talk about the project so far in that people kind of exchanging ideas and that, so I attended that and that was an opportunity for me to meet other people who were also referring into the project." Referrer 6*

Others interviewed felt unable to comment upon improvements in networking through their involvement in Telecare Talk, although they felt that there had been opportunities to attend meetings, for example Share and Learn Events.

## Recommendations

All of those interviewed were asked if they could suggest any recommendations for improving Telecare Talk. Some referrers requested feedback on how the referral had gone, as well as how the client was doing:

*"I think what would have been good is if like Telecare could have updated us at some point, just to let us know the outcome or how the referral went, or if they managed to achieve anything or not, even as something as small as 'we've spoken to [client] and we've made contact this is what happened or did not happen'." Referrer 5*

*"None of my participants ever gave me any feedback about Telecare to say what support they'd got. As if that was maybe a separate thing to us maybe that's what they thought. I don't know. Even though they'd met them at the group. No, they never fed back to me really." FGD2*

Several suggested that being able to offer specific dates and times for the calls would be an improvement:

*"If Telecare Talk would be able to offer daily social/check-up calls to patients we may be able to send more referrals." Referrer 3*

*"They are not really able to provide consistency, so for example, every Wednesday at 5pm you are going to get a call, and I think that that would be a benefit really, especially for our service users." Referrer 4*

*"I think it could be improved if the same person rung somebody." FGD1*

*"And I think they need to ring at certain times so they know they're going to ring. Because I found when I did phone calls I used to catch them at tea time. That was the best time and then they would know that you would ring at that time and they were expecting your call." FGD 1*

One referrer asked for the referral procedures to be revisited specifically in terms of the criteria for the service offer:

*"Just more publicity and more information about what you can and can't do so clear information about referral criteria." Referrer 1*

Two others commented that the service needed to be more specifically tailored to specific client groups, with flexibility being an area for development in future provision. Another noted that the goal setting section of the referral form was a potential issue as clients were not sure what this meant:

*"The only thing is, when it came to the goals section, it's a bit difficult to fill that in, so over the telephone I think it is difficult to have certain goals that you are going to achieve... when I would say 'what goals do you want to achieve?' For them it's just a phone call, so what do you really mean by goal?" Referrer 4*

Charging for the service in the future was not seen as an option by some referrers:

*"I think if it's not been picked that well [discussing low referral rates] then charging for it won't make that any better." Referrer 2*

*"I really think that people are taking this on, if I'm really honest, because it is a free service, if there was a payment involved, I think they would decline it, purely for the basis that they are getting a free service from us anyway." Referrer 4*

*"When I've offered services to clients that involve paying, they are not very keen, so I'm not really sure how that would go with people, and especially with it being fairly new service." Referrer 5*

However, one felt that this would not be an issue:

*"From our perspective, we have no issues with charging nominal fees for anything."*  
Referrer 7

Despite on-going promotion of the service throughout the pilot period, some professionals felt that there needed to be more of this in general:

*"The other thing I think as well with a project or something new, it's not always in the forefront of your mind as something that is more well established if you know what I mean...and when it's something new, because I've had it with other new things that have appeared, it's not always there and doesn't get used as much as it could do cause it's not on people's radar the same." Non-referrer 2*

More specifically website presence was outlined as something that could be improved:

*"I tried to look for Telecare talk on the internet and I couldn't find anything specifically on the Telecare Talk service... and having those contact details on the website so the people interested can call up to find out about it." Referrer 5*

### **3.2.3 Call Centre Staff interviews**

Three individuals who were delivering the Telecare Talk service were interviewed as part of the evaluation.

#### **Supporting service users**

Staff were asked to discuss the support that they provided as part of the pilot. One worker reported that clients were happy for them to ring, “*they enjoyed a chat... ‘oh thank you for ringing.’*” Caller 1.

Similarly, another staff member said:

*“If I’m honest, they [service users] have been quite grateful that we have rung them”*  
Caller 2

Another noted that her experiences had been positive when contacting people and providing them with telephone support:

*“It’s been really positive once they have realised that we are ringing up because we are interested in what they are doing.... and really quite chatty, if fact we had to close some calls down because they were getting a bit long.”* Caller 3

One caller noted that the scope of support offered within the calls was diverse:

*“...social isolation, long term health conditions, mental health, seeking an active, more healthier lifestyle, so then it tells us what the goals are, what the plan is to meet those goals, what could prevent the goals been met and what we should be discussing...mainly the ones that we have at the moment are attending a Falls Prevention Programme...are they attending the class? Are they enjoying them?”* Caller 3

The staff noted that they delivered the **public health messages** as part of the conversations, alongside more general motivation:

*“We ask them things like that... on our notes we have things that we have to discuss with them, so if it says that they are not eating or drinking, we try and say are you drinking plenty? They answer quite honestly yes or no or ‘I can’t be bothered’ so we just try and prompt them in other ways that we can sort of get them to do things, like go out with friends and have a coffee. Things like that.”* Caller 2

#### **The impact of the pilot**

Callers felt able to report on improvements that they had heard about from service users during their conversations:

*"I think it is a good scheme, definitely a good scheme, and again, I can only go on my experiences, people I've spoken to and I just do think it helps them, to be honest, I think it gives them a little bit of chit chat and conversation, and they can say what they feel about going, and not going if they don't want to go, if they are feeling poorly that day. I had one lady who even said she was going out to the supermarket with a trolley now and she hadn't been able to do that, so I do think it is a good service."* Caller 2

Staff felt that their support had been used successfully by some clients, particularly those with clear goals such as attending classes including those referred in by the falls team. Calls were described as easy to make to this group, with easy questions to ask:

*"The falls ones [falls prevention service] are quite straight forward, because they are all the same kind of calls, but certainly when we originally started with the mental health ones, it was really difficult to know, because we are not specialists in mental health and we haven't had much training down that field, to make sure we are doing the right thing and asking the right thing, to be confident about what we are saying which was quite hard."* Caller 1

*"I think the clients that we've got that go to the classes weekly, I do think, the majority that I have spoken to are saying that it is helping, they enjoy going, 1) because they are getting out, 2) they are using the access bus or they are getting taken, so I think them couple of hours or however long they are there is helping cause they are meeting other people, they don't feel isolated cause it's not just them, the whole class is in the same situation as them with the falls and the mobility, so I do think the majority of people I have spoken to with the falls one, it is helping them."* Caller 2

However, staff were unable to report concretely about the impact of the service upon reducing primary care usage, although one felt that there was a *potentially* positive impact:

*"I would like to think it would be something we have tried to achieve, potentially stopping people who are frequent callers into GP surgeries because we were providing them with reassurance on a regular basis and they have got this familiar voice that they can speak to."* Caller 1

### **Charging for the service**

The callers felt that charges for the service should not be introduced because this would potentially limit the numbers of those seeking support from the service:

*"I don't think they [service users] should be paying for any of it to be honest, but that's my opinion. I think they have served a purpose in their life and I think if they have fallen and they can get this service and it helps them get back on their feet and helps them to get mobilizing, I think it should be a free service."* Caller 2

*"I don't think they would take the option up if they were going to be charged for a phone call every week."* Caller 3

### **Broader Impact**

Staff were asked to consider the broader impact of the pilot beyond the service user benefit. One noted that staff development was evident amongst the workers who had delivered Telecare Talk:

*"[the callers] are getting very good at speaking with people and it has made communication a lot better, even when they are call handling and they are picking up and dealing with incidents, you can hear the ones who are doing the TCT, their communication is a lot better they are becoming more rounded rather than being reactive all the time."* Caller 3

Another noted a positive impact upon partnerships resulting from the pilot:

*"I certainly think the regular meetings we have been having and the lessons learned meetings [referring to the Share and Learn sessions] we have been having...they have helped to develop some partnerships, and I think it's from there that we got involved with the falls programme. Without that, I don't think we would have had that involvement with it, they have been really beneficial."* Caller 1

### **Main challenges**

When asked to report about the main challenges to delivering the pilot provision, all 3 callers noted both staffing and time. The staff noted that they sometimes had difficulties in writing down whole conversations as their main job was to deliver emergency response, which they were doing in tandem with delivering the Telecare Talk Pilot. One caller felt that a face to face service would be better.

Time allocation for both case load and calls was suggested as something that would be good, due to the difficulty staff had found when delivering the Telecare Talk Pilot, alongside their main job. This situation was felt to be exacerbated by only having a small number of both staff and managers trained to deliver the pilot. Staff reported that when they are on shift with no other trained staff, they must come off their main work to make the calls for the pilot:

*"Basically, because we are running an emergency call centre and we have emergencies from smoke alarms, falling and obviously, if there are 3 of us on in the morning, we have to have 2 at the desk all the time for us to take up the TeleCare Talk, so that's the only problem I think is time."* Caller 2

One caller reported that not knowing what had happened to people after their time in the Telecare Talk Pilot had ended was a challenge:

*"You have built up that relationship and suddenly it gets to the end of the 20 weeks and it stops...we are only there to sort of encourage and motivate, we are not there to take on anybody's issues and follow them up and things like that which we do normally. You know if we refer somebody for additional services to go in, we'll check that has happened, we'll chase carers up, considering what we do, we are reactive, it's the complete opposite. When we don't get the calls anymore it just stops...It's like an end, a cut off."* Caller 3

Another questioned the delivery model and its associated processes given the low referral numbers:

*"I'm not so sure we have the process right; I don't know whether we are hitting the right kind of customers. Certainly, I think we are falling down slightly on the willingness of some of the services to engage in the TCT pilot, I think once we get them in, and once the benefits have been seen then I think the model works well."* Caller 1

Whilst staff noted that referral numbers were small, one caller also reflected that

*"I don't even know how we would have coped with 200 [the target number for clients] with a handful of staff."* Caller 3

### **Suggested areas for improvements**

#### **Consistency**

Consistency in terms of the same caller speaking to clients throughout the duration of service delivery period was described as important by all 3 interviewees. They suggested using a case load approach in future delivery to ensure continuity, relationship development and a familiar voice:

*"I think the quality of service has been when we are able to provide that same person ringing back on a regular basis... things get in the way you need to be able to kind of pull away from the day job to provide them with the best service I think, rather than trying to fit it in around the day job."* Caller 1

*"If we rang the same people every week we would get a pattern."* Caller 2

Caller 3 also noted that she was trying to maintain contact with a client who had mental health problems: *"I'm trying to pick up them calls so that it gives her a little bit of continuity, consistency."*

#### **Training**

All 3 interviewees reported that they required more mental health training to help them in delivering Telecare Talk:

*"It's a fine line when it comes to mental health issues... we are not social workers."*

Caller 2

*"A few girls that are doing the calls are shying away from the more difficult [mental health] calls...The training was like half a day here and there, I think they need some more training specifically around mental health if that's the area we are going to go down, you know, motivating people to get up, to go out, to join in, to socialise, attend appointments, I think they need more training on that aspect...it is easy to ring someone and say have you been to your class? Are you doing well? Are you enjoying your exercises? But when you are talking about someone who is depressed and can't get out of bed, are they eating properly, are they cleaning their flat, are they attending appointments, it's a bit more in depth than attending exercise classes."* Caller 3

### **Improved referral**

One caller noted that the referral forms were sometimes incomplete (not filled in fully), which impacted upon conversations with clients:

*"I think the referral process could be [improved], for us I'm thinking about our point of view, sometimes the referrals have been quite sketchy...trying to make that initial phone call to work out what [they] are trying to achieve has been quite difficult, it would be good to have more background information, what kind of questions do people want us to ask?"* Caller 1

### **Summary of findings from professionals**

Professional Group	Key points
Board Members	<ul style="list-style-type: none"><li>• Recognised the value of the service in relation to its proactive and cost-effective potential.</li><li>• Acknowledged challenges in the implementation of the service in relation to low referral numbers.</li><li>• Discussed the service being able to make a difference to service users in terms of potentially reducing pressures on primary care, improving quality of life and reducing social isolation.</li><li>• Offered different opinions about potentially charging for the service, with some suggesting that this was an option and others reporting it as a barrier to recruitment.</li></ul>

Referrers and non-referrers	<ul style="list-style-type: none"> <li>• Reflected different understandings of the service offer, with some reporting that it duplicated other provision already in existence.</li> <li>• Held different opinions about the referral processes, with some saying that they were straightforward and others suggesting that the paperwork was confusing.</li> <li>• Many saw the potential value in the service yet had not referred on the basis that the service did not fit with the needs of their clients, that the length of the service offer was too short or that calls needed to be provided on specific days and times.</li> <li>• The Falls Prevention team made most referrals and reported that their clients had specific goals which aided Telecare Talk.</li> </ul>
Call Handlers	<ul style="list-style-type: none"> <li>• Reported positive experiences of contacting clients and supporting them with a diverse range of needs.</li> <li>• Suggested that it was easier to support clients who had clear goals, for example, those referred from the Falls Prevention Team whose goals were about attendance at exercise classes.</li> <li>• Reported that clients discussed improvements in their health with them during calls, and therefore saw the service as having a positive impact.</li> <li>• Felt that delivering Telecare Talk had been useful for their own professional development, in terms of improving their communication skills.</li> <li>• Recognised a range of challenges such as staff levels, limited time available to make calls and low referral numbers.</li> </ul>

### **3.3 Service user interviews**

15 service users (6 males and 9 females) consented to participate in the evaluation, and to be interviewed over the telephone. However, 3 were unable to comment in depth, and 3 did not want to talk about the service at the time of the telephone call so data from these interviews have been excluded. For some service users, their participation in the Falls Prevention Programme, and/or Telecare Talk, had ended some months before the evaluation team made contact which limited the data collection as some clients were simply unable to remember.

#### **Experiences of the service**

Most of the service users interviewed reported having positive experiences of using Telecare Talk, appreciating the design of the service, and the nature of the calls:

*"I thought it was a great idea and very helpful and beneficial...it's a care thing really that somebody is actually interested in what you are doing and if you are making progress... It was totally convenient, it was a pleasant call and a friendly call and there was no pressure, I just felt they were very warm and welcoming"* Service User 1

*"...asking me how I am, if I've had any falls or things like that... nice people, sounded like nice people anyway."* Service User 2

*"Well I suppose my immediate reaction was I was grateful there'd been a call to see if I was safe and well."* Service User 4

*"Then they asked me if I wanted a phone call so I said yes, once a month. They [call handlers] just asked if we were fine, and [husband] was alright at this prevention group."* Service User 5

One service user noted that she had only had a brief conversation with a call handler, and had not received any follow-up support:

*"Well, the way that I know about it is because I've been going to a falls prevention course...And that was when I filled in the form and said that I would opt for being contacted once a month... basically, I was asked was I alright and... did I find the class helpful and so on and that was it... the second time... I wasn't there, and the person left a message to say that they would try and phone again, and I've not heard anything since then."* Service User 3

Some service users were able to remember their involvement with the Falls Prevention Programme, but not the specific calls from Telecare staff. For example, Service User 6 commented that the Falls Prevention support had been good, but did not remember the Telecare calls. Service User 7 reported that she had received calls when she did not attend the exercise classes associated with Falls Prevention, so the service had been a reminder for her. Service User 8 again did not remember the calls but reported that the Falls Prevention classes has been "*excellent, getting her out, better mood and more flexibility*". Service User 9 initially commented that she had not received the calls from Telecare but had been part of the Falls Prevention Service, which did include calls. Several service users were not familiar

with the Telecare Talk service and instead discussed these calls, as if they were part of the Falls Prevention offer.

The wider benefit of the Telecare Talk approach was also recognised by some service users especially in relation to potential clients who may be socially isolated:

*"It's a big thing for people who live on their own, for someone to go to the trouble of making a call, I think it means a lot to them and that support I think would be really helpful to them and they would feel a lot more supported... I'd like to see it rolled out for everyone who is feeling vulnerable and trying to do something about it, that bit of support might make the difference to them...I think this service would be great if people are alone or isolated, I think it would be a great service just to have a phone call from someone who cares about you and makes you feel worth something."* Service User 1

*"I mean it's a good idea, I don't want to knock it on the head."* Service User 4

## **Outcomes**

Those using the service were asked to reflect upon any improvements that had resulted from their engagement with Telecare Talk. Two noted that the telephone support was helpful alongside the falls prevention course, and other wider support that they were engaging in at the same time:

*"I think that's hard to answer really. It's a culmination of the support [Telecare Talk] and the course [Falls prevention], I wouldn't put it totally down to that, but I do think having support and someone to ring you to go through things with you, helps you to motivate yourself and think about what you are doing and whether you are reaching your goals or not so I think it's helpful, it's been a very beneficial service..."* Service User 1

*"I think they have their place, but I wouldn't say I've completely benefited from them... no I don't think that relates to the calls really. It only relates to the falls prevention clinic... I've improved in health, generally."* Service User 4

One service user noted that their health had not changed significantly since participating in Telecare Talk, therefore they were unable to discuss improvements because of not having to deal with health concerns any differently. Not all service users felt that there would be a benefit from using Telecare Talk, especially if the calls were only made monthly:

*"I mean personally I can't see how, unless you're really talked to, asked about yourself as a person and all the rest of it... that- and certainly for once a month I don't think there's gonna be very much got out of it."* Service User 3

## **Charging for the service**

Some service users felt unable to comment upon the viability of charging for Telecare Talk, but one felt that this would not be of value:

*"No I don't think, I think I'd think about that because I know financially there are financial difficulties, well I mean if it was minimum, a minimum cost like when we go to*

*the falls prevention clinic we pay two pounds, and that's just to cover really, tea and coffee and... So minimum amount because I do feel that before long we'll be paying to see doctors and consultants so I can't... I think it would put some people off.*" Service User 4

### Suggestions for improvements

Service-users offered several suggestions for improving the service, for example, having a dedicated time slot for the calls, or a text message in advance of the call:

*"If they [call handlers] had texted the day before I would have known I was going to receive a call or I could have re arranged it...it would have been better to have an idea when it was going to be, a specific day might have been handy."* Service User 1

*"I'm wondering about you suggesting a set time you know, the only thing is... well of course I would arrange it when I thought it would be a day I would be in and not at the clinic and various other things, but then unforeseen circumstances happen don't they. So I suppose, yes I suppose as you were saying, to make a definite time... when it's convenient."* Service User 4

Some service users had requested for the calls to be made on a particular day, or after a specific time at the point of referral:

*"...said after four o'clock but I think they rang me in the morning. I did say after- we're always at home after four, we tend to try and get out... I have a tiny little walk in the afternoons, when it's nice... but we're home nearly always at four o'clock. That was why I asked for that time."* Service User 5

Another suggested that they would recommend using the service but longer calls would be more beneficial, as well as having the service offer extended having only received calls over a 5-week period. The length of call and need for more information for service users was also noted as being important:

*"I think there needs to be more information, and I think it would help if the first call was really quite a long one... Not just to say, you know "are you alright, you're going to this class and are you enjoying it?" you know."* Service User 3

*"But it wasn't explained, and I mean- all the people at that falls prevention clinic are elderly, and a lot of them are quite chronically ill, and they will not have a good memory so I think one of the things that should be spelled out is the reason we're ringing is... do you remember, you went to the clinic- to the falls clinic and you were aiming... to achieve a goal, I think that should be said each time to remind people."*  
Service User 4

This service user also felt that the referral form, which she had been involved in filling in may need revisiting:

*"The form that we had to fill in...the one for progress for the falls prevention thing. One*

*of the questions it asks about is, would you say that you are socially isolated. And I'm pretty sure that I put down 'yes'. Well- that's yes because I live on my own and have done for years and years and years. It doesn't mean... you know, it's such a loose kind of- loose kind of term." Service User 3*

The name of the service was discussed as an area requiring change by one service user, who felt that its label may lead to confusion:

*"...think the one thing that I think is unfortunate is the title. And a few people who were told about it said this... it sounds like telesales, telemarketing, telecom... I think even if it said Leeds at the beginning of it. Because you just get a message that says tele-something or whatever, it just sounds like someone is going to sell you something."*

Service User 3

#### **Summary of service user views**

- Several reported positive experiences of Telecare Talk, however other service users were confused about the calls and were unable to remember them. Some service users saw the calls from Telecare as part of the Falls Prevention service offer, rather than a separate service.
- Some service users discussed the potential value of the service for clients who were socially isolated.
- Service users felt that Telecare Talk was helpful but were unable to link improvements in their health to their participation in the pilot because they were also receiving support from other service providers, for example Falls Prevention.
- Most felt unable to comment upon the idea of a charge for the service, but one felt that this was likely to be an additional barrier to participation for other service users.

## 5: Discussion

Tunstall (2018) report upon the successful delivery of proactive telecare approach in Spain in which 60% of outbound calls are used to check upon the wellbeing of clients, remind them of appointments or prompt them to take medication as well as discussing public health issues related to changes in the weather or fire safety. Internally reported evaluation data showed positive results, for example, 92.3% of users reported decreased loneliness, and 35% fewer calls were made to emergency services. Tunstall provide the system which has underpinned the delivery of the Telecare Talk pilot evaluated here, with Leeds City Council aiming to achieve similar positive outcomes in Leeds.

Our evaluation data showed that 13% of clients achieved their first self-management goal during the life-time of the pilot, and Call Handlers reported that, in their view, the pilot improved the health of clients.. Our evaluation data is limited in demonstrating the health benefits of the pilot, with service users unable to report clear health outcomes as a result of participation in the pilot. Van de Berg et al's (2012) systematic review of telemedicine and telecare for older people found predominantly positive results for telecare interventions in relation to patient outcomes, with a clear trend for behavioural endpoints such as adherence to medication or diet, and self-efficacy (similar to the approach underpinning the Telecare Talk Pilot). Hirani et al (2014) suggest that telecare does not transform the lives of its users but may afford some relatively small benefits. Woolham et al (2018) concluded that telecare does not produce better outcomes for recipients but these findings are not leading to any reappraisal of its use by local authorities. Other authors argue that the evidence of benefit is mixed in relation to effectiveness of telecare due to weak studies, short-term outcome measurement and a lack of focus upon cost effectiveness (O'Cathain et al 2016).

There is ongoing debate in the literature about the impact of telecare in relation to cost-effectiveness, an area that this evaluation was unable to explore. The literature offers contradictory evidence. For example, Dixon et al (2016) report that a telehealth intervention for patients with a raised cardiovascular disease risk is likely to be cost effective under a lifetime perspective. Dixon et al (2016a) comparatively, report that a telehealth intervention for patients with depression was not cost effective in its current form. Similarly, Steventon et al (2013) reported that telecare as implemented within the Whole Systems Demonstrator trail did not lead to significant reductions in service usage, one of the assumed benchmarks for reducing costs. The small sample size and limited data set available within this evaluation has prevented the evaluators from reporting on cost effectiveness.

More broadly, Milligan et al (2011) note that 'telecare solutions' are viewed as a potential way in which to address the health and care needs of older populations within Western societies, but more research is required on the needs and life conditions of targeted user groups. Chan et al (2009) report that despite recent increases in Telecare service provision, there remains a poor understanding of user needs because the industry is dominated by the technology-push rather than a demand-pull approach. Chidzambwa (2013) similarly argues

that service providers need to ensure user involvement in service design. Our evaluation highlights that Telecare Talk as a service was more suitable for clients whose needs were specific, for example those engaged with the local Falls Programme who required reminders about attending classes. Many professionals, however, felt that the service offer, whilst potentially positive, was not suitable to their clients' needs. The evidence in the literature illustrates that telecare designed to enable clients to make personal choices and to undertake daily living activities is more acceptable to service users (Milligan et al 2011). Telecare Talk was designed to deliver such an approach, and the qualitative evaluation data reflects acceptability amongst the professionals and service users interviewed, despite low referral numbers resulting in limited service uptake.

Barlow et al (2006) argue that for preventative mode telecare (such as Telecare Talk) to be successful, it needs to be closely integrated with existing care providers. Integration requirements vary according to context, the complexity of care pathways and the type of stakeholders involved. In their analysis of the implementation of two telecare projects, they reported that problems occurred when the delivery of proactive telecare had a disruptive effect upon the existing activities of staff involved. This was an issue in the Telecare Talk Pilot, in that Call Handlers were making calls proactively, whilst managing emergency responses. Another implementation issue was that the involvement of large teams from a range of areas (health, social services, the voluntary sector) resulted in no one group having a full overview of the entire process. This issue was again evident in the Telecare Talk Pilot, in that Adult Social Care promoted the service, referrers were from a range of areas, and Assisted Living Leeds staff delivered the calls. Barlow et al (2006) in their assessment of success factors also argue that frontline service staff need to be involved from the outset of any project development. In the instance of Telecare Talk, frontline staff engaged with the pilot in small numbers, following the development of the concept by Board Members.

## **6. Limitations of the evaluation**

There was a small sample size of clients because of low referral numbers which limited the analysis of the monitoring data.

The monitoring data supplied to the evaluation team was also incomplete, again limiting the analysis. The evaluation team held talks with the IT providers specifying the data that was needed from the call records, but most of this was not supplied. If the evaluation team had obtained complete data for all clients, we may have been able to get a more accurate picture of any benefits. Therefore, it was not possible for the evaluation team to analyse the impact of the pilot upon health service usage, or to report upon improved economic outcomes due to the sample size, and lack of available data.

There were 15 service users who were contacted by the evaluation team, but not all were able to comment upon the Telecare Talk service. Some were unable to remember, and others saw the service as part of the Falls Prevention offer. Given that many referrals were linked to the Falls Prevention work, distinguishing between the two services was difficult for several service users which limited the evaluation of Telecare Talk as a service in its own right.

## 7: Conclusions

Table 7.1 provides a narrative conclusion of the evaluation data, mapped against each component of the Theory of Change which underpinned the evaluation methodology used.

Theory of Change component	Evaluation findings
<p><i>Strategic Aim:</i> to provide clients with health-related telephone support to enable them to experience significant positive differences to their lives and health, in order to reduce demand and associated costs on local health services provision and manage long term conditions</p>	<p>Telecare Talk Call Handlers contacted a total of 40 clients between April and September 2018, aged between 30 and 83 years.</p> <p>More than two thirds of clients were female [n=28 (70%) female; n=12 (30%) male].</p> <p>The majority of calls conducted in the pilot discussed the service users' first self-management goal.</p> <p>Of the goals recorded, the majority of clients wished for support in relation to an active lifestyle (n=30).</p> <p>13% of clients were recorded as meeting their goals, 40% of clients reported making progress towards their goal and 47% of clients reported not making any progress towards their goals. Given the limited data we are unable to draw conclusions about effect on demand and cost to health services, as well as effect on long term conditions.</p>

<p>Engagement (mechanism for change) - referral to and support through Telecare Talk service</p>	<p>Professionals acknowledged challenges in the implementation of the service in relation to low referral numbers.</p> <p>Professionals reported different opinions about the referral processes, with some saying that they were straightforward and others suggesting that the paperwork was confusing.</p> <p>Many professionals saw the potential value in the service yet had not referred on the basis that the service did not fit with the needs of their clients, that the length of the service offer was too short or that calls needed to be provided on specific days and times.</p> <p>The Falls Prevention team made most referrals and reported that their clients had specific goals which aided Telecare Talk.</p>
<p><i>Changing the environment:</i> (mechanism for change) - engaging in the life-worlds of the clients, facilitating change via the implementation of a self-management plan and the communication of public health messages</p>	<p>Call Handlers reported positive experiences of contacting clients and supporting them with a diverse range of needs. They suggested that it was easier to support clients who had clear goals, for example, those referred from the Falls Prevention Team whose goals were about attendance at exercise classes.</p> <p>Call Handlers reported that clients discussed improvements in their health with them during calls, and therefore saw the service as having a positive impact.</p> <p>Some service users reported positive experiences of Telecare Talk. Others were unable to comment clearly as they believed the calls to be part of the wider Falls Prevention offer.</p>

<p><i>Outcomes</i></p> <p>Intermediate organisational outcomes Local multiagency innovation and practice (utilising IT and data) Learning about what health promoting communications are most effective</p>	<p>Call Handlers felt that delivering Telecare Talk had been useful for their own professional development, in terms of improving their communication skills.</p> <p>Call Handlers recognised a range of challenges in terms of delivery such as staff levels, limited time available to make calls and low referral numbers.</p> <p>The views of professionals reflected different understandings of the service offer, with some reporting that is duplicated other provision already in existence.</p>
<p><i>Outcomes (organisational):</i></p> <p>Long term Outcomes Outcomes for the clients (in terms of their health, wellbeing, and quality of life) Improved economic outcomes (reduced health service usage, reduce hospital admissions, cost effectiveness) Impact of the pilot on other approaches(Year of Care, New Models of Care, Asset Based approaches)</p>	<p>Professionals recognised the value of the service in relation to its proactive and cost-effective <i>potential</i>.</p> <p>Professionals discussed the service being able to make a difference to service users in terms of <i>potentially</i> reducing pressures on primary care, improving quality of life and reducing social isolation.</p> <p>Some service users could see the potential value of the service for clients who were socially isolated.</p> <p>The service users who felt that Telecare was helpful were unable to link improvements in their health to their participation in the pilot because they were also receiving support from other service providers.</p>

## 7.2 Areas for Consideration

- Provide a service that offers calls on specific days and times, with a text message reminder in advance
- Link clients with a specific call handler to facilitate the development of rapport, and consistency
- Revisit referral processes for example, consider reducing the length of the referral form, and taking referrals via telephone
- Revisit the model of implementation offered within the pilot. For example, draw upon existing users of Telecare as a starting point and consider tailoring the call approach more specifically to different client groups, according to their requirements
- Create a feedback loop for referrers to update them about client progress
- Revisit the promotion of the service, paying particular attention to website presence
- Reconsider the name of the service as it can be confused with telemarketing by service users

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## **9: Appendices**

### **Appendix 9.1 – Stakeholder Interview Schedule (Board members)**

1. Can you tell me about your role in relation to the proactive telecare service?
2. Could you describe how the service operates from your perspective?
  - a. Support offered to service users
  - b. Public health messages (value/usefulness of these)
3. From your experiences, in what ways does the service support service users?
  - a. What difference do you see the service making to people?
  - b. What role, if any, do you think the service has in adding value to existing primary care?
4. Can you give specific examples of any changes you have seen in relation to service users? (if relevant to stakeholder)
  - a. Health outcomes/improvements
5. What have been the main challenges in delivering the service?
6. To what extent have the council and other public services (e.g. health, fire and rescue) been able to provide services for service users?
  - a. E.g. prevention/training/campaign delivery
7. In what ways has communication and partnerships between other public health services been established?
8. What do you see are the key strengths of the proactive telecare service model?
9. Do you think the service is sustainable? What are your thoughts about charging for the service and the potential impact of this?
  
10. Are there any ways in which the service could be improved or modified to better support people?
11. Do you have any recommendations for the service?

## **Appendix 9.2 – Stakeholder Interview Schedule (Referrers)**

1. Have you referred into Telecare Talk?

If Yes:

2. Can you tell me about your role in relation to the proactive telecare service?

3. Could you describe what the Telecare Talk Service offers?

- i. Support offered to service users
- ii. Public health messages (value/usefulness of these)
- iii. Do you know what the target audiences for the service are?

4. From your experiences, in what ways does the service support service users?

- i. What difference do you see the service making to people?
- ii. What role, if any, do you think the service has in adding value to existing primary care?

5. Can you give specific examples of any changes you have seen in relation to service users? (if relevant to stakeholder)

- i. Health outcomes/improvements

6. What is the referral process and criteria?

- i. What have been the main challenges in making referrals to the service?

7. In what ways has communication and partnerships between other (public health) services been established or encouraged?

8. What do you see are the key strengths of the proactive telecare service model?

9. What are your thoughts about charging for the service and the potential impact of this?

10. Are there any ways in which the service could be improved or modified to better support people?

11. Do you have any recommendations for the service?

If No:

1. How did you hear about the project?

2. Can you describe how the service operates?

3. Can you describe the support it offers to clients?

4. Could you tell us why you have not referred into the project? (Try and identify specific barriers e.g. time, paperwork, suitability of offer etc.)

5. Is there anything else that could be done to encourage you to refer into the project?

6. Do you have any other suggestions/ideas for increasing referrals?

## Appendix 9.3 – Service User Interview Schedule

1. How was the Telecare Talk Project explained to you? What did you expect from it?
2. Can you remember who referred you to the service?
  - a. Why did they suggest the referral?
  - b. What information did they give you when they made the referral?
  - c. What was your experience of the referral?
3. Did you expect a call as part of the service?
4. How frequently have the telecare staff been contacting you?
  - a. Was it enough/too much?
  - b. Would a text before the call be useful?
  - c. What are your views about having a call on a set day and time? Would this have worked better for you? Would you prefer when to expect a call?
5. What sort of things have they been contacting you about/supporting you with?
  - a. E.g. remind to take medication, confirm medication delivered, check on wellbeing, remind about getting out and about, and involved in things within your local area
  - b. Thoughts about the self-management plan? Was it helpful to have some goals?
  - c. Public health messages e.g. staying cool in summer and warm in winter, staying active, healthy eating, falls prevention, eye care (usefulness of these messages/value)
  - d. Social activities e.g. sports and well-being sessions, getting out and about and doing activities
  - e. Other activities e.g. church
  - f. Has your carer received support and help too as part of the service?
6. How have you found using the service?
  - a. Did you enjoy getting the calls?
  - b. Content of the calls
  - c. Time of the calls
  - d. The operator: did they put you at ease?
  - e. Was the information helpful?
  - f. Was there anything that you didn't like about it?
7. What difference, if any, has the Telecare Talk service made to you?
  - a. Probe & probe about impacts on the wider family too – include carers.
  - b. More independence
  - c. Better wellbeing (physical, mental, social)
  - d. Reminders
  - e. Public health messages
  - f. Has anything changed as a result of the service? Anything new? Anything

- different? Can you give a specific example?
- g. Impact on your life?
8. Have you experienced any issues or concerns since being involved with the service (e.g. a fall)?
- What did you do about it?
  - How did you deal with it?
9. Has your contact with the GP practice changed in any way since being involved with the Telecare Talk service?
- Contact with other services changed too e.g. accident and emergency, nurse, social workers
  - How has it changed?
10. Now that the service has stopped, have you still continued with the changes (if any were made)?
11. Are there any ways in which you think the service could be improved to better support people?
- Is there anything that you would like to change?
  - Longer-term follow-up?
  - More face to face contact?
  - Other suggestions?
12. What are your views about the service being free? Would you still use the service if there was a cost involved for you?
13. Would you recommend using the service?
- Why?
  - Is there a sentence/one line that you could provide as a recommendation?
14. Do you have anything else to add?

## Appendix 9.4 – Theory of Change

Telecare Talk Pilot Project Framework – linking TOC with objectives, measures and methods.

Theory of Change	Evaluation objective	Research methods	Areas of measurement	Indicators of success
<b>CONTEXT</b>  <i>Strategic aim to provide clients with health-related telephone support to enable them to experience significant positive differences to their lives and health in order to reduce demand and associated costs on local health services provision</i>	To identify the ways in which the Telecare Talk Pilot project has made a difference to the lives clients	Internal monitoring data held by Leeds City Council  Gathering client's views  Gathering stakeholder views to provide in depth perspectives	Project aims & activity mapped to strategic objectives  Clients views recorded to demonstrate differences made  Stakeholder views (semi-structured (telephone) interviews	Recruitment of clients to the project (numbers to be determined)  Positive difference documented through the voices of the clients themselves (interviews)  Positive difference documented through the voices of stakeholders.
<b>ENGAGEMENT</b>  <i>Referral to and support through Telecare Talk service</i>	To investigate how and in what ways the Telecare Talk Pilot has recruited clients and provided support.	Existing monitoring data held by Leeds City Council  Clients views & stakeholder views to provide in depth views	Number of referrals and support documented  How and why being supported has made a difference from the perspective of clients, as well as stakeholders	Evidence in relation to: <ul style="list-style-type: none"> <li>▪ Numbers of referrals</li> <li>▪ Numbers of clients worked with</li> <li>▪ Support as a process – self management plan</li> <li>▪ General support provided e.g. seasonal public health messages</li> <li>▪ Self- reported outcomes (clients)</li> <li>▪ Learning (stakeholder interviews)</li> <li>▪ Identification of 'successful' support</li> </ul>
<b>CHANGING THE</b>	To investigate how the pilot	Existing monitoring	How and why being supported	Evidence of changes in relation to:

<b>ENVIRONMENT</b>  <i>Engaging in the life-worlds of the clients, facilitating change via the implementation of a self-management plan and the communication of public health messages</i>	project has engaged in the life-worlds of clients, changed the environment in which they exist via the self-management plan and public health message communication.	data held by Leeds City Council  Clients perspectives  Stakeholder views	has resulted in changes to the lives of the clients involved in the project  Identification of positive changes	<ul style="list-style-type: none"> <li>▪ Increased support</li> <li>▪ Improved individual outcomes</li> </ul>
<b>INTERMEDIATE OUTCOMES</b>  <i>(a) Local multiagency innovation and practice (utilising IT and data)</i>	To assess the extent to which the Telecare Talk pilot has developed multiagency innovation and practice.	Existing monitoring data held by Leeds City Council  Stakeholder interviews.	Organisational development, staff skills & development of roles.  Use of IT and data handling  Access to networks of agencies able to work with clients.  Examining how the project is informing local commissioning and decision-making arrangements	<p>Changing patterns of inter-agency working: increased communication, referral patterns</p> <p>Learning from use of IT and data (system change)</p> <p>Evidence of improved/changed pathways and support for clients</p> <p>Evidence of positive agency contribution</p> <p>Evidence of project contribution to commissioning and decision-making arrangements</p>
<b>LONG TERM OUTCOMES –</b>  <i>(a) Outcomes for the clients (in</i>	To map the individual impacts of the pilot Project for the clients involved	Existing monitoring data held by Leeds City Council  Health data/ records	How are improvements as a result of being involved in the project being reported? Has there been any evidence of early impact?	<p>To examine evidence related to</p> <ul style="list-style-type: none"> <li>▪ Increased client self-management</li> <li>▪ increased client independence</li> <li>▪ clients maintaining/increasing control over their daily life</li> </ul>

<i>terms of their health, wellbeing, and quality of life)</i>		held by LCC  Clients perspectives  Stakeholder perspectives	Identification of types of individual positive outcomes.	<ul style="list-style-type: none"> <li>▪ unplanned admissions are reduced within the client group</li> <li>▪ clients self-report improved quality of life</li> <li>▪ clients have goal-oriented management plans</li> <li>▪ clients use public health messages</li> </ul>
<b>LONG TERM OUTCOMES -</b> <i>(b) Improved economic outcomes (reduced health service usage, reduce hospital admissions, cost effectiveness</i>	To explore whether and how the Telecare Talk Pilot has achieved improved economic outcomes  1. How has the pilot project successfully added value to mainstream provision? 2. Reduced costs to local health care systems?	Existing monitoring data held by Leeds City Council  Existing health data/records held by CCGs and/or Leeds City Council  Client interviews  Stakeholder interviews	What value has been added and is there evidence of associated cost reduction?  The Pilots resource use and cost effectiveness	Evidence of reduced costs to local health care services (measured by a change in patterns of usage: GP visits, call outs, hospital admissions)  Evidence of added value to existing provision (CCG tracking)  Cost effectiveness (resource use of the pilot compared to cost savings illustrated)
<b>LONG TERM OUTCOMES –</b> <i>(c) Impact of the pilot on other approaches (Year of Care, New Models of Care, Asset Based approaches)</i>	To explore how the Telecare Talk Pilot has impacted upon other services	Existing monitoring data held by Leeds City Council  Stakeholder interviews	What value has been added and how has learning from this Pilot been used in relation to broader service delivery?	Evidence of the contribution of learning from the Pilot to other delivery  Evidence of added value to existing provision, specifically Year of Care, New Models of Care, Asset Based approaches