## **Taking Care**

Provide around-the-clock Technology Enabled Care services to over **100,000 people** throughout the UK. Operating **nationwide** from three highly-resilient Emergency Resolution Centres (ERCs).

Our vision is to become a **modern, digitally enabled health partner** who changes the way Technology Enabled Care is accessed and delivered WHILE supporting analogue devices that continue to work in the new digital environment (test, test, test).

We work with eldercare specialists and professionals to ensure our solutions are **evidence-based and professionally recommended**. We are paving the way to move from emergency response to **prevention services** and are the **UK's largest private provider of personal alarms** (and Age UK's approved TEC partner).

Our monitoring services are relied upon by a broad range of customers, and we support people from **3 to 104 years** of age in a variety of different circumstances including those who are vulnerable, disabled, experiencing domestic abuse, living with dementia, have learning difficulties, or are lone workers.

Proud to be the only Consumers Association/Which? Accredited TEC provider and a TSA QSF provider.



## Our reality may be your reality?



#### **Increased call-handling times**

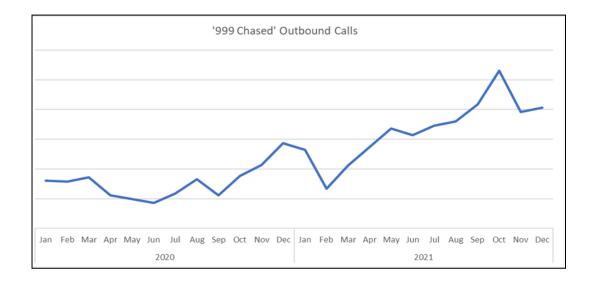
- 400% increase in "chased ambulance" call reason in last 2 years
- 66% increase in "chased ambulance" call reason in 4 months to October 2021
- 25% increase in inbound calls (family/NOK/carers) when an ambulance has been called
- Outbound call-handling time increased by 12% in 2021

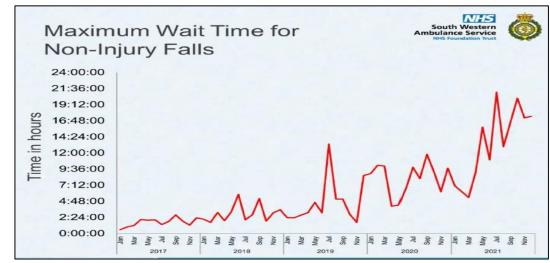
#### More complex calls

- Service users presenting with more complex care needs and underlying medical conditions
- Average Handling Times (AHT) for emergency service calls increased by 25% in H2 2021
- "Assistance Required" alarm activations increased by 25% over 2021

#### **Changing service provision**

- Significant increase in waiting times for Category 3 ambulance cases
- Operators on phone for up to 20 mins waiting to be put through to ambulance service
- Anecdotal examples of ambulance services refusing to attend no injury falls or Welfare Check requests





# Embedding TEC monitoring at the heart of community response: A new manifesto for success?



**Collaboration:** We must work collaboratively between TEC services and local (fall responder) services in a different way – and avoid duplication or separation



Stress relief: We must reduce the strain on an over-worked ambulance service – and interact with them in a new manner to support both our goals and guard the health goals of our Service Users/customers



**Focus on Outcomes:** We must be respectful of traditional health & social care "boundaries" but we must not be "overawed" by them – our Service Users' health outcomes are too important for that



Bridge Gaps: We must successfully bridge any Public: Private gaps – we all have the same goal in mind



**Use new data:** We need to use big data "without fear" – to improve predictive and proactive support for Service Users and to improve their health outcome: the new digital era is so much more than simply replacing analogue networks/devices



**Innovation:** We need to find new ways to support innovation within commissioned contracts

### **OBJECTIVE**

To prevent avoidable hospital or crisis care attendances and admissions — and to help people return home from hospital who need extra support.