

Summary of Telecare Services in Scotland



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Author
E V Sergeant

1.0 Executive Summary

1.1 Introduction

In August 2006 the Scottish Telecare Development Programme (TDP) was announced, with an initial grant of £8m being made available to all 32 local partnerships across Scotland. In 2008 a further £8m of funding was distributed covering 2008-2010, and an additional £4m has been announced for 2010/11. Over this period each partnership has developed telecare services in ways which target localised need and priorities, supporting a wide range of user groups enabling people to remain safely within their communities with tailored support mechanisms. From the beginning of the programme, up to the end of March 2009, 16,482 new users of telecare services were reported by the partnerships (funded by TDP). Many partnerships have also reported progressing “telehealthcare”, strengthening links across social care and health service provision.

This report collates information relating to telecare/telehealthcare developments led by Local Partnerships, providing a summary of currently available services and planned activity. The information reflects development during the first three years of activity, up to September 2009. 31 of the 32 partnerships have voluntarily taken part in this exercise, providing a comprehensive picture of services available across Scotland. However, it is recognised this is not an exhaustive summary, as telecare initiatives have also been progressed by other organisations outwith the national programme. The report also seeks to identify common themes and issues which have emerged for local partnerships, with a view to informing the direction of future strategy and policy.

1.2 Approach

The basis for the report was information obtained through:

- Submission forms from local partnerships to the Joint Improvement Team (JIT) for TDP funding
- Documentation available through the JIT website
- Quarterly returns from partnerships to the JIT
- York Health Economics Consortium (YHEC) evaluation on the first two years of the national Telecare Development Programme in Scotland
- Policy documentation
- Interviews with key partnership officers from across Scotland, involved in implementing telecare/telehealthcare.

The information within this report is structured to be used by a wide range of stakeholders, to support networking, strategic planning and to celebrate the innovations which have taken place as part of the programme. The partnerships recognise the process of implementation remains part of an ongoing exercise, with each being at a differing point in their journey. In participating in this exercise the partnerships have demonstrated a willingness to share their experiences with each other and with a wider audience in order to support the learning processes associated with the implementation of telecare/telehealthcare.

1.3 Innovation Themes

Partnerships identified areas where they have seen significant progress, much of this being reflected as innovative practice. An analysis of this activity has identified the areas of innovation may be grouped under four main headings:

- **Training and Communications** - moving from general awareness raising to developing long term support for frontline staff, users, carers and other stakeholders;
- **Integration of provision** - with services offered by other partnership members, supporting the embedding of telecare in mainstream practice and progressing into telehealthcare;

- **Promotion of telecare services across user groups** – although the initial focus has generally been on older people's services there has been significant expansion across other user groups and needs;
- **Maximising use of resources** – utilising existing resources in a creative manner, ensuring telecare is embedded into mainstream provision, whilst being viewed as one of the tools available to professionals, users and carers to support home based care.

1.4 Issues/Difficulties Identified

Whilst recognising the significant level of innovation and progress in the implementation process, partnerships did highlight a number of issues which were causing difficulties in embedding telecare/telehealthcare services within their localities. Some broad themes emerged. It is recommended that consideration should be given to these as the programme reflects on the next phase of strategy and implementation:

- Equipment interoperability
- Relationships with suppliers and reliability of equipment
- Lack of engagement with some key stakeholders, across the local partnerships
- Infrastructure
- Recruitment and training.

In order to address these issues it is essential that all stakeholders seek to address:

- Strategic vision and leadership, to ensure an integrated approach to implementation and viewing telecare/telehealthcare as part of the broader agenda;
- Ensure the full range of skills and resources within the partnership are maximised, to support the planning and implementation processes and enabling telehealthcare to become an integral part of the response to local need;
- A comprehensive and consistent approach requires to be adopted to address training needs at all levels. This essentially needs to include input from tertiary education;
- Assessment tools for telecare/telehealthcare require to be further developed and adopted into mainstream practice to ensure equitable access.

1.5 Conclusions

Working together, partnerships, the Joint Improvement Team and others have made significant progress with implementing telecare services and a number of areas of innovation have been identified. The information collected and collated illustrates that partnerships started their individual telecare programmes from varied points of commencement. Although all partnerships had in place at least a basic community alarm service at the outset of the programme, a few partnerships had already developed enhanced telecare provision to support a variety of user group needs.

There is a level of recognition locally that telecare/telehealthcare is an essential element in the process of re-ablement and shifting of the balance of care, with the potential to address demands brought about by demographic changes and aspirations of an increasingly technologically aware population. The partnerships indicate an enthusiasm to continue developing technology enabled services, but have highlighted a need to focus on a number of fundamental areas, in order to assist the mainstreaming of technology supported health and care services.

2.0 Introduction

The Telecare Development Programme (TDP) in Scotland was initiated in 2006-2007, following the allocation of £8m grant from the Scottish Executive. The TDP invited all health and social care partnerships in Scotland to submit proposals for the use of the monies, with each submission being required to be endorsed by the local Community Planning Partnerships. The local proposals were required to address at least one of the following programme objectives:

- Reduce the number of avoidable emergency admissions and readmissions to hospital
- Increase the speed of discharge from hospital once clinical need is met
- Reduce the use of care homes
- Improve the quality of life of users of telecare services
- Reduce the pressure on informal carers
- Extend the range of people assisted by telecare services in Scotland
- Support effective procurement ensuring the growth in telecare services
- Locally identified outcomes including efficiency savings.

The 32 Scottish Partnerships submitted proposals for TDP grant funding, although these were developed over differing timescales. Nationally, prior to the programme being initiated, community alarm based services have been developed across many local authority areas. These are mostly integrated into mainstream community care provision and linked to varied models of calls handling and responder services. At the onset of the TDP (April 2007) approximately 180,000 people were in receipt of a community alarm provision across Scotland. (*JIT*)

Each local Partnership started from a differing point with regard to implementation, with some partnerships developing base line systems, previously having little or no previous experience of telecare. Other partnerships have explored the development of enhanced systems and innovative alternative uses for telecare, based on local need and previous experience.

An evaluation of the initial phase of the telecare programme in Scotland was commissioned by Joint Improvement Team (JIT), being carried out by the York Health Economics Consortium (YHEC), and was published in January 2009. The objectives of this evaluation exercise were:

- Develop an overall monitoring and evaluation framework that is cost effective and fit for purpose
- Assist local partnerships to identify and collect the information needed to undertake effective monitoring and evaluation;
- Provide an evidence base at the conclusion of the project demonstrating both the extent of any efficiency gains to local partnerships from adopting telecare solutions and of specific benefits delivered to particular users, or groups of users of telecare services.

The YHEC evaluation provided evidence of benefits of telecare, across Scotland, for the partnerships, users and carers, concluding that the partnerships had got off to a “promising start”. This information combined with the proposals submitted for funding in 2006-07, 2007-08 and 2008-09 indicated there were a number of interesting and innovative services being developed within partnerships, although the level of detail available to the JIT is often broad based.

Key to the understanding of the applications of telecare within the partnership context has been the sharing of information and networking. There is some localised networking reported and the quarterly national Telecare Learning Network events have

provided a focal point for awareness raising around targeted issues. Some partnerships are not able to regularly tap into these resources due to geographical and time constraints, however have been able to access information through the JIT website and contact details.

The JIT is frequently asked for information from a variety of sources, including local partnerships, relating to localised outcomes and an image of “what telecare services look like on the ground”. These requests combined with the development of national and international relationships has led to the JIT progressing this exercise which aims to: summarise telecare services available across Scotland at September 2009; identify planned developments over 2009-2010; and outline areas of innovation and difficulties.

This report will provide a summary of:

- Local approaches which have been taken in developing telecare services
- Similarities and divergences in developments across the country, and an examination of the impact of these services
- Identified good practice and innovation
- Themes of learning and areas where there may be gaps.

The document is aimed at providing local partnerships, the JIT and other interested stakeholders a reference tool to support networking, shared learning and strategic planning.

3.0 Methodology

At the outset of this study, methods of obtaining a wide range of information to include in the final report were considered. There was a wealth of baseline information available through records held by the JIT, these including

- Submission forms from partnerships for TDP funding
- Documentation available through the JIT website
- Quarterly returns from partnerships to the JIT
- YHEC evaluation
- Policy documentation

Whilst this documentation provides an outline picture of service provision across Scotland, much of the information available does not provide an in depth view of services, innovation and levels of integration within each locality. In order to achieve this level of information a questionnaire was developed (see Appendix 1). The questionnaire focused on four principal areas:

- Telecare services established by March 2009 (subsequently updated to Sept 2009)
- Current service developments
- Infrastructure, including systems and processes required to support the implementation processes specific to telecare/telehealthcare
- Issues raised by the implementation process.

The aim of the questionnaire was to capture information in a consistent manner, within a specified time-span. However postal questionnaires have the disadvantage of:

- providing pre-coded responses, which can present a bias towards the researcher rather than respondent;
- offer limited opportunity for checking information provided; and provide limitation on level of response. (*Denscombe 2003, Cheetham et al 1992*).

In an exercise of this type it is essential to support all respondents to participate, maximising the outcome for all stakeholders. Thus it was agreed the questionnaire be used as a framework for interviews, ensuring the data obtained was robust and met the needs of the research.

Each partnership was contacted in the first instance by the national Telecare Programme Manager via e-mail, with a covering letter which provided detailed information about the "Summary of Telecare" exercise. Over a two-month period each partnership was further contacted by e-mail and/or telephone arranging for a face-to-face meeting with partnership representatives. In two instances a face-to-face interview was not possible; therefore the questionnaire was completed by telephone discussion and electronically.

The process agreed between the JIT and the partnerships included that each meeting would be typed up and shared with the partnership, enabling amendments prior to the data being used in the final report. The final report would also be subject to additional checking with the local partnerships prior to final publication.

4.0 The Telecare Development Programme in Context

From the 1990's, with the introduction of Community Care, the national agenda in Scotland has established a strong commitment to supporting people within their own homes and local communities. A significant number of policy documents, linking the use of technologies to service redesign and improvement have been published since 1998, with such publications becoming more prevalent in recent years. **A National Framework for Service Change in the NHS in Scotland (2005); Managing Long-term Conditions (2007); Better Health, Better Care; Action Plan (2007); Seizing the Opportunity: Telecare Strategy 2008-2010 (2008); The NHS eHealth Strategy (2009)**, all emphasise the need to address the increasing demands on service provision; resulting from the demographic changes and the need to develop innovative models which encourage and promote self-care and self management.

The model of change promoted through **Delivering for Health (2005)** advanced the shift from reactive service provision to proactive intervention (see Fig. 1). This model promoted an approach to individual need, including the user in decision making and active intervention, utilising a process of education and use of technology to develop self-care and self-management of their own condition.

Current Model	Evolving Model of Care
Geared towards acute conditions	Geared towards long-term conditions
Hospital centred	Locally responsive
Doctor dependent	Team based
Episodic care	Continuous care
Disjointed care	Integrated care
Reactive care	Preventative care
Patient as passive recipient	Patient as partner
Self care tolerated	Self care encouraged and facilitated
Carers undervalued	Carers supported as partners
Low tech	High tech

Fig.1 – Dimensions of Paradigm Shift indicated in *Delivering for Health (2005)*

Whilst the emphasis in earlier policy documentation was on the provision of health service redesign, there were a number of local authorities beginning to explore the potential use of telecare, through pilot projects, building on the platform of established Community Alarm Services. The evidence which was collected from such pilot projects was limited and considered too restricted to provide a significant evidence base (**Alaszewski A and Cappello R 2006**). The limited evidence base did however indicate the potential use of telecare as a tool in assisting the increasing challenge of meeting need in a changing service environment, promoted by the demographic changes and users wish to remain within in their own homes, where possible.

It was recognised that to achieve widespread implementation of technologies across the country, and an evidence base of the benefits of the application, there was a need to provide investment, from a Government perspective.

“the tantalising possibility for public policy to meet more people’s desire to remain independent for longer, while at the same time saving money overall... However, this will require extra investment in the short-term, whereas any cost benefits will only become clear in the longer term to other parts of the health and social care system” (Audit Commission 2004)

In 2006 the Scottish Executive announced they were making a grant, for the TDP, of £8.35 million available across the 32 local authority (LA) areas, for 2006-08. The Local Authorities were directed to work in partnerships, encompassing local authority departments, health, service providers, users and carers. The aim of the funding being,

“...to ensure that telecare becomes an integral part of community care service provision.” (JIT 2008)

The outcome measures identified for the Scottish programme were:

- Delayed discharges from hospital
- Unplanned hospital admissions
- Avoidance of admission to care homes
- Promotion of independent living
- Change in use of existing support/care resources
- Locally identified outcomes including efficiency savings.

Concurrently, the agenda for change focussed on the need to review the structures of service provision. ***The 21st Century Social Work Review, 2005*** emphasised the need for a person centred approach to service provision, with professional and service boundaries being more integrated. Supporting the principals of this document, specific service reviews have been commissioned by the Scottish Executive and Scottish Government in relation to services for older people and housing needs. ***The Future Care of Older People in Scotland 2006; Time to Move? A Literature Review of Housing for Older People 2006; A Review of Sheltered Housing in Scotland 2007; and Housing Issues for Older People in Rural Areas, 2008*** all highlight the need for individualised approaches, with the needs and aspirations of the older population reflecting that of the general population, thus requiring a creative response at a time when resources are limited and user/carer expectations are high.

The development of policy in Europe in relation to technology within health and social care provision is providing a broader focus for the development of Scottish technology supported health and care (telehealthcare) services. In 2007 The European Commission published an Action Plan on Information and Communication Technologies and Ageing, ***Ageing Well in the Information Society: An i2010 Initiative 2007***. The objectives of the action plan are twofold:

- *Enabling a better quality of life for older people with significant cost-savings in health and social care;*
- *Creating a strong industrial basis in Europe for ICT and ageing.*

The emphasis on service provision, across Europe, is moving from social and medical models to utilisation of technologies to support enablement, empowerment and inclusion. Within European studies, the development of services within the UK are identified as well established, particularly in relation to community alarm provision, with

telecare developments in being driven by policy, availability of public funding and a strong supply industry.

To achieve a more robust provision across Europe, including within the UK, the European Commission identified a need to address “*the legal and technical barriers*”. The barriers as identified in ***ICT& Ageing: European Study on User, Markets and Technologies 2008***. This aspect is further explored in chapter 8 when exploring the issues raised by the implementation process in Scotland.

In the last three years the Scottish Government, via the JIT and a national Telecare Programme Board, has continued to develop and implement policy and provide support to partnerships. The focus being on achieving an integrated and inclusive, community based provision of a range of services, particularly for people with high levels of care/support needs and more recently, a focus on the better management of long-term conditions and high levels of care/support needs ***Long Term Conditions Collaborative: Improving Self Management Support, 2009; Long Term Conditions Collaborative: Improving Complex Care, 2009***.

Through the development of the Scottish Telecare Strategy ***Seizing the Opportunity: Telecare Strategy 2008-2010, 2008***, the outcomes identified as achievable by 2010 are:

- *Extension of telecare services to at least 7,500 additional people through TDP Funding.*
- *Increased awareness of telecare amongst service users and carers, and the general public.*
- *Improvement in the assessment process for service users that could benefit from telecare.*
- *Provision of skills sets to care staff which is required to incorporate telecare within care packages.*
- *Ensuring all aspects of telecare service provision are delivered to recognised standards.*
- *Enhancements of innovation, and Telehealth/care convergence where it is appropriate to do so.*

In order to support this the JIT have developed a programme of support mechanisms including the National Telecare Learning Network, with quarterly meetings; provision of additional grants for the development of innovations; formal and informal support mechanisms available at the request of partnerships; the development of the supportive tools including ***Implementing Telecare – An Action Guide 2009***; and a web based Resource Bank; and access to a wide variety of supportive information including interactive mechanisms for partnership via the JIT website.

Indicators from data collected in the initial phase of the TDP, reported by ***YHEC 2009*** and ***Newhaven Research 2009*** evidenced a growth in telecare users (funded through TDP grants), with 7,902 new users accessing services in 2007-08 and a further 8,580 in 2008-09. The outcomes achieved by partnerships, based on TDP outcome measures indicate significant increases in number of users being supported within their homes (See Fig. 2).

	Partnership Expectations		Partnership Achievements	
Reduction in delayed discharges from hospital	437	400	517	377
Reduction in the number of unplanned hospital admissions	1,704	1,011	1,220	2,581
Reduction in the number of care home admissions	391	598	518	947
Number of persons able to maintain themselves at home through receipt of a telecare service	3,848	3,463	5,513	7,489*

Fig.2 TDP Outcomes 2006-09

Source: Monitoring Telecare Progress, Newhaven Research 2009.

*Figure for 2008-09 is a quarterly average across the year.

Whilst partnerships report achieving the targets identified by the TDP, a small number have developed localised targets including a range of user groups and including preventative uses for telecare, promoting self management of conditions and safety within the home and in the users local community. Innovations and service developments are explored further in chapter 7. The numbers indicated in Fig.2 reflect new services, with approximately 2,500 users reported as ceasing to use telecare services during the period 2006-09. The numbers of re-commissioned services are not reported, although some partnerships have established systems to re-use equipment, ensuring economic and effective use of resources and achieving sustainability in provision of telecare services.

5.0 Terminology – Telecare, Telehealthcare and Assistive Technologies

This report is primarily focused on service provision and the infrastructure, which supports the provision of locally, based services. However while collecting data from partnerships and related discussions with stakeholders there have been varied interpretations of equipment and the functions mooted. In order to ensure clarity of purpose, this section aims to provide an overview of terminology relating to equipment and functions of equipment.

Telecare is the name often given to a range of technological interventions that support and enable people to be independent in their own homes, through use of systems of sensors and alerts. Telecare may be viewed as part of the continuum of technology that is emerging in the social and health care sectors. It offers particular advantages for enabling individuals to manage risks and health and social conditions within a home or community based environment, encouraging and facilitating a higher level of self care and assisting the process of avoidance of unplanned hospital admissions (see Fig.3). It also offers potential to provide proactive support, intervention and management across a range of client groups and needs.

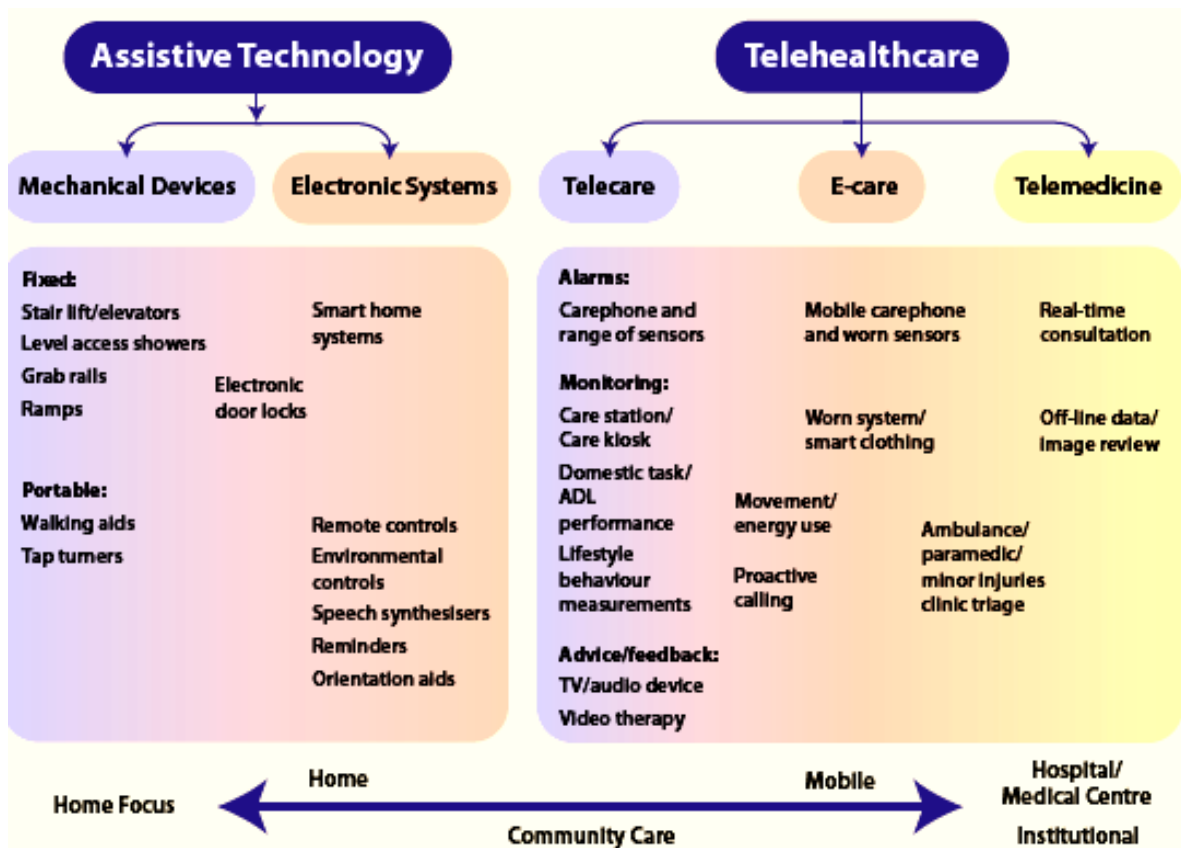


Fig. 3 The Telehealth Umbrella for Technology (Doughty et al)

Early development of technology for supported services was often referred to as *smart homes*, or *smart technology*, or *assistive* and *electronic assistive technology*. These terms remain in use in some partnerships, alongside the introduction of newer terms such as telecare, telehealth and telehealthcare. Such terms have emerged over the last decade, as there has been increasing interest in the benefits offered by using technology. Over this period there has been significant development and production of a range of equipment that provides "within the home" or remote alerting systems,

providing for the management of situations where there is risk for the user of potential harm e.g. falls. Such development has been prompted by a wide range of professions, including healthcare, social care, engineers, and academics.

However the use of telecare in provision of support and care needs must essentially be seen as a tool, and as part of a process in supporting users to achieve a greater level of independence and choice in how to live their lives. In considering use of technologies the focus needs to be on a holistic understanding of the individuals needs and targeting care and support accordingly:

“...in a practical and common-sense way to mean simply being able to achieve our goals. The point is that independent people have control over their lives, not that they perform every task themselves. Independence is not linked to the physical or intellectual capacity to care for oneself without assistance; independence is created by having assistance when and how one requires it.” (Morris, 1993)

There is no standard categorisation of telecare, however in 2005 the Welsh Assembly Government produced the guidelines indicated below, which were later adopted by the Telecare Development Programme in Scotland.

First generation Telecare refers to equipment and devices found in most Community Alarm Schemes. It refers to user-activated – e.g. push button, pendant or pull cord – alarm calls to a Control centre where a call handler can organise a response of some kind - usually via a neighbour, relative or friend acting as a 'key holder'.

Second generation Telecare evolved from the introduction into basic Community Alarm services of sensors such as smoke alarms and flood detectors. Second generation Telecare includes sensors which can monitor the home environment, vital signs, physiological measures, and lifestyle. These sensors can collect and transmit information continuously about door opening, bathwater running, the use of electrical appliances, and movement both within and outwith the home. This provides a much more sophisticated and comprehensive support to managing risk and improved quality of life.

Third generation Telecare arose from improving and increasing availability of broadband, wireless and audio-visual technology. This offers potential for virtual or tele-consultations between the service user and doctor, nurse or support worker, thus reducing the need for home visits or hospital appointments. Furthermore, it leads to increasing opportunities for people - particularly those unable to leave their homes alone - to 'visit' libraries, shops and maintain contact with family and friends.

The research team commissioned in 2008 by the European Commission to study the mechanisms and barriers in supporting the development in information and communications in an ageing population, expanded on the categories identified above, particularly in relation to the third generation. The emergence of lifestyle monitoring and capacity *“to enable evidence-based risk assessment in case of unusual behaviour”* combined with anticipatory, preventative and proactive interventions for home based users, primarily for health based needs is seeing a rapid growth within the Telehealth market.

As indicated above telecare may be seen as either home-based or connected to a central call centre. *Home-based* equipment is ideal for people who have a live-in carer. This type of telecare equipment alerts the carer that attention is required, or soft tones or voice messages to directly remind the client of something important. Connected telecare equipment requires to be either electronically connected to a calls handling service, through the Community Alarm Service or through a hardwired system to on-site support staff, as often found in Sheltered Housing Schemes.

Individual items of telecare equipment, whether alerting internally within the home or remotely connected, are often referred to as "*peripheral*" or "*enhanced*" devices as they are built upon the basic Community Alarm Service platform of technology, which includes a hub unit and personal trigger (i.e. pendant, wrist or personal button).

In addition some partnerships have utilised standalone items of technology to promote independence through the provision of prompts. Such equipment has included use of *Personal Digital Assistant (PDA)*, a handheld computer, which is being used to provide users with acquired brain injury or learning disabilities with a range of support to enable them to live independently, attend work or college and support the development of new skills.

Use of mobile phone technology is enabling young people leaving care to access training and support to develop skills to take up their own tenancy. Creative and innovative use of technologies current and emerging are being used to establish support mechanisms across all user groups.

Linked to use of mobile phone technology and PDA's has been the development of Global Positioning Systems (GPS) for tracking. Some partnerships have been running pilot projects using a variety of equipment to support and enable users to remain in their communities safely and with timely response should individually assessed risks come into play. There are some concerns expressed regarding the ethical issues linked to personal tracking which partnerships are managing in a number of ways, as indicated in 7.

Telecare and related technologies also offer the potential to collect data, which may be used to inform professionals and carers of patterns of behaviour, lifestyle and changing needs of the user. Such use of data may be gathered as part of "*lifestyle monitoring*". In addition to using peripherals or enhanced telecare to provide data, there is a number of lifestyle monitoring systems on the market designed solely for home based monitoring. Use of lifestyle monitoring may be a powerful tool, in supporting decision making on the part of users, carers and professionals, however there is recognition that appropriate consideration needs to be given to ethical issues, objectives of use of equipment and how the data is utilised.

For some users access to basic and enhanced telecare may be limited by a number of factors, linked to levels of disability and/or environmental factors. For some partnerships, when considering telecare as a tool for appropriate, timely intervention or enablement for user, accessibility is a crucial factor. In such cases the user's access to telecare may be supported and enhanced through provision of additional technology such as environmental control systems. Environmental controls enable individuals to operate a wide range of domestic appliances (see Fig. 4) and other vital functions by remote control, such as community alarms, telephones and home security systems including front door locks and intercoms, through use of a switch system. Environmental control systems (ECS) can reduce reliance on the continuous help of a carer and/or family member.

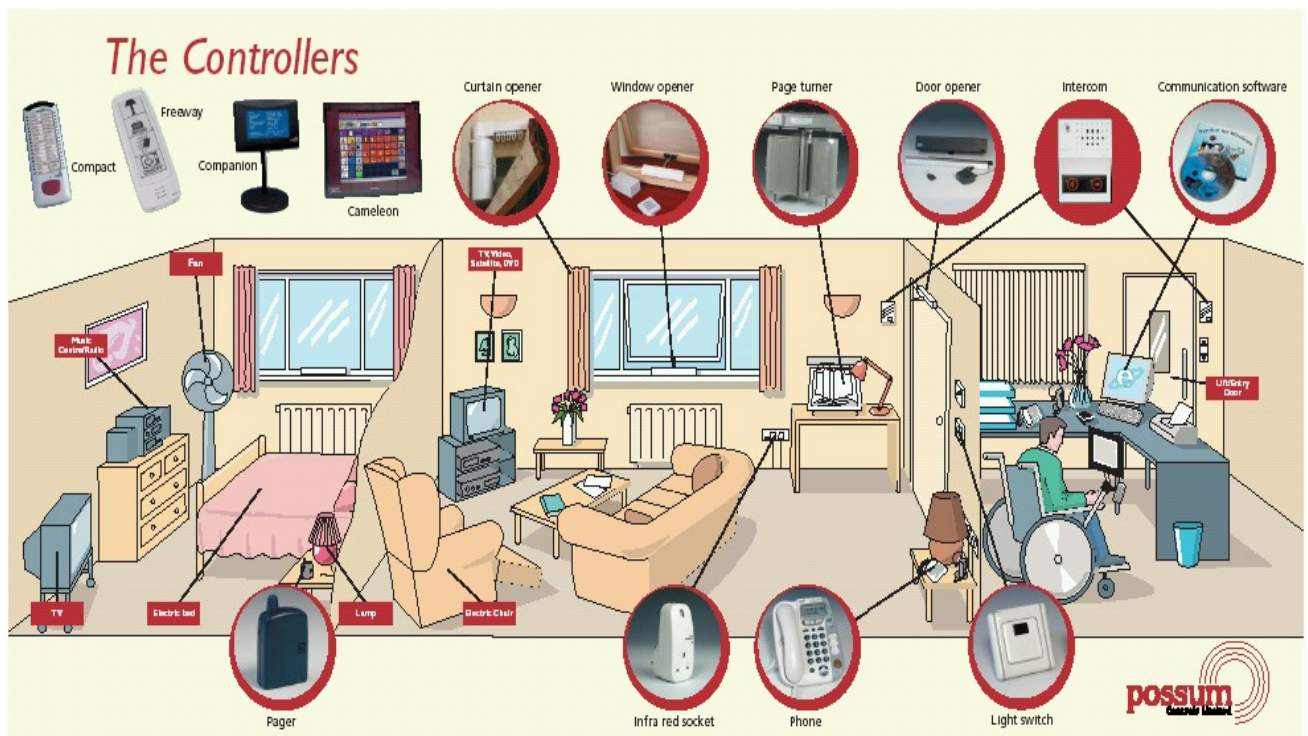


Fig. 4 Environmental Control Systems in the Domestic Environment

As indicated through the questionnaires access to ECS varies across partnerships. Some providing ECS combined with telecare through local pilot projects whilst others continued to provide through previously agreed routes via Occupational Therapy and/or NHS provision.

Telehealth and *telemedicine* are terminologies, which are associated with the work undertaken by health. Both Telehealth and telemedicine are terms which are often used interchangeably, to describe the use of ICT to transmit data and facilitate communication primarily focussed on health based needs. A number of local pilot projects have been supported within NHS Health Boards by the Scottish Centre for Telehealth, with increasing links being made to telecare developments.

This acknowledgement of the need for an integrated approach to telehealth and telecare has seen the rise of the concept of *telehealthcare*. The term *telehealthcare* was indicated by Doughty et al (2007) as a means of addressing the affiliation between the two areas of technological development. During 2009 the terminology *telehealthcare* has been adopted by the Long Term Conditions Collaborative in documents aimed at addressing **Improving Complex Care** and **Improving Self Management Support** and highlighted in the review of Scottish Centre for Telehealth, emphasising the need to strengthen links within the partnership between health and social care services. Thus the term *telehealthcare* has been utilised by the Joint Improvement Team and the Scottish Centre for Telehealth to emphasise the synergy between the component parts.

As a concept telehealthcare offers the potential view of a wide range of interlinked remote health and social care options, utilising teleconferencing, broadband, mobile phones, home computing and the telecare infrastructure. Such equipment is able to provide users with care in their own homes, reducing the need to travel distances to obtain treatment, supporting GP's to access specialist clinical input at a distance and providing care in remote and rural settings. Some of this equipment is built on the

platform of the Community Alarm Service. Together such equipment will provide access to improved data which will support professionals, carers and users with proactive interventions and an ability to evidence practice, as well as effectively manage risks.

6.0 Summary of Telecare Services across the Local Partnerships

6.1 Aberdeen City

Governance

The Aberdeen Telecare Programme is overseen by a Project Steering Group,. Members are representative of stakeholders from health, housing and social work. Financial management of the programme currently sits within social work services. A Telecare Development Officer has been appointed, on a temporary basis, to undertake the programme management and develop an overall strategic focus for Telecare within the Partnership.

Infrastructure

Assessment - Aberdeen City Council provides a mainstream assessment process, utilising the Single Shared Assessment which contains trigger questions to indicate a need for telecare services. Advice and support can be sought via the Community Therapy Duty Point (by phone) and via the Telecare Project Officer (phone and e-mail) – this contact information is detailed on Aberdeen City Council website. Services are reviewed as part of ongoing Care Management.

Calls Handling and Responder Provision – Call handling provision is through the Aberdeen Regional Communications Centre (ARCC), which is an in-house provider of a range of call handling services. The ARCC recently upgraded to Tunstall PNC5. The Community Alarm Service/ Mobile Warden Service provide a responder scheme for around 100 users, who have no access to first responder through family or friends. Community Alarm Assistants respond Monday to Friday (8 a.m. to 6 p.m.), with an out of hour response service is provided by the mobile warden team outwith these times. There is ongoing discussion with British Red Cross regarding the development of a volunteer based responder provision, in the first instance to be run as a pilot project.

Procurement, Contracting, Storage and Tracking – Tunstall is the main supplier, having the contract for Sheltered Housing provision and ARCC technology. This contract is pending review, with the contract renewed for one year to enable this process. Additional equipment supporting the telecare programme is purchased on a spot basis, from a variety of providers including Tynetec, Sensorium, Just Checking, Nottingham Rehab. and Buddi. Currently equipment is stored and managed through the Community Alarm Service or the OT Store. Telecare will need to become part of the main tendering and procurement process for all community care equipment supplied. Aberdeen City Council is currently involved in trying to establish a joint OT Store with NHS partners, with telecare being considered as an integral part of this development.

Charging Policy – Currently users are charged a flat rate of £1.30 per week for the service linked to the Community Alarm Service. There is no charge, at this time, for any enhanced telecare equipment.

Maintenance – The bulk of mainstream installation/maintenance is provided through in-house technician services. 2 Technicians are employed and aligned to Community Alarm Services and ARCC. Care and Repair handyman service or local electrical companies have undertaken some telecare installations and maintenance on an ad hoc basis.

Protocols and Procedures – Interim protocols and procedures are in place to support eligibility criteria. Further work is ongoing in this area of the programme.

Training Programme and Communications – A range of awareness training sessions have taken place across the partnership, which has included the provision of

information sheets. A full training programme is currently being developed. Additional information is available on the website and through an information pack.

Service Provision

CAS/Telecare service provision in Aberdeen City is available to all service users, regardless of age. Referrals for telecare are subject of eligibility criteria which includes:

- Reduce emergency admission to hospital
- Reduce delayed discharge
- Reduce the more expensive interventions (e.g. reduction in care home admission)
- Reduce the pressure on informal carers
- Support individuals to live independently.

Telecare - Since 2006-07 there has been steady progress in developing awareness of telecare as an option in service delivery for frontline staff, with people beginning to think about it as part of their day-to-day practice. Current provision consists of:

- 2810 people with community alarms
- 3015 people with sheltered housing warden call systems
- Lifestyle management system for 80+ people with learning disabilities, in supported housing.

Since the introduction of the TDP an additional 139 people now use an enhanced telecare package and a range of peripherals, including linked and stand alone equipment. There are links to the Smithfield Court development, which provides a step down service, including assessment and intense support for people being discharged from hospital.

Lifestyle Monitoring – Just Checking is available to assessors as a tool to support assessment processes.

Environmental Controls – Environmental Controls are traditionally provided through NHS Grampian, however TDP funding has enabled 2 users to access environmental controls to enable them to remain within their own home, with links to the Community Alarm. Response requirements are identified as part of the individual response package.

Telehealth

- Pilot project commencing using a medication management tool. There is an agreement with a local pharmacist, for a free pilot service, although recognise potential issues if the service is to be expanded.
- Proposed COPD pilot in partnership with NHS Grampian - £30K has been committed to the project from eHealth funding. This project will provide support for 10 clients over 2 years and enabled by the early supported discharge team. There may be some scope to complete a comparative study with Aberdeenshire based COPD project.

Other Services

- Community Alarm service and supported housing developments for adults with Learning Disabilities and/or mental health problems.
- There has been investment from Housing in telecare system at Coronation Court, a new build extra care housing development comprising of 33 units, and also at Hillside Cottages.
- There has been further investment from Housing in telecare systems for a new build of 15 units of supported housing and units for people with Learning Disabilities at Holland Street.
- Trialling use of Buddi as a remote monitoring device.

6.2 Aberdeenshire

Governance

The Aberdeenshire Telecare Programme is managed through a Telecare Project Steering Group, with representation from health, social work, housing, voluntary organisations and Scottish Centre for Telehealth to provide a strategic overview to the project. Project management is provided by the Social Work Commissioning Team, with an Operational Group meeting on a regular basis. A Telecare Project Manager is employed on a time limited contract, to develop the operational infrastructure. There are 3 Occupational Therapists supporting the project as Telecare Champions, across the North, Central and South of Aberdeenshire. A Joint Financial Framework around the strategic partnership is currently being worked on, telecare services sitting within this. A Charging Policy review is underway.

Infrastructure

Assessment – Initial referrals are assessed through Single Shared Assessment route. Following initial assessment a specialised approach is taken to completing the telecare element. It is part of the longer-term plan that all assessing staff will take an active role in assessing for telecare and this is included in the action plan. Currently the plan is to develop more local champions to support this development. TDP has supported the enablement of specialist OT time and a demonstration flat to support the mainstreaming of assessment processes. Currently there is no specific review process.

Calls Handling and Responder Provision – Commissioning and contracting arrangements for telecare are the subject of further development. Current purchasing arrangements for Community Alarm equipment is through pre-existing arrangements. Peripherals and other telecare related equipment is purchased through spot purchasing arrangements. The NHS PASA framework is used where prices are favourable. There are contracts in place to support calls handling provision, purchased from Aberdeen Regional Communication Centre; to support Sheltered Housing alarm services; and support maintenance of Possum environmental controls purchased through TDP funding .

Responder provision is generally through user identified first responders, generally relatives or friends. Aberdeenshire is currently piloting a local authority managed responder provision in Fraserburgh and Buchan areas, with a view to further development across the Aberdeenshire area. The pilot provision is based on an enhanced Home Care Out Of Hours Service which will be combined with the pre planned overnight service, with staff supporting the pilot project filling in the gaps encountered in the overnight service. The service will provide a 24/7 response provision. Aberdeenshire has appointed additional staffing, including 3 Homecare Supervisors on rota 1 day time Care staff and 2 OOHS Care staff. An evaluation of this service is planned.

Procurement, Contracting, Storage and Tracking – All telecare equipment has been purchased through spot purchasing using the PASA framework if the prices have been favourable, otherwise obtaining appropriate arrangements with suppliers. A new integrated OT store is being planned and should be operational in October 2009. The IT system (GREAS) will provide support for ordering, tracking and management of the equipment.

Charging Policy - Currently users are charged a flat rate of £1.00 per week for the service linked to the Community Alarm Service. There is no charge, at this time, for enhanced telecare.

Maintenance – Community Alarm equipment and peripherals supplied through Tunstall are installed and maintained by ARCC technicians. Possum and Tynetec equipment is installed and maintained through Possum and Goldshield. Just Checking is installed through in-house arrangements.

Training Programme and Communication Arrangements - There has been a variety of training events run throughout the programme to date, targeting staff awareness. There is a need to progress this in a more planned way, with assessor based training. A leaflet and website information is available to the public and staff. There is a demonstration flat available for assessment and training purposes.

Service Provision

The initial focus of telecare was on services for older people, however this rapidly expanded to include all adult service users. More recently referrals for children and all service user groups are accepted as long as they meet the eligibility criteria.

Telecare – There has been a steady increase in the number of users accessing enhanced telecare equipment. Recording of numbers have not been accurate, due to recording systems not being established at the outset of the project. However Carefirst indicates 104 additional users have received TDP funded equipment with some users accessing non TDP funded and re-commissioned equipment as a result of the programme.

Bogus Call Alarms – Consideration has been given to use of bogus call alarms. It is believed the lead for this should be provided by the Community Safety Partnership, with the Telecare Project providing support as and if required.

Lifestyle Monitoring – Currently have 3 Just Checking units available to use as a tool to support assessment. These have been used for assessment of older people and learning disability service user groups.

Environmental Controls – There are a variety of systems provided to support users, giving access to community alarm provision, enabling them to maintain independence and to support carers. NHS Grampian funds a small number of installations per annum, although these tend not to have direct links to call handling/Community Alarm Services. There are early discussions between NHS Grampian and Aberdeenshire Council relating to future partnership working on the provision of environmental control systems. As part of the TDP funded services there are currently an additional 28 systems installed since 2007.

Telehealth

- The Aberdeenshire Partnership is working on a proposed COPD pilot project in the Peterhead area, with health taking the lead.
- In the initial phase of the Telecare Project there was an attempt to develop a remote monitoring Telehealth pilot, for patients with COPD, in partnership with a GP practice. This was not successful and the project was abandoned after the initial six months.

Other Services

- GPS Tracker system, using Buddi is being piloted with 2 service users. One service user is an older person with early onset dementia and the other a child with autism.
- A planned Intermediate Care provision did not materialise, however the property adapted and equipped for this provision is about to be established as a week-end respite provision and a week-day training and demonstration flat, with an external respite support provider.

6.3 Angus

Governance

The Angus Telecare Programme is managed at a strategic level through Older people's services. Operationally the programme is managed through Homecare services. There is close working across the health and local authority partnership, with staff being co-located. Angus has recently completed a Best Value review of services for Older People Services. Telecare is viewed as an essential element of ensuring a shift in the balance of care, being a tool to support the enablement of users, acting as part of a protective and preventative mechanism within a targeted package of support.

Financial planning arrangements are currently the subject of review. The Angus Partnership is in the process of re-writing their local partnership agreement, which includes a financial framework.

Infrastructure

Assessment – Initial referrals come from a variety of sources including social work staff, District Nurses and Housing assessors. The SSA being used to identify need for telecare. Telecare services are accessed through mainstream service provision and reviews are managed as part of the standard provision of support. The eligibility criteria are set at a low level, with a need to satisfy the assessor that telecare would provide for a preventative or protective need.

Calls Handling and Responder Provision – Angus has an in-house calls handling provision based at Kirriemuir, with a disaster recovery centre at Forfar. A cover arrangement is in place with Perth & Kinross. There is a dedicated responder provision with trained Social Care Officers working in 4 Teams with staff operating in pairs, and providing a 24/7 services. The teams work across the Angus area aiming to provide a response within 20 minutes, accessing specially equipped vans, enabling access to hoists etc. The calls handling and response provision is provided by Social Care Officers who are trained to SVQ Level 2. Reassurance calls pre-dominate and there is a tendency to be a low level of false calls.

Procurement, Contracting, Storage and Tracking – Chubb provides the majority of telecare equipment through an existing contract. There is some additional equipment provided through sub contracting arrangements with Chubb.

Charging Policy - A flat fee of £1.00 per week is charged for Community Alarm Services and/or telecare provision.

Maintenance – There is a warranty agreement in place with Chubb for 5 years on Chubb equipment. Use of other equipment is sub contracted. There is a contract in place covering control room/disaster recovery services and maintenance of related equipment.

Protocols and Procedures – Protocols and procedures which meet TSA standards are in place. Angus Council has data sharing protocols with NHS Tayside in place.

Training Programme and Communications - There are 2 demonstrator flats for staff to "play around" with equipment, including telecare and OT equipment, and raise awareness. This has provided staff with an opportunity to explore new ideas and think of alternative solutions to user need. All frontline staff have access to training in the flats, where staff attend demonstrations which offer opportunity to discuss needs of service users and explore telecare solutions that may meet their needs, thus developing their assessment and care planning skills.

The Angus Partnership provides an information leaflet, which is widely distributed across all stakeholder groups.

Service Provision

Telecare services are available to all service users groups in Angus, with some equipment being used to provide support to families with young children. The strategic goal in Angus is to provide the Community Alarm Service to all residents aged over 65 as part of a preventative programme, dependent on available funding.

Telecare - 331 users access a wide range of enhanced telecare equipment. This number does not include those who are prescribed equipment as part of the early supported discharge scheme.

Bogus Call Alarms – A total of 85 service users access the bogus call alarm system. Some equipment is also utilised for domestic abuse cases, with direct links to the police. In addition to this provision, Angus has developed the Door Stoppers Initiative, targeting cold calling to vulnerable people where users trigger an alert on answering their door if they feel threatened. Where the alert is identified as being non threatening the contact between the user and calls handler ends, however where the alert is identified as being potentially threatening, the communication is recorded for evidence purposes and a response to support the user is triggered. Angus reports a significant drop in Cold Calling type contacts indicating the success of the system for vulnerable tenants in Sheltered Housing Schemes and in mainstream housing.

Telehealth

- The partnership explored use of remote monitoring, however the level of acceptability to users and staff was not as high as anticipated. There were problems with the software not meeting the needs of the partnership, with an additional issue being linked to the number of other systems staff were having to work with causing confusion. NHS Tayside are currently working on the issues around the numbers of diverse systems being used by their front line staff, with the aim of achieving some conformity. Consultation with service users have indicated a preference for a system that provides peer support and self management as preferable to a “feed in system” such as the Care Companion approach previously tried. This has lead Angus to explore the use of a video system, which is to be piloted, using Beta Vista (via Chubb), to support social interaction/inclusion. A pilot is to be run, creating a virtual sheltered housing scheme.
- Angus is also looking to pilot remote consultations for about 6 users with long term conditions and terminal illness, through a GP practice.



6.4 Argyll & Bute

Governance

The Argyll & Bute Telecare Programme is managed through a Telecare Strategy Development Group, with representation from social work, health, emergency services, carers and third sector. An operational group meets monthly, feeding back to the Strategy Group. A Telecare Co-ordinator is in post, in order to support the implementation process.

The financial framework remains to be fully addressed. The Prevention agenda and investment linked to this has helped the service, however there remains a constraint on service development and future sustainability. The charge for the service has resulted in some resistance to accepting it and monitoring of reasons for refusal of equipment is being carried out. The partnership feel there is a need for further in-depth discussion regarding the charging for and funding of telecare services.

Infrastructure

Assessment – If the user is previously known to services, the assessment is through the Single Shared Assessment process. Otherwise referrals are made directly to the Outreach Workers or telecare specific workers, who will manage the initial assessment/contact by user as appropriate. SPARRA data is now being used to target those patients who may benefit from telecare.

Calls Handling and Responder Provision – Calls handling service is provided by Hanover Telecare. Access to data can be problematic and there are ongoing discussions regarding access to individual data. Use of Tunstall's PNC5 is being considered; however at this time there is a need to carry out a review of the current operational IT systems and connectivity to achieve an integrated system which supplies the appropriate data to support services locally.

Since January 2009 the Red Cross has been providing a response service based on volunteers being recruited and trained to act as 1st Responder, for users who have no identified relative/friend. An alternative response provision is to be piloted in some areas through the Out of Hours Service pilot.

Procurement, Contracting, Storage and Tracking - Currently equipment control is via a database, with a minimum stock maintained in a variety of locations, due to the size and remote nature of the area covered. Hanover Telecare maintains a list of equipment installed and connected to the calls handling service, with standalone equipment being listed separately. Argyll and Bute are investigating an integrated management system to support the growing amount of equipment in use.

Charging Policy - There is a £4.00 per week flat rate charge for the Community Alarm Service, with no additional charges for enhanced telecare equipment.

Maintenance – Installation and maintenance is managed through a network of Outreach Workers and Care and Repair who provide post installation support for users and carers. Battery replacement is carried out by Care and Repair.

Protocols and Procedures – A full range of protocols and procedures are in place which meet TSA standards. Argyll & Bute are also Investors in People which informs the level of service standards for staff, users and carers.

Training Programme and Communications – A systematic and programmed approach has been adopted for the training of all staff. A training plan is in place with a skills

matrix for all staff. TSA standards require that staff develop competency based skills. Outreach staff provide ongoing telecare awareness training. Case studies are used in the Newsletter issued to staff. A display case is now used for demonstration purposes, resulting in a more mobile and accessible method of demonstrating equipment.

Information is provided through a combination of road shows and events, visiting lunch clubs and a variety of community events organised by other agencies. A range of leaflets, posters and pamphlets are readily available, providing basic to detailed information relating to telecare services. Radio and local media have been utilised to provide a range of information. Word of mouth has been identified as an effective tool for dissemination of information.

Service Provision

Telecare services are available to all service user groups. Anyone can access the service, if they wish to meet the charges.

Telecare - There are approx. 1378 CAS users, with about 100 individuals using an enhanced range of peripherals, including epilepsy sensors, DDA pagers for people with a hearing impairment. Argyll & Bute are currently exploring the use of loop systems for some users with hearing impairments.

Bogus Call Alarms – Argyll & Bute use dial alarms for domestic abuse cases, with links to police.

Lifestyle Monitoring – Argyll & Bute have purchased Tunstall ADLife and Just Checking, which are available for assessment purposes.

Environmental Controls – These are primarily provided through Occupational Therapy services, although will be provided as per individual assessed need.

Telehealth

- There is an ongoing pilot project, with the partnership supporting 15 home pod units in Bute and progressing towards further community based installations. There have been various difficulties, e.g. change of suppliers – but these problems are being worked through. Nurses involved have reported an improvement in patient outcomes.
- A community pod has been installed in a village hall on Luing, a small island which has limited access to health services. Patients with long term conditions are able to have their conditions monitored more closely without leaving the island.
- Two surgery pods are being trialled, one in Bute and one in Oban.
- An evaluation of the pilots is to be conducted by Aberdeen University over the three months to March 2010.

Other Services

- GSM units are being used where the user has no telephone line and 1 client has been provided with a mobile alarm. These options are available where there are no telephone lines in place and no mobile connection, which would usually prevent service provision.
- An initiative has been developed to appropriately reduce sleepover services in a Learning Disability service.
- Telecare services have been provided to support vulnerable homeless people in temporary accommodation, providing safety and security on a short term basis. Alerts diverted to Out of Hours Service.
- Provision of support and advice on telecare to residential care homes, to support residents in avoidance of admission to hospital.

- Discussions are advancing with housing providers to develop progressive care housing and telecare as an integral part of the project plans.

6.5 Clackmannanshire

Governance

The Clackmannanshire Telecare Programme is managed through mainstream services, with strategic and operational view of telecare being as part of an integral element of provision across all service users groups. An operational group has been established, answering to a Project Board. A temporary consultant has been employed and specific budget setting is underway. Clients will be offered a package of alerts in the coming year rather than the single response system currently in place. There is a plan to involve criminal justice services, child care and housing in the proposals for the coming year.

Infrastructure

Assessment – All referrals are managed through the Intake Team and prioritised, with telecare being an inclusive aspect of the assessment process. Anyone can make a referral whatever their priority, although there has to be an identified need to access the provision. Priority is given to people who have a history of falls; coming out of hospital or who are living on their own with deteriorating health. Assessment is based on completion of a Single Shared Assessment. Eligibility to access telecare is included in the general Community Care criteria. Whilst services will continue to be offered on existing criteria this may shift according to the overall constraints within the Council.

Calls Handling and Responder Provision – The Calls Handling provision is a shared service hosted by Stirling Council. There is an in-house Mobile Emergency Care Service (MECS) which provides a 24/7 responder service and related support, having access to an equipped van. Staff carry out reviews, battery checks and recommissioning/decommissioning as required. Staff are trained to a minimum of SVQ Level 2 and additional appropriate training as identified locally. Keysafes are being increasingly used to enable access of responders.

Procurement, Contracting, Storage and Tracking – Procurement is managed as per the Clackmannanshire Council Commissioning Strategy and Council procurement system. Storage and tracking is managed through the MECS team. For individual pieces of equipment spot purchasing has been utilised.

Charging Policy – Clackmannanshire provides the Community Alarm Service and telecare provision free of charge.

Maintenance – Installation and maintenance is managed by the MECS team, with an established programme for equipment review, maintenance and battery replacement being in place.

Protocols and Procedures - These are integrated into mainstream provision. There are protocols in place for the MECS provision.

Training Programme and Communications - There is ongoing training provided, however this needs to be reviewed for the next phase of the programme. The teams are fully integrated and there is an identified need to develop local champions to provide support to the teams. There are plans for a dedicated Telecare Team to be developed from the current MECS team.

There is no specific information relating to telecare available. There is a leaflet on MECS and reference to MECS service on the Council website. The development of a full suite of information leaflets is underway.

Service Provision

Telecare services are available to all adult service user groups, who meet the eligibility criteria.

Telecare - A variety of equipment has been provided to link into the Community Alarm Service. Currently there are between 1200-1300 Community Alarm Service users in Clackmannanshire. The provision of enhanced telecare includes a wide range of equipment as per individual assessed need for 20 users currently.

Bogus Call Alarms – These have been installed in 5 respite properties in Clackmannanshire. There is also capacity to provide domestic abuse alerts as per police assessment.

Environmental Controls - These are generally provided and funded through NHS, however a range of equipment has been installed in the SMART house. This house will be used for respite provision by users who access environmental controls in their other living environments, or who may be considering independent living. The SMART house will also provide a resource for assessment, which is open to neighbouring authorities, with 8-10 users having already been considered for respite. The house is also utilised for training purposes.

Other Services

- Clackmannanshire have 4 PDA units which are supported through health. These units provide support for service users with learning disabilities or acquired brain injury.
- Currently the Clackmannanshire Partnership is trialling GPS tracking systems with 2 users, using Halliday James equipment. Obtaining appropriate response tends to be the challenge in using this equipment, with family or informal carers being used rather than MECS.
- This year Clackmannanshire will be looking to trial medication prompting, having purchased 6 units. These units are currently being used with clients and appear to be working well.
- There are plans to develop Clackmannanshire's approach to telecare in a high level strategic way.

6.6 Dumfries and Galloway

Governance

The Telecare Programme in Dumfries and Galloway is overseen by a Telecare Steering Group which meets quarterly. Representation on this group is from champions, technicians, operational staff from the teams, and Registered Social Landlords (RSL). The group provides support to the ongoing project. This is predominantly an operational group but meeting minutes are sent to strategic managers for information. The Telecare Team consists of the Project Manager and a temporary post of Telecare Care Co-ordinator.

The financial framework remains to be addressed.

Infrastructure

Assessment – Service Providers (case managers) offer referrals an assessment, completing a Single Shared Assessment, with telecare being integrated into this process. Project Specific eligibility criteria has opened up additional referrals, which come in via the normal Social Work single-shared assessment process. Referrals made by the Falls Clinic are assessed by the Telecare Care Co-ordinator whilst other users, who are in-patients, tend to be referred for initial assessment to the Hospital Care Co-ordinator. Initial reviews are generally carried out by Service Providers, with follow-up reviews being carried out by the Review team.

Calls Handling and Responder Provision – Calls handling is provided through in-house service (Care Call), using Tunstall PNC4 equipment. The data provided does meet the needs; however Service Providers are not requesting monitoring data at the level anticipated. The calls handling service will flag up areas of concern to case managers.

Currently response is provided through one of two nominated responders, identified by the user and informal carer. There is ongoing discussion relating to longer-term responder requirements in Dumfries and Galloway given changing demands and impact of demographics.

Procurement, Contracting, Storage and Tracking – Tunstall is the principal provider of Community Alarm and telecare equipment, which is purchased through contract with prices being equivalent to those indicated in the PASA framework. The majority of the Registered Social Landlords in Dumfries and Galloway use Tynetec equipment, requiring spot purchasing to meet individually assessed needs.

Storage and tracking systems remain to be developed.

Charging Policy – There is a weekly charge of £2.80 for the calls handling service. If the user has dementia or cognitive impairment and are unable to use the pendant, equipment is provided for free.

Maintenance – Installation and maintenance is provided by an in-house technician service. PNC4 flags up the need for battery replacement with maintenance response tending to be reactionary rather than planned at this time.

Protocols and Procedures – There is an assessment pathway in place, providing protocols for assessment processes.

Training Programme and Communications – A SMART flat was developed to support awareness raising for staff, during the initial phase of the telecare programme. The flat has been de-commissioned in September 2009 due to costs. Key to awareness raising has been the development of telecare champions, who have a remit across teams for the dispersal of information.

There is a leaflet available providing information to users and carers and a more in-depth catalogue providing information for staff. FAQ's are on the Council website. A range of newsletters have been produced, targeting volunteers, users, carers, Fire and Rescue Service, Registered Social Landlords, support agencies and other stakeholders across the community. There has been an article in "Broadcast" the local magazine sent to all local authority residents. The Talking newspaper and local Disability Forum have been involved in the programme of awareness raising.

Services

Telecare Services are available to all service user groups in Dumfries and Galloway, subject to the Council's eligibility criteria. Services may be accessed by those within the low to moderate level of need when it is considered telecare may provide a preventative tool.

Enhanced telecare – In Dumfries and Galloway there are 2360 dispersed telecare users with an additional 1361 RSL residents alarm calls covered out of hours. There are approximately 438 users who have benefited from use of enhanced telecare equipment. A variety of peripherals are used including standalone equipment, e.g. epilepsy monitors, falls detectors, bed sensors, enuresis mats.

Bogus Call Alarms – Technicians tend to use personal triggers. There is raised awareness of the benefits of this kind of equipment for people with mental health problems being discharged from hospital, using panic alarms to provide reassurance.

Lifestyle Monitoring – On some occasions Passive Infrared Sensors may be installed to monitor users.

Telehealth – Dumfries and Galloway are looking to develop options, with health taking the clinical lead but as yet there is no service operational. COPD would be considered the appropriate principal target group in the first instance.

6.7 Dundee

Governance

The Telecare Programme in Dundee is overseen by a Telecare Steering Group which meets quarterly. Representation on this group is from champions, technicians, operational staff from the teams, and Registered Social Landlord's. The group provides support to the ongoing project. This is predominantly an operational group but meeting minutes are sent to strategic managers for information. The Telecare Team consists of the Project Manager and a temporary post of Telecare Care Co-ordinator.

Telecare is an integral part of the new Dundee Housing Strategy and the Dementia Services Strategy which is currently out for consultation. The focus of these documents being supporting people within their own homes. The financial framework remains to be addressed.

Infrastructure

Assessment – Telecare services are provided through completion of Single Shared Assessment, and is part of a mainstreamed service provision. Anyone can make a referral for the service. Access is subject to eligibility as indicated in the Community Care Eligibility criteria. Responder staff provide a review of telecare equipment and technical assessment of individuals needs as appropriate and input information onto community alarm and social work systems.

Calls Handling and Responder Provision – The calls handling and responder service are aligned, employing 22 social care staff. The calls handling system is Tunstall PNC5. There are systems in place to ensure that patterns of alert/response are flagged up to care management and provision of information as required.

The 1st responder is generally provided through the responder service although users may nominate their own responder. Approximately 13% of the calls received require a response, which is met by the responder service; other calls require either reassurance or are activated accidentally. The Calls Handling and responder service is in the process of being expanded by 10 staff to meet the increasing demands on the provision. Staff provide 24/7 provision, with 2 teams of 2 staff being minimum coverage on each shift. The service is linked to the Interval Care Service which provides over night care.

Procurement, Contracting, Storage and Tracking – Equipment for Community Alarm Service and peripherals is primarily supplied by Tunstall. There is ongoing work regarding contractual issues, with the long-term aim to have the telecare provision sitting within the Dundee City commissioning framework. Additional equipment is provided by Halliday James, Possum and Sensorium, being purchased on a spot purchasing basis.

Currently equipment is stored in a variety of places. Work is ongoing to develop a centralised tracking system whilst ensuring accessibility. There are plans to store some equipment at the Independent Living Centre, providing staff with access to see, use and test out equipment. Some stock is stored by NHS. Installation of standard equipment is completed through the responder service.

Charging Policy – There is a weekly charge of £1.50 for the Community Alarm Service, with no additional charge for enhanced telecare.

Maintenance – Mainstream equipment is installed through the responder service or via the Handyman Service. Complex or specialist equipment is installed by the supplier. Responder Staff provide a maintenance service and change batteries.

Protocols and Procedures – There are a range of protocols and procedures in place to support calls handling, responder provision and Just Checking. There is ongoing work in this area.

Training and Communications - A programme of telecare awareness training was provided by the Technical Instructor, whose role was to provide training and support for assessments, installations and project development. This has been developed into an ongoing phased programme of training for enablement with Phase 1 providing Awareness Training for all staff; Phase 2 providing training for assessors; Follow-on Training for people identified by locality teams who will meet regularly as a group and being supported to access a wide range of additional training – this group becoming the local champions. The Dundee City Training Team have been asked to support Phase 1 & 2 Training to become mandatory training for all social work staff.

There is a SMART House which is used as a joint training and assessment resource. A Carer's Group has visited the house, in addition to this being used for staff training. As indicated above there is a programme and materials being developed to support the provision of information and training to users and carers.

Calls handling and responder staff are qualified to SVQ Level 2 and 3, and receive ongoing appropriate training. This group of staff have a dedicated 6-8 week induction programme.

A leaflet is currently in draft, being aimed at providing staff with technical information. There are links with the Older People's Forum and arrangements to obtain their input in the design of a user focussed information provision. There is ongoing work on the development of local digital stories providing information on a range of technologies available from low level to complex need, targeting users and carer's perspectives of the service.

Service Provision

The focus of the telecare service in Dundee is older people and those with complex health needs.

Enhanced telecare – 11 enhanced telecare packages have been made available to date; however will be the focus of the continuing programme across all service user groups.

Bogus Call alarms – A pilot project was run in partnership with Women's Aid and the Police with around 40 pieces of equipment being in use. This is being evaluated with a view to mainstreaming the provision.

Environmental controls – NHS Tayside provide funding and support for this service with some equipment being jointly purchased to provide project based work and for individuals according to individually assessed need. There is a joint funded SMART house which supports assessment and training functions and is fully kitted out with environmental controls. Some Possum equipment has been purchased through the project to enable users with Long Term Conditions to remain at home.

Lifestyle Monitoring – Dundee initially invested in 2 'Just Checking' units with this increasing to 4 units due to demand. This is being used as an assessment tool

assisting staff to validate user need. Case studies have been written up to evidence value of equipment, indicating value in assessment and provision of supporting evidence of patterns of behaviour, and in helping to alleviate carer anxiety. 20-30 users have accessed Lifestyle Monitoring input to date.

Telehealth – NHS Tayside is taking the lead on a number of Telehealth initiatives. There is ongoing discussion on Falls Management and Long Term Conditions opportunities.

Other Services

- A number of PDA's have been purchased and are being used for clients with Acquired Brain Injury and Learning Disabilities, to support completion of daily tasks independently.
- Telecare and related technology has been integrated into supported living environment for adults with Learning Disabilities, who present complex behavioural responses, as a means of support for both users and carers in management of risk.
- A service for people with MS, in partnership with the MS Society is being developed.
- Ongoing discussions around the creation of Dundee as a CyberCity, looking at providing cabling around the City to support longer-term service provision.

6.8 East Ayrshire

Governance

The Telecare Programme development in East Ayrshire is overseen by a Telecare Steering Group, with a pattern of meetings and remit requiring to be re-established as the programme enters a new phase of development. There has been significant change within the Partnership over the last year and there is a recognised need to identify the most appropriate stakeholder representation for a re-established Steering Group. The telecare service project management and implementation process is managed in conjunction with the Community Alarm Service and Sheltered Housing provision in East Ayrshire. The financial framework for service medium to long term provision is currently under consideration.

Infrastructure

Assessment – This is primarily through the Single Shared Assessment (SSA) although access to the Community Alarm Service can be through an abbreviated SSA. Users over the age of 75 years can make a self-referral for the Community Alarm Service. Where users have an existing care management service, use of equipment is routinely reviewed as part of the care package, otherwise a review is carried out by the Community Alarm Service Manager. A self review form is being developed for singleton services with a planned bi-annual or annual review taking place.

Calls Handling and Responder Provision – The calls handling provision is through an in-house service which manages all corporate calls handling requirement. The calls handling provision is supported through Chubb's SATURN system.

There is an in-house responder provision covering 2 geographical areas across East Ayrshire, employing 28 Personal Carers. If required the Personal Carers have capacity to remain with a user overnight, should there be equipment failure and a need to ensure the safety of a vulnerable user.

Procurement, Contracting, Storage and Tracking – Telecare equipment is purchased through spot purchasing. The Community Alarm Service equipment is provided primarily by Tunstall with Chubb providing the equipment used at the Control Centre. Stock control and tracking is provided through a paper based system. Administrators at the Control Centre input information from Community Alarm Service team onto the database. Occupational Therapy storage provides space for telecare equipment.

Charging Policy – The weekly charge for Community Alarm Service is £3.75, subject to financial assessment.

Maintenance – Installation, decommissioning and recommissioning is provided in-house, with Personal Carers doing straightforward installations, test calls and routine visits and cleaning of returned equipment. 1.5 w.t.e technicians provide input for installation and more complex maintenance needs. Personal Carers provide users and carers with an introduction to equipment, as well as a follow-up visit. This has sped up the discharge process from hospital. Assessors are asked to prioritise installation requirements, with high priority occurring within 24 hours unless extenuating circumstances. Attempts are made to complete all installations within 48 hours.

Protocols and Procedures – There are existing generic protocols and procedures in place supporting the Community Alarm Service. For new projects, protocols and procedures are developed.

Training and Communications – All new staff in East Ayrshire Social Work Services get an induction programme, which includes a slot for telecare/Community Alarm Services. In the Community Alarm Service team, new staff shadow a staff member and complete a full induction programme prior to becoming fully operational. All Community Alarm Service staff have, or are moving towards achieving SVQ Level 2. There is ongoing training provided through Team Meetings, updating staff on telecare availability and developments. East Ayrshire has also purchased training from suppliers in order to increase frontline staff awareness of telecare and product availability, with this being cascaded down through teams. Suppliers have also provided question and answer session for staff.

Service Provision

The telecare service is available for to all adult service user groups who meet the community care eligibility criteria.

Enhanced telecare – A range of peripheral equipment is offered as per individual assessed need, including epilepsy monitors, temperature extreme monitors, door monitors and property exit sensors. The use of the latter requires reviewing due to response issues and need for response protocols that are robust.

Bogus Call alarms – East Ayrshire in conjunction with the Police are establishing a pilot project using a standard community alarm for domestic violence. Bogus call alarms are not being utilised for this service but would be considered if appropriate to user need.

Environmental controls – To date this has not been part of the East Ayrshire programme however currently working with another local authority to transfer a user into the area that has already accessed environmental controls. East Ayrshire would like to see this as being a joint funded initiative with Occupational Therapy.

Telehealth

- There are some early discussions with the hospital regarding the prescription of equipment to patients with high levels of anxiety as a means of providing reassurance and aimed at aiding avoidance of unnecessary re-admission.
- An audit has recently been completed by the Falls Co-ordinator and East Ayrshire have started recording calls relating to falls and the type of fall incurred. Staff who are responding have been trained to ask a key set of questions, which they feed back to the calls centre and this is recorded on the user's data. Training is to be provided to calls handlers and responders on falls awareness. A trigger for action is to be defined, e.g. the provision of a falls detector etc, which will be in line with protocols currently being developed. Leaflets and information sheets are being developed to provide appropriate information and advice to staff and users.

Other Services

- There has recently been a new medication policy produced in East Ayrshire, which has enabled a review of the potential use of medication dispensers. Staff are being trained in the new policy and a potential trial being examined.
- Telecare has been an integral part of the service redesign for a Learning Disability provision, resulting in users moving from a residential setting to supported living with a reduction in staffing costs and sleepover care.

6.9 East Dunbartonshire

Governance

The Telecare Programme in East Dunbartonshire is overseen by a Steering Group. The Partnership has identified the need for the Steering Group to revisit its remit and reform as the programme enters a new phase in development. A Telecare Co-ordinator has been appointed to oversee the operational implementation process. The day to day operational processes are integrated with the existing Community Alarm Service. There are established operational and strategic financial frameworks. Monthly meetings regarding finance provide regular feedback on status and support planning processes. A financial framework is in development.

Infrastructure

Assessment – The assessment process is integrated into mainstream service provision, with the Single Shared Assessment being the route for users with complex needs. Homecare assessment enables users to access telecare equipment where user needs are less complex. Referrals for telecare and Community Alarm Service may be made by anyone.

Calls Handling and Responder Provision – Calls handling is provided by an in-house Council call handling facility, the Emergency Response Centre, which provides a service for all Council call handling requirements. The calls handling provision is supported by Tunstall PNC5. Response is provided through an in-house service called Hourcare 24. This service covers 24/7 with dedicated Mobile Officers, who operate a singleton service with capacity to double up through the Out of Hours Homecare Service, who cover additional staffing should the individual needs require. This service has now been running for 2 years. Prior to this there was a mobile officer service, which provided a level of responder provision on an “on call” basis. The new service also has capacity to deliver aspects of personal care.

Procurement, Contracting, Storage and Tracking – The principal suppliers are Tunstall and Sensorium. Procurement in East Dunbartonshire is generally through direct contact with Tunstall, although reference is made to the PASA framework for price comparison. There is a maintenance contract with Tunstall for equipment installed by the company and for the PNC5 call handling system. A limited stock of equipment is currently retained in a small store, with no problems being experienced in obtaining additional equipment in a timely manner. There is consideration, as part of longer term planning, of use of a shared resource with OT equipment, this being managed and resources through CORDIA in Glasgow.

Charging Policy – There is a weekly charge of £3.42 per week for basic Community Alarm, for those users who self refer, however if the user is assessed as requiring the service, it is provided free of charge.

Maintenance – East Dunbartonshire has identified four posts for Technical Staff who will deal with telecare installations and maintenance in-house.

Protocols and Procedures – East Dunbartonshire has protocols and procedures in place to support ethical application, assessment, review processes and these are underpinned by generic protocols. There is an information sharing protocol with NHS and some linkage available to information on CareFirst.

Training and Communications – There has been a programme of rolling out awareness raising through the Older People’s Forum and various user and carer meetings. Similar programme of awareness raising has been carried out across Social Work and

other Teams. Orientation training is provided for all new staff. Training has been through a combination of purchased training from Tunstall, and road shows.

Currently the Community Alarm Service leaflet is being updated to incorporate telecare. Supplier's leaflets are also used to provide information, as appropriate.

Service Provision

The telecare service in East Dunbartonshire is available for to all service user groups. There is no eligibility criteria to access the Community Alarm Service although users need to have an identified need as indicated through completion of the Single Shared Assessment to access enhanced telecare provision.

Enhanced telecare – Both stand alone or equipment integrated into the basic Community alarm Service is provided. There are approximately 79 enhanced telecare service users.

Bogus Call alarms –Two installations have been made, as identified according to individual assessed need. There is an established relationship between East Dunbartonshire and the Police, with around 12 further bogus call alarms in use for domestic violence victims. Two additional alarms are in use for domestic violence victims who do not have landline telephone lines. The Community Involvement Officer is keen to develop use of bogus call alarms.

Environmental controls – Radio Output Modules are made available to link Environmental Controls to Community Alarm units, with environmental controls being made available through health services.

Other Services

- Some PDA units have been purchased for Learning Disability users to provide audio memory aids.
- East Dunbartonshire is piloting use of GPS Emergency Locator system, Buddi, currently having 2 units available for use.

6.10 East Lothian

Governance

The Telecare Programme in East Lothian is overseen by an Executive Board which meets 2 monthly, providing a strategic overview. An operational focus is provided by the Operational Working Group, which meets 6 weekly. The Project Team consists of the part-time Telecare Project Manager, Telecare Development Worker and the Community Assessment Supervisor, who provide support for the implementation process. The Project Governance, as it enters the next phase, is currently being considered and this will impact on the development of the future financial framework.

Infrastructure

Assessment – Referrals are screened, as per mainstreamed processes, with a Single Shared Assessment being completed through mainstream routes then sent to the Access Service. Demand has increased following training resulting in a waiting list currently. Complex assessments are completed by frontline staff with support being provided by the Telecare Development Worker.

Calls Handling and Responder Provision – Calls handling is provided through in-house Council provision, using Tunstall PNC4. Currently there is no responder service provided by the Council, although on an individual basis the service may be commissioned to meet need. Contacts or individually commissioned response service provides a visiting response, where users have been unable to identify a 1st responder through family or informal cares. As part of the longer term plan East Lothian is working towards the development of a rehabilitation and response service (a reablement approach) and is about to tender for an interim service until the longer term development becomes operational.

Procurement, Contracting, Storage and Tracking – Tunstall is the principal provider of equipment, with a small amount of Tynetec equipment being used to meet specific individual needs. Purchasing is completed via East Lothian Housing Department contracts. The Community Alarm/Telecare service provides storage and tracking for equipment.

Charging Policy – Currently East Lothian charge £1.33 per week for the Community Alarm Service. There is no charge for enhanced telecare services or response provision. This area is being considered as part of a service review due to start in autumn 2009.

Maintenance – In-house technicians, employed through the Community Alarm, Telecare Service, provide installation and maintenance services. Decommissioning and recommissioning is also managed through the Community Alarm/Telecare Service, with the technicians supporting this service. Due to increasing demands a Technical Assistant post is being designed, to provide support to the installation team.

Protocols and Procedures – Protocols are in place for calls handling and current arrangements for response provision. Guidelines are in place covering the use of exit monitors and GPS devices.

Training and Communications – East Lothian has a SMART house, allocated from Housing and a time limited resource until end 2009. 200 people have used the house as a base for training. There are two levels of training – assessors are provided with a manual from the training course. Awareness sessions are run for all other stakeholders. The Telecare Development Worker is also running awareness raising

sessions with hospital staff in Edinburgh, who are involved in providing services for East Lothian citizens, voluntary providers and GP practices. Training will continue to be offered for new staff and as top-up for existing staff groups.

Consideration is being given to using the respite facility as a part-time SMART house when the agreement for the current provision expires.

In October 2009 drop-in awareness training is being provided for Homecare staff. Training has also been offered to Independent Home Care Agency staff.

There is a leaflet and information available via the East Lothian Council website, which is readily accessible across stakeholder groups.

Service Provision

The principal target group for telecare service provision in East Lothian has been older people, although increasingly there has been an emphasis on looking to support other adult groups and more recently one person under 16 years old. In order to access telecare services users are required to meet the same criteria as for Community Care Services i.e. critical or substantial needs. The eligibility criteria to access Community Alarm Services is different, being linked to users being assessed as isolated or disabled and would benefit from having access to the Community Alarm Service.

Enhanced telecare – There are approximately 3,000 Community Alarm Service users in East Lothian, with 107 (October 2009) enhanced telecare packages in place. These packages include equipment from door exit, falls and epilepsy sensors, to environmental controls which are allocated according to individually assessed need.

Bogus Call alarms – These are used in the East Lothian Council respite house and are provided as an option according to individual assessed need. There are 6 bogus call alarms which have been fitted.

Environmental controls – Assessors (social care and health) identify need for environmental controls as part of single shared assessment. In addition housing staff identify the need for environmental controls in Council Housing stock.

Other Services

- East Lothian has recently fitted their first gas shut off equipment, working with Tynetec, in order to prevent admission into residential care for a user with Learning Disabilities.
- Considering a pilot of a Halliday James GPS Tracking system for 1 service user.

6.11 East Renfrewshire

Governance

The Telecare Programme in East Renfrewshire is overseen by a Project Board, with defined terms of reference and meets on a regular basis. The implementation of the programme is supported by a Telecare Development Officer, employed on a temporary basis. A financial framework to support medium to long term implementation is to be developed.

The development of the telecare service is being kept centrally, with frontline staff being involved in the process. Frontline staff provide a peer group review system to examine use of new equipment.

Infrastructure

Assessment – The assessment process is mainstreamed with frontline staff completing a Single Shared Assessment.

Calls Handling and Responder Provision – The service was successfully transferred from Bield 24 to the in house service provided by Safety Net in Spring 2009. Whilst there are a few areas to be ironed out, this has been generally successful. Data reporting mechanism is being fine tuned to meet local needs. The main responder provision is through users identifying a nominated 1st responder from family or informal support network. There is an element of a Responder service through the Rapid Response Team however this is an area that requires further development to meet longer term service requirements.

Procurement, Contracting, Storage and Tracking – Procurement is via the PASA framework. The current level of spend is low and this route suffices in the short-term. Spot purchasing from Tunstall, Just Checking and Sensorium have been the main suppliers to date. Currently equipment is stored at the CAS store although consideration is being given to moving this to the Safety Net site, using Tunstall PNC5 for stock control. Stock control is via a paper based system at this time.

Charging Policy – There is a weekly charge of £1.40 for Community Alarm Service, this area requires further discussion as part of future planning.

Maintenance – Users receive an annual visit to check equipment and update personal information held on record. Additional visits are carried out following any equipment failure reports raised by the control centre. There is a need to develop a system for routine battery replacement.

Protocols and Procedures – These remain to be developed.

Training and Communications – Teams have access to the demonstrator flat, which is well used for peer-group case based discussions. Registered Social Landlord staff, based in East Renfrewshire also access this training resource. Training is team based however there is a recognised need that guidance should be developed with regard to telecare. East Renfrewshire are looking to develop and support local champions within teams, providing peer group support mechanisms. There is an interim brochure available providing staff with information relating to telecare.

Service Provision

Telecare services are available to adult users, who met the community care eligibility criteria. There are 1579 current users of telecare services in East Renfrewshire. As part of the enablement agenda a homecare review it is anticipated the eligibility criteria will be revisited.

Enhanced telecare – A range of peripherals may be accessed by frontline staff, in order to support users in their own homes, with 23 users receiving enhanced telecare. This includes 18 users with smoke detectors, 3 with flood detectors, 4 falls detectors, 1 bed occupancy sensor and 1 carbon monoxide sensor. Equipment and response for all telecare systems is determined according to individual circumstances. There are future plans to develop a falls prevention project.

Bogus Call alarms – There are currently 2 units in use. Working with Trading Standards colleagues, the East Renfrewshire Partnership is working on identifying the prevalence of doorstep crime, with the potential of developing a service to support community safety.

Lifestyle Monitoring – East Renfrewshire has 1 Just Checking unit available to frontline staff for assessment purposes. This is considered to be an effective tool in introducing technology to staff, providing staff and users with evidence of the impact of technology in informing decisions.

Environmental controls – Community Occupational Therapists carry out assessments prior to referring to NHS for provision of equipment. Social Work Services carry out remedial work e.g. fitting of mains sockets if required. There were some environmental controls available prior to the onset of the Telecare project. Commissioning of environmental controls is not perceived as part of the telecare programme at this time.

Telehealth – The Telecare Development Co-ordinator is working with the CHCP Lead Nurse, to establish a telemonitoring project for people with COPD. Preliminary discussions have taken place between the Telecare Development Co-ordinator and health colleagues regarding the possibility to establish a demonstrator project for patients with dementia.

Other Services

- East Renfrewshire are currently looking at the re-development of Sheltered Housing services to Extra Care Housing, with a capacity to offer virtual Sheltered Housing services through use of telecare.
- Use of a GPS tracking system is being explored for a pilot project.
- PNC5 is already being used to track Rapid Response Team interventions to inform the development of the responder service. Potential expansion of this use is being examined.

6.12 City of Edinburgh

Governance

The Telecare Programme in Edinburgh is overseen by a Management Group. The implementation is supported by a dedicated Project Team, with a Telecare Project Manager and Telecare Development Officer. As part of the next phase in the Telecare Project development, Edinburgh is in the process of amalgamating their Community Alarm Service and telecare provision, in order to provide a more flexible and responsive service. This will be known as the Community Alarm and Telecare Service (CATS). The budgets for both services have been amalgamated.

Infrastructure

Assessment – Initial access for users and care managers is through social work services. Individual user needs are identified through the Single Shared Assessment, the case then being allocated to a telecare assessor if specialist input is required. Frontline staff have access to support from Telecare Assessors (who act as champions) for advice and support in the assessment process.

Calls Handling and Responder Provision – An integrated calls handling and responder provision is provided in-house. The current service structure is being reviewed. At this time staff provide both aspects of the service covering 4 shifts which includes 2 teams of 2 staff covering early and back shift and a team of 4 covering day time and cover. 1 staff member covers the responder provision overnight. As the responder provision is linked to the calls handling provision, additional overnight support may be provided as required. There are 4 people based in the handling/responder service office overnight. Staff are provided with transport and take necessary equipment out with them, as per assessed at time of alert. Staff provide a follow-up phone call after a call out. If a relative is identified as a first responder, they will be used if assessed as appropriate. Protocols for response are identified at point of assessment.

Procurement, Contracting, Storage and Tracking – Storage and stock control are in the process of being transferred to the Community Equipment Store, where ordering, stock/maintenance management will be co-ordinated.

Charging Policy – Edinburgh charged £4.70 per week for the basic Community Alarm Service with additional charges up to £6.75 per week for enhanced telecare.

Maintenance – Installation is primarily carried out in-house, with one installer and access to an engineer being available. Electrocom provide some installation and de-commissioning for around 10 complex installs per week (including the hard wiring requirements). The simpler installs have been brought in-house reducing costs to around £30-40 per install **from what?**, with up to 1,000 visits per annum including maintenance. The aim is to bring between 60-70% of installation work in-house. This will in part be achieved through training of staff providing responder services to cover an element of install and maintenance.

Protocols and Procedures – There is a full range of policies and procedures in place. Edinburgh City intends applying for TSA accreditation this financial year.

Training and Communications – The training programme includes 'Awareness Raising' for professional staff, Registered Social Landlord staff and carers. The 'Introduction to Telecare Training' includes a 2½ hour session, with follow-up via an update session, using a case study approach. Training is also provided to carers groups and stalls have been used at a number of public events to promote awareness. There are hospital based training sessions, using demonstration kits to support the input.

'Advanced Telecare Training' courses are about to commence, each run over an afternoon, as case based training and will include 1 hour on ethical issues – initially staff that make the most referrals will be targeted for advance training. To date about 1000 staff have been trained. All staff have access to a telecare champion/assessor (who provide the training) and who can provide support and advice. Started working with Tynetec to develop web based training tool, which will be available to staff.

There is a range of leaflets, booklets and documents available for various stakeholders, supporting access.

Service Provision

Telecare services are available to adult users, who met the community care eligibility criteria. As part of the re-ablement agenda, it is anticipated the eligibility criteria will be revisited.

Enhanced telecare – Approximately 700 enhanced telecare packages have been installed across Edinburgh. This includes 100 complex packages and around 200 people with Learning Disabilities have been assessed, with the majority receiving appropriately targeted equipment.

Lifestyle Monitoring – Edinburgh is using “Just Checking”, trialling this as an assessment tool, having had 41 deployments, with 36 of these being linked to users being discharged from hospital. The trial is being managed through the Discharge Team.

Environmental controls – NHS Lothian provide environmental controls according to individual assessed need. These may be linked to the Community Alarm Service as required.

Telehealth –

- There is a Falls Project aimed at users who are known to A&E or Rapid response, and are sent home via Lothian Falls Pathway. Users are given a basic package including falls detector, bed monitor and box and button on a 6 months basis, free of charge. This project is subject of evaluation.
- There is an ongoing project for service users with a diagnosis of diabetes, monitoring through use of mobile phones.

Other Services

- Trialled 2 GPS monitors for about 1 month but there were issues re system and these were returned. Trialled “Buddy” and looking at the potential viability “Locator” may offer. RCT with Edinburgh University being considered into safe walking systems.
- Working with Cairn Housing on an Extra Care Housing development (14 flats) have included MyAmego Lifestyle Monitoring system in 7 flats to support complex needs, assisting in remote monitoring of individuals. The complex is staffed during the daytime and via calls handling service out of hours.
- Input of telecare has enabled the discharge of users from hospital, avoidance of admission to care homes and in one case has enabled a user to leave residential care and return to live in their own tenancy.
- Learning Disability developments including 4 bedded services and 2x2 bedded linked to on site resource rationalising over night support being developed.

6.13 Falkirk

Governance

The Telecare Programme in Falkirk is fully integrated into mainstream services and is aligned to the Community Alarm Service and the Mobile Emergency Responder Service (MECS), for most forms of equipment. The REACH Team in NHS Forth Valley provide environmental control equipment, Ablelink and similar technologies for those with cognitive impairment, in partnership with Falkirk Council.

The strategic financial framework is still to be developed. This forms part of the Community Care Plan and Joint Health & Social Work Plan for Forth Valley. There is a need to move towards telecare being part of a strategic financial commitment, although Social Work in Falkirk Council have made a commitment to increase the budget over recent years through increased capital funding of £20,000 for MECS.

Infrastructure

Assessment – Assessment for telecare services is initially through the Single Shared Assessment process. MECS assessment staff can provide advice, assist assessors and prescribe appropriate equipment according to the individual need and a telecare specific addition to the SSA is nearing completion to assist all assessors in this process. Care Managers in the assessment teams will review their clients' cases as appropriate, including the telecare element. Reviews are also carried out twice yearly by MECS staff, who will flag up any change in need as appropriate to be passed on to the Care Managers.

Calls Handling and Responder Provision – Calls handling provision is through Falkirk Council in-house calls centre. Staff are trained to manage calls for CAS/telecare and are part of a dedicated resource, operating from a restricted area. CAS/telecare calls are prioritised and receive approximately 80,000 calls per annum from CAS/telecare users. The service provides full data required to support social work services. Maintenance and storage, stock management are controlled from the administration office for the service.

Falkirk provides an in-house calls handling service, which is part of the corporate calls handling provision and a Mobile Emergency Responder Service (MECS) (see details below). The majority of Community Alarm Service/telecare users utilise MECS as their 1st Responder. Users with dementia tend mainly to have a relative as 1st responder, with the offer also of support from MECS as required and formally for periods of respite from this function. There are 33 part-time staff employed on rota covering 24/7, with a minimum of 2 and a maximum of 4 staff on shift at all times, covering three shifts per day.

Procurement, Contracting, Storage and Tracking – Equipment is stored in the MECS office and in MECS storerooms. Tracking is integrated into the Chubb SATURN function, with decommissioning and recommissioning being managed via the same system and protocols are in place to support this. Currently there is a high level of stock in place due to the decommissioning of pull cords programme. MECS vehicles also carry a small stock. Wardens change batteries, repairs being returned to the office and being completed by maintenance contract arrangements. Equipment is P.A.T. tested by MEC's staff before it goes into stock.

There are maintenance contracts with Tunstall and Chubb. There is a need to complete negotiation of a contract with Sensorium to support their equipment, which is purchased to provide passive internal alerts mainly.

Charging Policy – Free at the point of delivery currently.

Maintenance – Installation and maintenance of standard equipment is generally completed by the MEC's team staff. Specialist equipment is installed by the supplier and maintained as per contracts.

Protocols and Procedures – A full range of protocols and procedures are in place to support calls handling, responder provision, management of referrals & assessments, and installation & maintenance. This will be the subject of review in 2010.

Training and Communications – Basic awareness training throughout 2008 has heightened awareness across staff. There is, additionally formal 8 x ½ day training for assessors who will champion telecare in local offices, providing an in-depth advanced training. The aim being to have 60 to 70 assessors similarly trained across the partnership that are able to offer advice to their working colleagues. A Telecare Network is being developed to support these champions, with a proposed cycle of meetings being 2 or 3 times annually. There is a standard evaluation form for the current round of training, used to inform development of subsequent training programmes. Senior Housing staff undertook an awareness raising training event in November 2009 with a view to them cascading this to their staff, with a view to acting as “telecare spotter”.

All mobile warden staff are required to complete a 6 week general induction which must be completed prior to being allowed to operate on their own. Training consists of an in-depth in-house core package, which includes working with mentors; in addition staff have or are working towards SVQ Level 2. Other mandatory training elements such as Moving and Handling, equipment and First Aid training are supplied corporately.

Service users approach the Community Care teams for assessment and advice. REACH team also provides advice on telecare. Training is now being directed at the creation of a knowledge and experience bank within these teams, Housing services and in Primary Care as well as through Carer's and Volunteers and there will be continued telecare awareness raising within these groups throughout 2010.

There is some publicity material which is directed at the assessment Teams and posters are available within their buildings. There has been an article on telecare, in the local newspaper, which goes through every door in the area. A telecare services leaflet is in the final stages of preparation and will be distributed in the early part of 2010.

Service Provision

The telecare service is available to any user group in Falkirk, where the telecare eligibility criteria is met. Referrals for the service may be made by anyone, directly to Community Care teams, Integrated Care Teams or the REACH team

Enhanced telecare – Currently about 6,131 people have CAS. There has been a 10% increase in service provision since TDP started. Falkirk provide a range of telecare equipment, including standalone systems and passive alarms as per individual assessed need. There have been 231 people provided with an enhanced telecare package.

Bogus Call alarms – Falkirk has in place a bogus caller scheme in conjunction with Central Scotland Police.

Lifestyle Monitoring – Currently considering use of Just Checking and other similar systems. Stimulating interest from Social Work and Health colleagues in use as an assessment tool is an on-going issue but should improve following the planned round of awareness raising events in 2010.

Environmental controls – Equipment is provided to users with complex needs of all age groups. Originally budgeted £80K and have spent £53K to date with a further £22K committed. There are issues around future funding of this type of equipment, with Forth Valley Health as yet not having agreed to fund on-going expansion costs; therefore the service is presented with problems of sustainability in the longer term.

Telehealth –

- Negotiations have started around use of Telehealth, aimed at users with COPD.
- A medication pilot is currently being developed. There are some teething problems linked to pharmacy issues.
- Falkirk has a well established falls management service which is currently the subject of further development in collaboration with other local partnerships and their Health Board colleagues.

Other Services

- Use of PDA and Abelink for users with cognitive impairment has been trialled. £22K of TDP funding has been used to support this development, which has stimulated interest with education colleagues and parents, particularly for children with Learning Disabilities and autism, and is subject of an Innovation Funding bid specifically for children with Autism and Complex needs.
- Decommissioning of pull cord systems and upgrading of Sheltered Housing schemes is ongoing, modernising systems and future proofing services for 2000 tenants.

6.14 Fife

Governance

The Telecare Programme in Fife is overseen by a Telecare Steering Group. The implementation is supported by a dedicated Project Team, with a Telecare Project Manager and Telecare, Training and Marketing Adviser.

The Fife Partnership are committed to provision of £40K each financial year, with an ongoing provision of information from the project to support spend.

Infrastructure

Assessment – The assessment process is fully mainstreamed, being completed by Social Work Assessment and Care Management staff or Home Care Service staff or Health Service staff, via the Single Shared Assessment. Where there is an identified need the referral is then sent onto Home Care Community Alarm Service, which arranges installation and sets up the appropriate response. Advice on equipment is available from the Telecare project team and there is capacity to complete joint visits on request. There has been a focus on mainstreaming the service from onset, with Fife having >400 assessors.

Calls Handling and Responder Provision – The calls handling service is provided through an in-house Fife Contact Centre, which provides calls handling provision for Fife Council. Calls from Community Alarm Service and telecare receive priority within the Fife Contact Centre. There are some difficulties in accessing data due to incompatibility of Chubb SATURN, the CAS system, and SWIFT, the care management system. There is no current data regarding alerts automatically available from SATURN to support management processes by providing information on telecare alarm triggers. Care managers may specifically request this information. CAS will contact the keyworker if there are concerns but there is no automatic method of making data available to keyworkers.

A response service through the Mobile Emergency Care service (MECS) is provided for Community Alarm Service and telecare users, where a relative is not available as 1st responder. The MECS also provide the response for the Fife Falls response Service and emergency home care. The Housing Service's Direct Response Team, which is linked into Community Alarm Service, provides a response an out of hours call and response service to Council Sheltered Housing services in Fife.

Procurement, Contracting, Storage and Tracking – Chubb is the principal provider of equipment in Fife. Tynetec provide equipment for Sheltered Housing services, and there are small amounts of equipment purchased from QuietCare, Buddy, Halliday James. Fife has a procurement service, which has enabled local agreements with telecare contractors so that PASA prices are obtained.

The Community Alarm Service has a dedicated store, where a small stock is retained. Larger amounts of stock are held at Chubb's bonded warehouse. Ordering is completed through Community Alarm Service, Business Support staff. New equipment, for pilot projects, is ordered direct and not linked into the Community Alarm Service until it is being mainstreamed.

Charging Policy – There is a charge of £1.00 per week for the Community Alarm Service, with no increase in cost for telecare or stand alone equipment.

Maintenance – There is a 13-week rolling programme, which is included in the MEC's role. Users and call handling service complete monthly checks. Re-commissioning and de-commissioning is completed as part of the support service.

Protocols and Procedures – Fife has developed a full range of protocols and procedures.

Training and Communications – Fife has invested in a programme of awareness training and is currently focussing on assessor training. There has been a programme of awareness raising events, directed at users, carers and workers, including the local service provision network. This has utilised a "show and tell" approach. This programme was initiated in October 2008. Fife is looking to develop calls handling training and for CAS installers to provide some of the telecare installation service. There is a demonstration flat available to support training and assessment processes. A portable exhibition "house" is set up at large stakeholder events. For smaller events a box of selected kit is used.

Fife has produced an accessible leaflet, which was developed in conjunction with the User Panel, which is made up of frail older people. There is also information available on Fife Direct website and the Council and NHS intranets, providing information for a range of stakeholder groups. There have been a number of press releases, including articles in local newspapers.

There is a telecare specific e-mail address and phone number.

Service Provision

The main focus of service provision, to date, has been older people. Home safety equipment and various enhanced telecare equipment is provided through referrals from Assessment and Care Management teams in both the Older People's and Adult Services, with referrals being taken from all age groups.

Enhanced telecare – The focus of the telecare programme has been on targeting prevention of hospital/residential care admissions and facilitating hospital discharge. 302 users currently access enhanced telecare, including a range of sensors such as home safety equipment, door exit sensors and some bed/chair sensors, falls detectors and medication dispensers.

Lifestyle Monitoring – A trial of QuietCare is due to start in Autumn 2009.

Environmental controls – Environmental and communications aids are provided via the hospital OT and through community OT budgets.

Telehealth

- An 18 month pilot project involving the use of medication dispensers is due to start in the Autumn of 2009, with an interim report due in March 2010. This project is a partnership between NHS Fife, the local authority and Boots Chemist.
- A COPD Project, led by health and similar to the project in Renfrewshire is being developed. TDP funding is supporting this project.
- Telecare is also to be an element of a proposed cardiology project, which is currently being developed.

Other Services

- Fife is developing a pilot project using Buddi GPS tracking systems to support people with early stage dementia.

- In conjunction with health partners a pilot study involving 6 users with acquired brain injury are being supported using assisted scheduling with PDA's.
- There are 2 Intermediate Care developments in Fife. 1 in Dunfermline, consisting of 3 cottages and the other in Kirkcaldy, which is still being developed. These will link into the Intermediate Care Demonstrator Project.

6.15 Glasgow City

Governance

The Telecare Programme development in Glasgow is managed through mainstream provision within Older People and Physical Disability Services. The service provider (CORDIA) and the purchasing commissioning team share responsibilities on service development.

There is a strategic framework in place to support the change process, including the financial commitment to support the programme and ongoing service provision.

Infrastructure

Assessment – The assessment process is mainstreamed, with system in place for self assessment for basic equipment. Assessment for more complex needs is through assessment carried out by social work/health/care management.

Calls Handling and Responder Provision – The calls handling and responder service is an integrated provision, provided by in-house service through Cordia operating under defined protocols and procedures. This service is subject to a Service Level Agreement with Social Work Services.

The staffing complement covering Glasgow consists of Service Manager, 6 Senior Duty officers, 18 Calls Handlers 10 Mobile Responders, 2 Technicians (Installers) and 3 Admin staff, covering 18,000 connections.

There is a calls handling provision to self-funding users provided through Bield 24.

Procurement, Contracting, Storage and Tracking – Tunstall is the principal provider of equipment, purchasing being made through the PASA national framework. This is managed through CORDIA, with contractual arrangements in place.

Charging Policy - Currently service is free of charge. A charging policy is being developed and is planned to be introduced within this financial year, once necessary infrastructure is in place. Charging may be linked to homecare charging.

Maintenance – Installation and maintenance is managed through CORDIA.

Protocols and Procedures – Service specification in place which defines protocols and procedures.

Training and Communications – CORDIA provide in-house training. The CORDIA training centre is set up with equipment and staff are offered appropriate training. A number of briefings have been carried out across the CHCP for frontline staff, providing for telecare awareness training. Team meetings have also been utilised for this purpose too. Various events offered by other organisations have been used as vehicles for awareness raising. For users and carers there have been some briefings to tenant's representatives with certain Registered Social Landlord's and more systematically over the last year there have been area group meetings and demonstrations as part of the replacement programme.

There is a leaflet available providing information to service users, carers and frontline staff. Information is also available on the Council website.

Service Provision

Telecare services are available to adult users, who met the community care eligibility criteria. There is an open referral system through self assessment (self assessment form attached) for basic telecare.

Enhanced telecare – The main focus of the programme has been the modernisation of the Community Alarm Service. The piloted basic package consisted of the base unit and pendant, alongside temperature extreme sensor, smoke alarm, motion sensor monitor – this was later altered with the base unit and pendant being provided and peripherals provided as per assessed need, distinguishing between the community alarm service and telecare. As of September 30th 2009 887 users were in receipt of enhanced telecare, based on assessed need. Under the self assessed system on average a further 152 basic units are being installed per month.

Telehealth – Telehealth is being considered as part of the Intermediate Care project which is currently at planning stages, for vital sign checks.

Other Services

- A number of small scale supported living services commissioned by the Council to delay and/or minimise care home/long stay hospital admissions also provide telecare services.
- There have been some requests for GPS systems although to date these have not been allocated to users.

6.16 Highland

Governance

The Telecare services in Highland are now a mainstream service provided by Highland Council Care at Home service. There are two levels of service available to vulnerable people in the Community: the Basic Service, which includes fire detection equipment and the Enhanced Service, which includes a range of service user specific peripheral sensors.

Highland Council Care at Home Service is currently going through a process of modernisation and service redesign. Two Telecare Co-ordinators currently manage the day to day service, on a temporary basis. The proposed new structure includes three area based Telecare Integration Co-ordinators. The Co-ordinators will be responsible for the provision of Telecare Services and management of Enhanced Telecare packages for people with illness and/or disability, to improve their safety, independence and wellbeing. It is also proposed that the Telecare Service will support the development of an integrated NHS Highland and Highland Council Reablement Service. There is a joint service development group reporting to Chief Officer in the partnership

Infrastructure

Assessment – Frontline staff complete a Single Shared Assessment which flags up a request support for an enhanced telecare assessment. Telecare Co-ordinators will support assessors to select the correct peripheral sensors to meet individual need.

Calls Handling and Responder Provision – Currently calls handling provision is provided by Aberdeen Regional Communications Centre (ARCC). Highland is reviewing this arrangement as part of Highland HUB Redesign Project. The Project will trial a multi-organisational co-located call handling and response service for Social Work and NHS out of hours, as well as for Telecare and Telehealth calls.

The responder provision is currently provided by the user's family, friends and neighbours. There is a requirement for 3 volunteer responders. British Red Cross provides a responder service in some areas of Highland, for service users who are unable to nominate individuals.

Procurement, Contracting, Storage and Tracking – Tunstall is the main provider of equipment in Highland, with Sensorium providing Just Checking.

Telecare equipment is stored at several locations across Highland. There are plans to include Telecare equipment into the Joint Equipment Stores for asset management purposes, including decontamination and recommissioning. Currently ARCC holds a record of all equipment and installations.

Charging Policy – There is a weekly charge of £5.00 for the Community Alarm Service with no additional charge for enhanced Telecare. The charge is reviewed annually. Charges for the Telecare service are subject to financial assessment, as appropriate. Service users who are certified as terminally ill and for whom the installation is part of the palliative care arrangements, are exempt from charging.

Maintenance – The Telecare Co-ordinators oversee installation and maintenance of equipment. The Handyman service provides installation outwith Inverness City, where the Council DLO service undertakes installations, providing a localised response. Tunstall provide installation service for complex cases and update requirements. WRVS provide a "Safe and Well-being Check" for Telecare service user's who have no

Care at Home service checking on both the person and the functionality of the Telecare equipment service, which includes a “well-being” check of equipment and services flagging up maintenance issues (see below).

Protocols and Procedures – Enhanced Telecare procedures are in draft and will be distributed to the Care at Home Service once agreed.

Training and Communications – Highland provide an ongoing training programme which includes telecare awareness across all stakeholder groups, including voluntary agencies.

Leaflets relating to the service are available through GP surgeries, voluntary organisations, Telecare Co-ordinators and at various events.

Service Provision

Telecare services are available to all user groups, with services being provided for children and younger people with learning disabilities in addition to adult users. Referrals come from all professional staff groups. All referrals are screened by the Telecare Co-ordinators, who provides support to assessors including joint assessment visits, as required.

Enhanced telecare – Approximately 2,500 users access the basic Community Alarm Service, with around 180 users accessing additional peripherals as indicated by individual assessed need.

Bogus Call alarms – There is a service available to victims of domestic violence, provided in partnership with the police.

Lifestyle Monitoring – Highland have 4 Just Checking systems available across the area, for assessment processes prior to consideration of telecare installations. An evaluation of the use of this equipment has been carried out.

Environmental controls – These are primarily provided through the NHS, although Highland will consider funding an element of these.

Telehealth

➤ There is ongoing joint development work relating to the Highland HUB, where all telehealthcare/telemedicine calls/alerts will be channelled. Two pilots running through the HUB, in conjunction with NHS Highland including a Long-term Conditions pilot in Invergordon and the Housing Demonstrator in Nairn are planned.

Other Services

- Discussion is ongoing with Highland and Islands Fire and Rescue Services (HIFRS) to scope the potential of mapping activity across Highland, to develop an integrated risk assessment and forecast activity. As part of a partnership agreement with HIFRS, home safety visits are offered to all Telecare Services users and the HIFRS install Tunstall fire detection equipment as appropriate.
- Developing a responder provision in partnership with British Red Cross
- WRVS provide a “well-being check” in some areas, undertaking service testing and checking equipment, flagging up concerns as appropriate. This service is available to users who have no other service provision, with referral coming from Care at Home service.
- Highland is currently exploring use of GPS tracking systems.

6.17 Inverclyde

Governance

The Telecare Programme in Inverclyde is overseen by the Telecare Development Group whose role is to monitor the Action Plan and implementation processes and meets on a 6 weekly basis. There is a feed into User Management Group. The Quality Group and providers Group also support development of telecare. The implementation of the programme is supported by a Telecare Development Officer.

There is a Telecare Strategy 2009-11 in place. The financial framework taking telecare beyond this period needs to be further developed.

Infrastructure

Assessment – The assessment process is mainstreamed in Inverclyde. In the first instance frontline staff complete a Single Shared Assessment and additional telecare form. Specialist advice and support is offered through Telecare Development Officer.

Calls Handling and Responder Provision – The calls handling service is provided by Bield 24.

Inverclyde provide an in-house responder service, which also provides for installations (including installation of keysafes), problem solving, decommissioning and service review. Responder staff provide additional services including installation and a level of maintenance including problem solving, review, decommissioning and commissioning of equipment. The service provides 24/7 input, employing 14 staff, providing for 2 staff members on shift at any one time. During daytime hours additional support is provided through the Telecare Team and support workers and Out of Hours Service provides support at other times. The service is aligned with respite and day service provision in Greenock. If users or carers wish, the 1st responder may be nominated. There are 2 mobile vans and 1 car available for the responder service, which are kitted out with a range of basic equipment to support the service. The calls handling service indicates whether 1 or 2 staff members may be required to attend an alert.

Procurement, Contracting, Storage and Tracking – Tunstall is principal supplier in Inverclyde, of Community Alarm Service equipment, with peripheral equipment tending to be purchased from Chubb and Tunstall. Inverclyde tends to seek out equipment that is considered most suitable to meet individual need. Procurement is through spot purchasing using PASA framework. A small stock of equipment is retained to avoid delays in installation with a policy of installing within 2 days.

Stock is managed via a database although Inverclyde is due to implement a more robust service, ensuring all equipment is accounted for. Decommissioning and recommissioning is carried out in-house, with equipment being cleaned, checked and installed by responder staff. Details are put onto SWIFT as appropriate, regarding allocation.

Charging Policy – Service is currently free of charge.

Maintenance – Equipment is generally installed and maintained in-house by responder staff.

Protocols and Procedures – Inverclyde have protocols and procedures in place to support assessment, application, installation, response and management arrangements.

Training and Communications – There has been a range of in-house awareness training as well as use of a variety of public opportunities. There are 4 demonstration sites, including a Aids to Daily Living (ADL) bedroom at the Centre for Independent Living; a 3 bedroom house which incorporated into the respite service and accessed by users; 2 demonstrator units in hospital sites of which 1 is an OT bedroom, which enables users to be assessed and 1 in the Day Hospital which may also be used for assessment purposes. These are linked to the calls handling service providing a resource to assess user response to calls handling. These demonstration sites have been essential to supporting staff training including the use of case based examples.

There are a range of publications and marketing materials in place. Publications aimed at the public are available in health centres and public buildings. There have been 4 demonstrations with these being open to all stakeholders and 320 people have visited these. In addition local conferences, carers groups etc have been targeted for demonstrations and talks. A demonstration has been provided for elected members and visitors to Inverclyde.

There is a range of “freebies” handed out at events and to staff attending training, which include contact details and a direct telephone number.

Service Provision

Telecare services are available to adult users, who met the telecare services eligibility criteria. Inverclyde have tended to mainstream services and when exploring options to meet need do not always utilise a technological model if there is an appropriate alternative e.g. Magiplug as a preventative rather than flood detector.

Enhanced telecare – A full range of equipment is available as per individual assessed need, with 106 enhanced packages being in place in March 2009. Some passive equipment has been provided and about 12 users have been provided with environmental support according to assessed need e.g. smoke detectors, gas shut off etc.

Bogus Call alarms – Inverclyde currently have 1 in use with a vulnerable client, who has a family member providing a response. Further use of this equipment is being explored in relation to the Demonstrator, working in conjunction with the Community Planning Partnership.

Lifestyle Monitoring – In 1 case monitoring is occurring through use of a bed exit sensor. However as yet this area has not been developed, with no requests being made for the service. Consideration would be given to using lifestyle monitoring as an assessment tool.

Environmental controls – There are 2 Possum users in Inverclyde, funded through TDP and linked to CAS. Inverclyde are looking to draw together a Strategy for Physical Disability services – there are resourcing and possible decommissioning issues for the future that require to be addressed with partners.

Telehealth

- The Inverclyde Partnership is piloting a 1 year project for 10 patients who have a history of recurrent infection and admission for COPD, using Docobo equipment. The project is due to start in August 2009, with the users identified through use of SPARRA and the CHP taking the lead. The Clinical Respiratory Nurse Specialist and GP’s are supportive of the project. There is senior management support through the CHP Director and team with the evaluation to be carried out by the Clinical Effectiveness Team.

- Inverclyde is working a neighbouring partnership, Renfrewshire to establish a medication service. There remain some issues regarding use of medication dispensers which are subject of discussion.

Other Services

- Prior to availability of TDP funding Inverclyde developed telecare provision as part of the Learning Disability hospital closure programme.
- It is part of the strategy to develop a Carer Champion, working in conjunction with the Carer's Centre.
- The Fire Brigade Initiative provides for the provision and installation of smoke detectors and there is a response protocol in place.
- Keysafes have been used from the onset as an integral part of the service.
- Placing of equipment into residential care homes as an assessment tool. The Care Home purchases the equipment following a period of assessment if it is beneficial to meet longer-term need. The aim of this initiative is to prevent hospital admission. Equipment is used in the first instance for 6-8 weeks. There is no evaluation planned for this initiative.
- Inverclyde have also progressed a Housing & Care Demonstrator as part of the Innovations strand of TDP and are due to report results in June 2010.

6.18 Midlothian

Governance

The Telecare Programme in Midlothian is overseen by a Telecare Project Board, with defined terms of reference and meets on a regular basis. The focus of the Board is the operational management with telecare being established as a mainstream provision which sits within the overarching strategic goals of the partnership. The implementation of the programme is supported by a Telecare Project Manager who is supported by two additional posts, including Alarm Co-ordinator.

There is a financial framework in place to support joint projects. Midlothian has to date utilised existing Community Alarm Service budgets combined with TDP funding to support the development of the Telecare Service. There is an awareness of the need to identify future funding to support the shift in the balance of care, with ongoing discussion to achieve long term financial planning.

Infrastructure

Assessment – Referrals for telecare are made by professionals who advise users/carers. The initial assessment process is mainstreamed, with professionals completing e-SSA. This is sent to Loanhead SW Centre Access Team. There is a hard copy (paper) format for Health and other professionals, to make referrals to Access Team.

Calls Handling and Responder Provision – Referrals for telecare are made by professionals who should be able to advise users/carers. The calls handling provision is managed via Midlothian Council, Commercial Services Division which covers all calls handling provision within Midlothian Council, including Community Alarm Services calls.

The development of the Rapid Response Team has supported provision of response to emergency alerts.

Procurement, Contracting, Storage and Tracking – Tunstall is main contractor; there is a 3 year contract in place, with Tunstall providing technical support, including maintenance and installation including emergency response. Previously equipment had been provided by Chubb, with some Tynetec equipment also being purchased.

Until recently Loanhead SW Centre provided the storage service for Midlothian's telecare provision. This is moving to Tunstall, based at Livingston. Tunstall provide decommissioning and recommissioning as part of the contracted service.

Charging Policy – The provision of Community Alarm Services and telecare is currently free of charge.

Maintenance – There is a 3 year contract in place, with Tunstall providing technical support, including maintenance and installation including emergency response.

Protocols and Procedures – These have been developed with regard to the response provision. This is an ongoing process regarding the e-SSA. There is ongoing work with regard to the integration of IT systems.

Training and Communications – A Telecare house has been established to support telecare training. There has been use of the Tunstall based training to promote awareness. An in-house programme which consists of a 2½ hour training course has been developed as an introduction to telecare which includes Midlothian processes.

An awareness week for the public is being planned in October/November 2009 and leaflets are being prepared to inform stakeholders about telecare services.

Service Provision

Telecare services are available to all user groups. A broad criteria has been developed in Midlothian, to encourage uptake of telecare. This criteria is based on a preventative agenda. There is an agreement with Housing Division that amenity housing which is equipped will be prioritised for appropriate targeted letting to users who require use of telecare.

Midlothian provides users with core package which includes a core package which includes Connect+, pendant, 2 x PIR's, 1 arm/disarmer, 2 x Flood detectors, smoke detector, temperature extreme detector and a bogus caller alarm.

Enhanced telecare – There are 1300 users with the basic package and 75 users with a fully enhanced package, with additional peripherals being allocated according to individual needs.

Bogus Call alarms – These are part of the core package, with Midlothian viewing security as an important aspect of telecare support.

Lifestyle Monitoring – Midlothian are planning to purchase 5 Just Checking units for use as an assessment tool during the coming phase of implementation.

Environmental controls – This is considered a grey area requiring a need for further clarification of where the responsibility lies within the partnership.

Telehealth – Discussions are ongoing with Bonnyrigg GP Practice re applications of Telehealth. Telehealth is considered a pan Lothian issue.

Other Services

- Currently there is one user using door exit monitor.
- A GPS locator system is being used with one user, with her son being alerted and providing response.
- Exploring future use of GPS and potential of trailing Locator.
- There is a project group working on referral assessment processes, with the aim of mainstreaming and streamlining to encourage the uptake of the service the referral/assessment process, utilising SSA, e-assess and internal processes.

6.19 Moray

Governance

The Telecare Programme in Moray is overseen by a Telecare Steering Group, which meets quarterly. This group's focus is primarily strategic with the operational management being supported by the Telecare Project Manager, employed on a permanent basis. The project team consists of two additional staff, a Care Review Officer (Telecare), employed on a temporary contract, and a Telecare Development Officer, providing part-time input into training and service development. The Care Review Officer also line manages the Moray Lifeline Team, comprising of 2 equipment installers and an administrative assistant.

Currently the telecare budget sits within Community Services, a separate budget for Community Alarm Services being in place. It is recognised that CAS/telecare financial management needs to be brought into an integrated framework.

Infrastructure

Assessment – Moray has a mainstreamed assessment process, with social work taking the principal lead in this. Community Care Officers and OT's complete SSA and Care Plan, this then sent to the Area Team Manager for authorisation of funding. The forms are then e-mailed to Moray Lifeline Team, who arranges installations. For patients being discharged from hospital this process can be fast tracked, with the SSA/Care Plan not always being in place prior to installation. Previously users could make self referrals for basic Community Alarms, however this was stopped in March 2009 to ring the referral process in line with the overall Telecare service development and referral procedures.

Calls Handling and Responder Provision – Calls handling provision is provided through the Regional Communication Centre in Aberdeen (ARCC). There is a small voluntary responder provision offered through British Red Cross, since April 2009, to users who do not have the minimum of three named keyholders. There is also a Team of Community Care Assistants (Grade B nursing staff) that provides intermediate care services, and has capacity to provide additional responder support to users without named keyholders. This tends to be mostly used to support people who have just had a period of admission to hospital. Currently this latter responder arrangement requires formalising, with further development of the capacity within the nursing team being considered. An advertisement has also been placed in the local Volunteer Centre with a view to increasing the capacity of the current Red Cross volunteer base.

Procurement, Contracting, Storage and Tracking – Tunstall is the principal supplier of equipment, with Sensorium being used to supply standalone equipment. Purchasing is via spot purchasing through PASA framework.

Equipment is currently stored in the Joint Equipment Store, which is shared with OT's. 2 installers and part-time administrative support are also sited in the Store. Consideration is being given to developing a dedicated Store at Spynie Hospital, where the Moray Lifeline Team are now based. Currently there is no tracking system in place although there is recognition that this needs developed to support the tracking, commissioning, decommissioning and recommissioning of equipment. Data cleansing the current system is ongoing and will inform the development of future tracking system required.

Charging Policy – At present all equipment is provided free of charge but there is a recognised need to continually review this to ensure sustainability of the service.

Maintenance – Maintenance is currently provided by ARCC technicians, including battery replacement. This arrangement is being reviewed with consideration of providing a localised service for battery replacement and low level maintenance, including faults handling.

Protocols and Procedures – In development. Assessment and Home from hospital procedures are in place. Tunstall procedures are use for installation.

Training and Communications – There has been a range of awareness raising training events for staff, patient/user groups etc, including production of information handout and newsletters, and use of suppliers information leaflets. It is recognised there is a need to get awareness training included in the induction programme for new staff. Currently training is reactive although a training programme for the future is being developed as part of the 6 hours per week input from the Telecare Development Officer.

A Telecare leaflet was recently reprinted (April 2009) and information is available on the website, information on this is updated through the project. There is information available for staff on the intranet and at staff training events there are handouts available.

Service Provision

Telecare services are available to adult users, who met the telecare eligibility criteria, and those who have been assessed as having needs which Telecare may meet or compliment individual needs.

Enhanced telecare – Around 135 users have benefited from enhanced telecare. Falls detectors account for the largest % of peripherals used, with smoke detectors, carbon monoxide, bed sensors property exit sensors and flood sensors (although there is a preference to use magiplugs as a preventative tool). There are a couple of epilepsy sensors in use as home alerting equipment.

Lifestyle Monitoring – 4 Just Checking systems are used for assessment purposes. These had been sitting with the Teams, however Moray is currently centralising use, with referrals to come in through the Project and use to be evaluated.

Environmental controls – These have been historically provided through NHS although there are ongoing issues over funding for upgrade of these. No new equipment has been provided through TDP funding.

Telehealth

- Wii consoles and WiiFit balance boards have been provided to Older People's Day Services as a means of improving physical fitness.
- Met. Office Project – For the last 3 winters there has been a collaborative service with an average of 2 GP Practices and the Met Office, providing health forecasting for COPD patients and providing prompts to allow people to better manage their condition. This year Moray is working towards expanding this service Moray wide, by allowing individuals to self refer for the service, rather than having to be referred by their GP. The service has been marketed via a variety of media, including the local press, radio, posters and the locally developed Health e-space website.
- There is a Falls Management Project is at an early stage, with NHS taking the lead.
- A proposal for a short-term project to measure the effective use of Assistive Technology in intermediate services is also in early stages.
- Use of a GPS tracking provision is being explored.

6.20 North Ayrshire

Governance

The Telecare Programme in North Ayrshire is overseen by the CHCP sub-group. This group supports the operational requirements of the implementation process, feeding into CHCP Locality Groups, supporting a strategic focus across NHS Ayrshire & Arran and North Ayrshire Council. The implementation of the programme is supported by a Telecare Co-ordinator and the Manager for Older People's Services in North Ayrshire Council, with recognition that a growing demand for service provision is coming from Adult Services. A financial framework to support medium to long term implementation is to be developed, with current budgets sitting within Older People's Services.

Infrastructure

Assessment – Assessment process is embedded into core services with need being established through completion of a Single Shared Assessment by team members.

Calls Handling and Responder Provision – There is a contract in place with South Ayrshire Monitoring Service (SAMS) for the provision of a calls handling service.

The responder service covering mainland users was expanded in 2008. 1st responder often remains as family member, particularly where the users have property sensors and family members are more appropriately placed to provide response. The responder service was expanded through the former sheltered housing warden service, with staff being trained as carers. 4 teams cover North Ayrshire with the exception of Arran, who have access to equipped vans to respond to emergency situations. Service users living on Arran currently require to identify a 1st responder from local networks, such as family, neighbours or friends

Procurement, Contracting, Storage and Tracking – Equipment is purchased from Tunstall, Chubb, Sensorium and Tynetec, through spot purchasing, using the PASA framework as a guideline. North Ayrshire does not currently have a formalised agreement with suppliers. A service level agreement is in place for calls handling service.

Equipment is stored on site with the responder team, with a paper based tracking system in place.

Charging Policy – There is a £3.00 per week flat rate for Community Alarm Services. This is currently under review.

Maintenance – Installation is carried out by in-house technician and battery changes/maintenance is carried out in-house, with responder service trained to support this provision

Protocols and Procedures – Protocols and procedures are in place to support assessment, installation and maintenance, response, with separate protocols for domestic violence.

Training and Communications – Tunstall provided the initial awareness training and assessor training. The next phase of training is under consideration. All responders are trained to install equipment. Some responder staff have SVQ Level 2 with a package of basic training requirements to support their job as responders e.g. moving and handling.

There is a leaflet available on CAS/telecare although this requires updating. There is information available on the website. Staff are aware of how to support users to access the service, through a menu of service available within North Ayrshire.

Service Provision

Telecare services are available to adult users, who met the community alarm service eligibility criteria.

Enhanced telecare – A full range of peripheral equipment is made available as required to meet individually assessed need. There are currently 70 users who are benefiting from additional enhanced telecare equipment, with 2,200 users accessing CAS.

Bogus Call alarms – The basic Community Alarm unit is used in cases of domestic abuse, with separate protocols in place, enabling police to act as responder.

Lifestyle Monitoring – Just Checking is to be used as an assessment tool, with one unit being ordered.

Environmental controls – These tend to be provided through Community/NHS OT services. Linkages to Community Alarm Service have been used as required.

Telehealth

- A number of falls detectors are in place. An initial meeting has been held with Falls Management Co-ordinator to develop plans for more integrated use. Linkage to Telehealth agenda now being focussed on.
- Currently exploring options of linking a client with peg feed to Community Alarm Service, with health taking on the response role, as a means of reducing overnight care.

Other Services

- Bed occupancy sensors are being utilised as part of a falls solution.
- Property exit sensors are being used to promote independence for people with dementia.
- Carers Alert is being provided to assist families in the caring role.

6.21 North Lanarkshire

Governance

The Telecare Programme in North Lanarkshire is integrated into mainstream service development. The implementation of the programme is supported by a dedicated post of Service Development Officer, and 16 Technical Advisors, who are based in 6 teams across the partnerships and champion the application of telecare. The Technical Advisors have a substantive post in Social Work and OT, with telecare/assistive technology being an additional interest. They provide the team with advice on use of the technology and related ethics, where use is being considered. The Technical Advisors have regular meeting with Service Development Officer as part of the support and training network.

There is an existing financial framework which supports the Community Alarm Service. This is subject of regular review in accordance with the partnership strategy.

The development of the telecare service is being kept centrally, with frontline staff being involved in the process of design and application.

Infrastructure

Assessment – Telecare is a mainstreamed service, therefore is part of a fuller assessment process, using the Single Shared Assessment (SSA). User over the age of 75 years can request a Community Alarm Service without an SSA having to be completed. All other users access the service via completion of an SSA. The service is Care Managed and has an integrated ongoing review process.

Calls Handling and Responder Provision – The calls handling provision is provided by an in-house service, using MERIDIAN calls handling system and PNC5. This service solely supports the Community Alarm Service and in-house responder provision.

Procurement, Contracting, Storage and Tracking – The main supplier is Tunstall, with equipment also being provided by Sensorium, Halliday James, Aremco, Chubb. North Lanarkshire will use the product that they identify best meets individual requirements. Spot purchasing is the method of procurement, having obtained quotes. There is a contract in place with Tunstall, for the Community Alarm Service equipment.

Storage is within the Joint Store and part of an integrated, mainstreamed management system. Equipment for one off projects and development work is purchased and stored by the Service Development Officer, becoming part of the integrated systems when the service is being mainstreamed.

Charging Policy – There is no charge for the service currently.

Maintenance – PNC5 picks up the need for battery replacement and this is managed through the CAS and responder provision. Other maintenance is managed through the Joint Store.

Protocols and Procedures – A full range of protocols and procedures have been developed to support the assistive technology services, ranging from process of accessing and assessment, installation, calls handling, response and ethics. They were developed in 2003 and are currently being updated. The Community Alarm Service has been TSA accredited to level 3, for the last three years.

Training and Communications – Technical advisors have 1-day training and there has been a recent refresher. There is regular awareness training session, with a cascade

approach being taken. There is an integrated element of training for staff being trained to use Single Shared Assessments. All students on placement within Social Work Services in North Lanarkshire are provided with a ½ day programme on telecare awareness.

There is a leaflet available describing assistive technology services. The leaflet is currently being translated into Urdu in an attempt to broaden access to the service.

There has been high profile publicity, involving talks to user/carer groups. Telecare/assistive technology services are integrated into the North Lanarkshire Living Well Strategy and through this has been widely publicised through One-Stop events.

From August 2009 information on assistive technology will be available through the One Stop Shop service for Young People.

Service Provision

Telecare services are available to all user groups who meet the eligibility criteria, which are based on the community care criteria. Services are accessed as all social work services via the local team. North Lanarkshire is looking to develop an on-line catalogue, initially available to staff, although wider access is being considered.

Enhanced telecare – North Lanarkshire provides a full range of peripherals although do not use pressure mats, preferring to use bed monitor's and PIR's. Peripherals are provided as per individual assessed need. Epilepsy monitors, using AREMCO multifunction monitor AR5000 is being offered, enabling an in depth monitoring system to support users and carers in their own home. This and exit sensors have been utilised successfully with children (with autism and a risk of leaving properties undetected), as well as adults.

Bogus Call alarms – A scheme similar to the one offered in Falkirk began in August 2009, using Lifeline 4000 watches, for domestic abuse. These are being utilised as the line can be left open. Around 20 users are anticipated.

Lifestyle Monitoring – 14 Just Checking units are available for assessment purposes, with 6 units in regular use. 5 of these units have been purchased as part of the pandemic flu planning, aiming at supporting vulnerable users at home should they become unwell and protocols have been developed to support this use.

Environmental controls – These are currently funded via health if required. They would be considered in the future and North Lanarkshire would like to explore the potential for re-alignment of this service.

Telehealth – The Telehealth provision, managed via health and run across North and South Lanarkshire has been enabled partly by TDP funding. This is aimed at users with COPD, with 5-6 practices involved.

Other Services

- Exploratory work has been undertaken with use of PDAs, with 4-5 units to be piloted in the near future.
- Emergency Locators linked to the Tunstall base units are to be piloted, using Halliday James equipment. This will provide users with 2-way communication, as required. 2 potential users have been identified and Community Wardens will act as daytime responders, being provided with text messaging contact from the calls handling service. Response outwith daytime will be provided through the OOHS.

- Support for young people and associated with tenancy management, using a game which is played through a mobile phone. This aims to support and educating individuals who are taking their first steps at independent living in their own tenancies.
- Provision of additional security through use of controlled entry and CCTV, linked to users television sets has been installed in Sheltered Housing complexes, which are within an enclosed scheme. For dispersed Sheltered Housing complexes North Lanarkshire are proposing to offer tenants the option of having a hand held intercom unit, to improve security.
- Use of Wii's within sheltered housing as part of a wider social inclusion approach.

6.22 Orkney Islands

Governance

The Telecare Programme in the Orkney Islands is overseen by a Project Board, with defined terms of reference and meeting on a regular basis. The implementation of the programme is supported by a Telecare Project Manager, employed on a temporary basis.

The Orkney Partnership Telecare Strategy has been approved and is in place, providing a supportive financial framework.

Infrastructure

Assessment – There is a Single Shared Assessment form with a prompt list for assessors, this is completed by whoever is undertaking the initial assessment. The identified need is then flagged up to the specialist assessor who will prescribe the appropriate equipment.

Calls Handling and Responder Provision – The calls handling service is currently provided through NHS Orkney, with calls being directed through the Balfour Hospital. This service is currently being reviewed. Orkney is also in the process of upgrading Chubb SATURN and ensuring there is a disaster recovery system in place, as part of the 2009-10 matched funding packages with TDP funding.

A responder provision is an area which currently subject of review, in conjunction with the Sheltered Housing Review, with more formalised options being explored.

Procurement, Contracting, Storage and Tracking –The principal supplier of equipment is Chubb, with some Tunstall equipment provided to meet individually assessed needs and purchased via PASA framework. The area of commissioning and contracting community alarm and telecare services is subject of service development.

Equipment is stored at the Joint OT Store, which provides secure storage. Ordering and tracking remains a paper based system at this time. Decommissioning and recommissioning processes remain to be developed.

Charging Policy – At present the service is provided free of charge.

Maintenance – Maintenance and installation is provided through volunteer service contracted through Age Concern.

Protocols and Procedures – Currently as per the Community Alarm Service criteria, this is identified as requiring a review. The Community Care eligibility criterion is currently in draft format and will inform the review of the CAS criteria.

Training and Communications – Initial awareness training and open days have been carried out across the partnership, training and refreshers for assessors has also been provided. There are plans in place for awareness raising for elected members (late August) with this to be followed by a programme of public awareness raising. There are plans for awareness raising to be rolled out to GP Practices and targeting Community Nursing staff etc, through Team Meetings. There are telecare leaflets available, primarily aimed at the staff.

Orkney is about to embark on a planned programme of awareness raising, including member and public awareness sessions. It is planned that basic information and information leaflets will be distributed to coincide with this process. Information should also be available on the Orkney Islands Council website, in the near future.

Service Provision

Telecare services are available to adult users, who met the community alarm service eligibility criteria.

Enhanced telecare – There are 16 packages of enhanced Telecare in place in the Orkney Islands, including door sensors, chair sensors, bed sensors and/or epilepsy monitors.

Bogus Call alarms – No apparent need identified as yet.

Lifestyle Monitoring – A number of Quietcare units have been purchased although as yet not all are in use. These are being used primarily assessment use however one unit is utilised to monitor a user overnight in order to reduce the level of waking night cover.

Environmental controls – These are considered to be an NHS funding remit.

Telehealth – NHS are taking the lead with a number of projects, including remote clinics. However active connections remain to be established between NHS and the telecare programme, with a view to future joint working in this area.

Other Services

- Orkney Islands have installed a full range of equipment into a respite facility, including use of Quietcare which is providing an assessment tool during the period of respite care.
- One Quietcare unit is used for monitoring purposes on a permanent basis, as a replacement for waking overnight care.
- There is a partnership with the Fire and Rescue Service for the installation of smoke detectors, with new referrals (and in cases of assessed risk, pre existing cases) for CAS being provided with smoke detectors through the Smoke Detector project.
- Considering use of GPS for users at risk of unsafe wandering. There are concerns regarding the ethics and capacity to consent. There are also issues around a robust and flexible response to meeting need, which remain to be addressed.
- Also considering use of PDA units for prompting either as part of medication prompting or for users with LD living in core and cluster services.

6.23 Perth & Kinross

Governance

The Telecare Programme in Perth and Kinross is overseen by a Project Board. Due to changes within the partnership structure the mechanism for managing the implementation process is being reviewed. The Project is incorporated into the Care at Home and Community Alarm Service. There is a Telecare Co-ordinator whose role is moving towards being more developmental, although is currently linked into the responder service. Perth and Kinross are looking to appoint a Telecare Assessor who will cover partnership work, telecare training and specialist assessment support.

Perth and Kinross have an overarching financial framework which includes regular feedback meetings at an operational and senior management level. Perth and Kinross are currently developing a Telecare Strategy which includes financial projections.

Infrastructure

Assessment – There are three principal routes of referral including: via Social Work Field Teams; or completion of a Single Shared Assessment and requesting telecare service provision; or direct access via health or housing, supported by protocols to enable access; or self referral for Community Alarm Service only. Specialist assessment is currently provided by the Telecare Co-ordinator.

Calls Handling and Responder Provision – There is an integrated in-house, dedicated calls handling and responder service. There is a back-up arrangement with Angus for calls handling. The calls handling system has been upgraded to Chubb SATURN. Perth and Kinross are in discussion with Chubb regarding accessing information to support service provision. Calls handlers have access to SWIFT and flag up issues to care managers, with assessors being able to access information on request.

The in-house responder provision currently employs 16 staff, with the service subject of re-design to take into account the response to more remote and rural areas. The service provides a 24/7 service with response time varying according to distance to be covered. Provision for Out of Hours Service has separate base in the North of Perth and Kinross, including a partnership with Bield and Cairn Housing Associations to provide response service to 3 Sheltered Housing schemes.

There is a partnership service with the out of hours District Nursing provision, which is co-located with the Community Alarm Service. They are able to provide joint visits to Perth users, where there is an identified need for nursing input at point of alert. This service has been working for 1 year and is reported as being successful at supporting prevention of inappropriate admission.

Procurement, Contracting, Storage and Tracking – Chubb is principal supplier of equipment. There have been some discussions with Tynetec regarding the potential use of some their equipment. There is no contract in place with suppliers although there is a service level agreement with Angus for maintenance of the SATURN system.

Equipment is currently stored at CAS and the SMART house. It is recognised that this will not support the expanding service provision. In discussion regarding shared use of Joint OT Store system for tracking. Currently there is no formal system in place for decommissioning or recommissioning of equipment.

Charging Policy – There is a basic charge of £3.15 per week, for the Community Alarm Service, which is subject of financial assessment. Currently telecare service is free of charge but this will be reviewed.

Maintenance – Installation and maintenance is supported through the Community Alarm Service Team, which includes the calls handling and responder provision.

Protocols and Procedures – There are protocols in place to support individual case management, calls handling and response services. Perth and Kinross have applied for TSA membership and are beginning to map out and identify gaps protocols and procedures, in order to address these.

Training and Communications – Perth and Kinross have access to a SMART House which provides a venue for demonstration and training. The house is leased for a period of three years. Community Alarm Service staff are trained to SVQ Level 2, with consideration being given to purchasing training via www.cshs.co.uk/telecare

Perth and Kinross have developed a leaflet although this still has to be distributed. There is information available to staff on the intranet, including a referral form, information on priority and telecare sharepoint.

Service Provision

Users/carers can make a self referral for CAS however there are 3 separate referral routes to access telecare. Telecare services are available to adult users, who met the community care eligibility criteria. As part of the re-ablement agenda and homecare review, it is anticipated the eligibility criteria will be revisited.

Enhanced telecare – Perth and Kinross currently have 36 community based enhanced Telecare packages in place across the partnership. Further to this there have been a range of enhanced Telecare packages installed into 216 Sheltered Housing tenancies.

Bogus Call alarms –These are used for Adult Protection clients, with 6 units in use. Also use video door entry to support users. Currently developing links with Home Safety Partnership, Healthy Living Group which links with fire service, police etc to address home safety issues.

Lifestyle Monitoring – Perth and Kinross have 6 Quietcare units available which are generally used as an assessment tool. 1 unit has been used for a longer term period to support a client with Learning Disabilities to assist in determining their longer term needs.

Environmental controls – Currently working with NHS Tayside to develop this area more fully.

Telehealth –

- Developing a falls management pilot in 2009-10 with colleagues from Health, and in collaboration with 2 other local partnerships and Health Boards.
- There is early discussion on other aspects of Telehealth applications, including a COPD pilot using SPARRA data as the basis.

Other Services

- Currently Perth and Kinross are exploring the potential use of Maplin Finder as a tracker tool for users with dementia.
- There is a limited response service for door alerts provided and mechanisms for expanding this are being explored.

6.24 Renfrewshire

Governance

The Telecare Programme in Renfrewshire is integrated into mainstream service provision. A Telecare Service Co-ordinator has been appointed to support the implementation process, with the post being aligned to Renfrewshire Care 24. There are established systems which enable links with teams and partners, including the Police, Housing providers, Health and other stakeholders.

There is ongoing work in relation to establishing a financial framework which will support the telecare programme in the longer-term. There is an identified need to develop a strategic plan, including the partnership in supporting and established telecare provision.

Infrastructure

Assessment – Telecare services are based on individual assessed need, with a joint, holistic assessment being carried out with the Care Manager, client, family members and the Telecare Co-ordinator, in the user's home. Services are provided across all user groups. The basis of the service is an integration of support with use of technology.

Calls Handling and Responder Provision – There is a contract in place with Hanover for the calls handling provision.

Renfrewshire 24 provide 24/7 responder provision which is integrated with rapid response, overnight homecare and out of hours homecare management support (including assessment and care planning processes). This service employs 32 staff. The service has established links to care management processes with all responses being logged and flagged back to case managers.

Procurement, Contracting, Storage and Tracking – Tunstall and Chubb are the principal suppliers of equipment although Renfrewshire is exploring the potential use of Tynetec Sayphone 21 and falls detectors. Renfrewshire also use Just Checking. The PASA framework is used for the purchasing of the majority of equipment. Telehealth Solutions is used for the provision of equipment for the COPD project.

Storage is over a number of sites, with a defined system in place. Stock control and maintenance is managed through an electronic and paper based system, which is logged with Hanover who provides a level of equipment maintenance.

Charging Policy – There is a flat rate of £3.10 per week, charged for responder service.

Maintenance – Installation and maintenance is mainly provided through the responder service. Responders also complete decommissioning and recommissioning. Renfrewshire is looking to establish a service with Care & Repair, who will assist with some of the installation requirement. Hanover Telecare provide a level of maintenance support.

Protocols and Procedures – A full range of protocols and procedures are in place, and Renfrewshire are accredited for their responder service in accordance with TSA standards.

Training and Communications – There is an ongoing training programme with responders, including input from suppliers. All responder staff have completed or are

training to SVQ Level 2. Various other relevant training is purchased/provided including palliative care, sign language infection control etc.

There have been a number of information sessions provided through Carers Centre, elderly care forums, day centres and service providers. There are a range of leaflets available for users, carers and staff, informing of service linked to the Community Alarm provision and Renfrewshire 24.

Service Provision

Telecare services are available to all service users, who met the community alarm service eligibility criteria. The focus of the telecare project has been the integration of support with the use of technology, therefore the project is known as the “Care and Technology Project”. Users can make self-referral for CAS, however telecare referrals need to come via a Care Manager/Duty Worker.

Enhanced telecare – A range of peripheral equipment is available as per assessed need, including: pill dispensers (filled by family members); domestic violence service; childcare installations to support family carers and minimise risk for children with autism, Down’s Syndrome and Fragile X Syndrome (4 units currently in use); LD services; monitoring a sex offender; and supporting dementia users in their own home. A constructive partnership has been developed with the police who have supported use of equipment for surveillance usage. An additional 472 enhanced telecare packages have been provided through TDP funding, with other packages being available through mainstream funding.

Bogus Call alarms – Renfrewshire is a no cold-call area. There are a range of options used according to need, with all service users being encouraged to trigger their alarm to the monitoring station should they be unsure or anxious of callers. There are 88 bogus call alarms being used for domestic violence, with the police providing the responder service. In some cases users are advised to use their pendant alarm for this purpose and in 4 cases contacts have been used on windows in order to support users who are assessed as being vulnerable to burglary.

Lifestyle Monitoring – Renfrewshire has purchased 4 Just Checking systems which are managed through the Telecare Project and teams. This is used as an assessment tool for a 4 week period with users who have dementia and in Sheltered Housing. However Renfrewshire is in the process of implementing the Lifestyle Monitoring system for people with learning disabilities who are moving to independent living, and as part of the review process for people living in the community. Terms and conditions cover the ethical issues linked to use of the equipment.

Environmental controls – This type of equipment is not provided by the Renfrewshire Telecare Project, and is considered to be an OT responsibility. The Project will provide a link to telecare/CAS as required.

Telehealth

- Partnership is working on a COPD project – originally 19 users identified with 14 currently involved. Mechanisms in place for evaluation.
- Pill dispenser project – originally aimed at 10 users with 8 actually involved. Local pharmacies supported project which has been subject of evaluation.

Other Services

- Falls management project with links to NHS Falls Management Team aimed at regular fallers.

- GPS project – use Moby Alarm provided through Tunstall being explored under the auspices of the DIAL project. There is a reliance on the user to initiate action with this system, which is causing some concern about the flexibility/use of equipment.
- Gas sensors provided through Tunstall.
- Use of Mangar Camels/Elks to support lifting as part of the responder provision, to support the responder provision.
- Dementia service – where keysafes, door contacts and fire prevention are principal focus of risk management and support users to remain in their own homes.
- Rapid installation to enable user discharge from hospital, with aim to install within 4 hours for equipment that does not require a ladder for installation process.

6.25 Scottish Borders

Governance

In the Scottish Borders the Telecare Programme has recently moved into a different phase of development, with a Telehealthcare Board now being in place, with a focus of moving the Telehealthcare agenda forward.

Infrastructure

Assessment – Access to the telecare service is through a referral process within the social work system “Framework”. Completion of Single Shared Assessment is undertaken by mainstream assessors and identification of need is passed to Bordercare staff for prescription and installation processes.

Calls Handling and Responder Provision – Calls handling is managed through the in-house service provided by Bordercare. This service also provides calls handling services for Out of Hours housing repairs, education department services and a number of Council based telephony activities, with the income generated offsetting the costs to CAS users.

Scottish Borders take a network approach to providing a responder provision. In the first instance a user is asked to provide a minimum of 2 named responders. There is a developing neighbourhood link programme which is being tapped into to support this service. However for a small number of users who are unable to provide a named responder, arrangements can be made to provide response through the Emergency Duty Team and the Overnight Care Team can be diverted to make a response to an alert. There is an agreed pathway, between stakeholders as represented on the Telehealthcare Board, to provide response to alerts where this is the case.

Procurement, Contracting, Storage and Tracking – The principal supplier of equipment, in Scottish Borders, is Tunstall. PASA prices are reviewed however prices indicated in PASA, although lower prices have generally been achieved through direct negotiation with the supplier. Scottish Borders have an on-line procurement process however for specialist one-off purchases there is agreement for spot purchasing. There are localised agreements in place to support cabling and some installation requirements.

There is some Tynetec equipment in use and a small amount of equipment from Halliday James and Buddi in use. Just checking units are utilised and consideration is being given to trialling Quietcare.

Scottish Borders has 1 central store with 2 satellites solely used for storage of CAS and telecare equipment. PNC5 is used to provide stock control.

Charging Policy – There is a charging framework which includes the core charge of £2.16 p.w. for CAS for low level need. There is no charge for under 16 years of age and palliative care. There is an appeals process for those who may be experiencing financial hardship. Telecare is currently not subject to charge.

Maintenance – There are systems in place for decommissioning, recommissioning and maintenance, the service primarily being provided via the 3 in-house technicians. The Assistive Technology Co-ordinator and technicians oversee complex installations in addition to day to day installations, each having a workload of around 2,000 visits p.a. diarised in for installations, maintenance, awareness training and support. The quality of the equipment having improved over the years has resulted in the visit rate remaining static.

Protocols and Procedures – There is a range of protocols and procedures in place. The structure of these requires to be reviewed to ensure easier accessibility. Scottish Borders is considering appropriate mechanisms for accreditation at this time, including TSA, SSAIB and NACOS.

Training and Communications – Training is provided through the in-house Staff Development Team, including induction, customer care etc. There is an in-house module for calls handling, protocols and procedures etc. There is training provided across the teams regarding awareness and assessment.

Currently there is booklet available for users entitled “Ageing Well”. A suite of leaflets, DVD and evaluation framework are part of current developments which have been commissioned to support the project.

Service Provision

Telecare services are available to all service user groups, who met the community care eligibility criteria.

Enhanced telecare – Currently has 415 complex packages in place which include a wide range of peripheral equipment which are allocated on the basis of individual assessment.

Bogus Call alarms – In 2002 a partnership with the Community Safety Forum was established, with the Forum funding the purchase of 50 triggers. There was engagement with a Theatre Workshop Group who provided various groups of older people with information and advice through drama regarding safety issues. This service remains, with the units being recycled as appropriate.

Lifestyle Monitoring – Scottish Borders has 6 Just Checking units utilised for assessment purposes. 1 unit is installed on a longer-term basis to support a carer who works in Edinburgh and assists to modify the care plan to meet her mother’s needs. About to install 2 Quietcare units into a LD service as the Just Checking units did not provide the type of information required. In the near future will also be using a Tynetec system into an LD service that has some lifestyle monitoring features.

Environmental controls – The provision of environmental controls sat with NHS Lothian until recently and now sits with the Joint Equipment Store and OT Services. Scottish Borders is developing a Business Plan for this area of service, in conjunction with health partners.

Telehealth – The Telehealth Steering Group has been established and currently identifying pockets of telehealth/telemedicine occurring across the partnership area. Once scoping is completed will be moving towards a more strategic focus.

Other Services

- Falls Management Service - There is a pathway to accessing fall management input being developed by the partnership, covering response provision in Out of Hours period. The Falls Strategy is shortly due to be signed off. A leaflet has been developed and training DVD to support Falls Management services. Currently looking at mechanisms required to capture appropriate data, following the scoping exercise.
- Trialling Buddi, GPS Tracking system, have purchased 4 units, 1 of which is being used for in-house testing and 2 being used by clients.
- Also trialling Halliday James, St Bernard GPS Tracking system.

- Medication dispensers – there is an example of 1 dispenser having reduced previously recorded annual hospital admissions by 12 weeks.

6.26 Shetland Islands

Governance

The Telecare Programme development in the Shetland Islands was re-launched in January 2010 with the appointment of a Project Manager. A new Project Board and Steering Group were established in March 2010, and a structure implementation plan was put in place. This will include at least two telecare pilots and one telehealth pilot in the next year, and full process and service integration by the end of 2011. The Community Alarm Co-ordinator post is supporting the implementation process, with the role and responsibility to be reviewed to reflect the changing needs of service provision.

The Telecare Programme is organisationally aligned with the Occupational Therapy (OT) services in the Shetland Islands, with representation from all Community Care departments and NHS sectors. The financial framework to support the programme in the longer term is being developed and will be in place by the end 2011.

Infrastructure

Assessment – The Single Shared Assessment is used by the initial assessor to identify user need for telecare, with referral then being made to OT Duty system for a specialist assessment.

Calls Handling and Responder Provision – A further one-year extension (through to June 2011) has been approved by Shetland Islands Council with Tunstall Response Ltd in Doncaster, with the proviso that a cost analysis be conducted to consider a full re-tendering exercise or a repatriation of monitoring services to Shetland, the latter in partnership with other local authorities. In the meantime, Shetland will gain access to the current Tunstall monitoring system to improve records accuracy.

Currently responders are nominated by users, from relatives, neighbours and informal networks. It is recognised that this approach is not sustainable with early development of a responder service being discussed, utilising care home capacity, with some additional staffing. In downtime the staff will be able to support residents in the care home. Issues remain to be addressed on how to provide a responder service on the outer isles, particularly where there is limited staffing capacity.

Procurement, Contracting, Storage and Tracking – The principal supplier of equipment is Tunstall, through spot purchasing arrangements, though Shetland has stepped forward to pilot the Scottish Excel Procurement programme. In addition, a new electronic stock control system will be selected and implemented in 2010, to support tracking, decommissioning and storage. Currently equipment is stored and manually managed by OT.

Charging Policy – Provision of equipment and services are free of charge. There are no plans to implement a user-fee programme for telecare or telehealth services.

Maintenance – Occupational Therapists, aids and technicians provide assessment, installation and maintenance support to users. The Telecare Project Manager and Community Alarm Coordinator are implementing a base alarm upgrade programme. Additional peripherals will be provided through OT assessment.

Protocols and Procedures – New procedural and protocol arrangements are being investigated as part of Shetland's overall telecare programme. An online documentation repository is being investigated. There are procedures in place to support calls handling and responder services.

Training and Communications – Comprehensive communication and training components are part of the overall telecare programme in Shetland. This includes assessment and equipment training for OT's, aids and technicians, awareness sessions for carers, tenants, users and their families, leaflet publication and distribution, and interviews and announcements in local media outlets.

Service Provision

The programme has chosen a sheltered housing scheme for the first pilot. The tenants are all older people, some with dementia and others at high risk as the target groups for telecare. Clients with increased complexity will be selected in successive pilots to focus services on high risk individuals. Though this remains the principal focus, it is not exclusive. Referrals or self-referrals can still be made through the standard OT process. Clients need to meet the requirements indicated in the community care eligibility criteria.

Enhanced telecare –There are 800 basic Community Alarm users in the Shetland Islands, with many integrated fire detectors in place. There are also a small number of other peripherals in use, including door exit sensors, fall detectors, epilepsy sensor, temperature control sensors, DDA pagers and bed sensors.

Environmental controls – A small number of environmental controls were installed prior to the Telecare Development Programme. This has been viewed as the responsibility of NHS/OT, however consideration is being given to future use through the telecare programme.

Telehealth – It has been agreed that a telehealth pilot will be included in the Telecare programme. The Telecare Project Manager will work with an NHS Programme Manager to develop this through 2010, with a planned implementation for later in the year or early 2011. It is likely to involve at least one health unit for a client or group of clients with chronic conditions.

Other Services

- Use of GPS as an emergency locator is being explored.
- Learning disability services use telecare to support individually assessed needs of users accessing supported housing.
- Monitoring and evaluation of success factors will include a client and carer survey
- Higher standards of accuracy though streamlined procedures will be implemented and updates sent to Service Provider to improve synchronisation of records

6.27 South Ayrshire

Governance

The Telecare Programme development in South Ayrshire has until recently been overseen by a Steering Group. This arrangement is in the process of being changed, with a Business Development Group being established, as a sub-group of the Long Term Conditions Locality Group, to take on the management responsibilities for telehealthcare service development across South Ayrshire. There is no dedicated project management, with the project being managed in alignment with Community Alarm Services and Homecare.

The development of the telecare service has focussed on mainstreaming provision from the onset, with frontline staff being involved in the process. Current financial arrangements are independent of mainstream provision. South Ayrshire is working towards an integrated strategic financial framework.

Infrastructure

Assessment – Access to all services, including Community Alarm Services and telecare, is always through completion of a Single Shared Assessment.

Calls Handling and Responder Provision – There is an in-house dedicated calls handling service, provided by the South Ayrshire Monitoring Station (SAMS). PNC5 provides the underpinning system to support the service.

14 Staff (Mobile Attendants) cover a 24/7 responder service, with the service being managed through Homecare. 2 staff are on shift at any given time, with the cut off point being based on a geographical split, during the day time shift. In the South/Carrick area there is a reliance on additional support from Homecare should a response be required. The Mobile Attendant service does cover all of South Ayrshire overnight. There are kitted out vans available to support responders.

Procurement, Contracting, Storage and Tracking – Tunstall is the principal provider, with a contract being in place for the Community Alarm Service and telecare equipment. Other providers are used on a spot purchase basis with Chubb providing fire detector peripherals, Possum and various other providers as per OT assessed needs.

There is an agreement in place with Tunstall to store the bulk of equipment with this being released as per demand from South Ayrshire. Stock control and management of batteries is currently via use of PNC5 support.

Charging Policy – There is a charge of £2.78 per week for the Community Alarm Service and no additional charge for enhanced telecare at the moment.

Maintenance – Installation, maintenance and service review is generally managed by the Mobile Attendant Team for mainstreamed equipment. Recommissioning and decommissioning is also managed through PNC5 with Mobile Attendants providing the support to achieve this.

Protocols and Procedures – South Ayrshire is currently working on new procedural and protocol arrangements. There are procedures in place to support calls handling and responder services.

Training and Communications – Tunstall provide an ongoing programme of training for assessors and awareness raising. A demonstration flat is currently being developed to support training. There is a programme of peer training between Mobile Attendants and Senior home carers. All Mobile Attendants are trained to SVQ2 Level.

Word of mouth is viewed as a significant factor in accessing Community Alarm, with leaflets tending to be focussed on post prescriptive period. Information on the website is being worked on. There are information leaflets available for new staff as part of their induction.

Service Provision

Telecare services are available to all subject to assessed need regardless of age.

Enhanced telecare - South Ayrshire is using Tunstall Connect+ and 4000 as baseline Community Alarm Service, with range of 104 peripherals being allocated according to individual assessed need.

Bogus Call alarms – 1 Unit is in use although the community alarm is utilised for domestic violence victims as per assessed need.

Environmental controls – Environmental controls are used, and linked to the Community Alarm Service. The environmental based equipment is supplied through the OT's.

Telehealth – There is discussion regarding telehealth projects, including the falls management.

Other Services

- Use of GPS as an emergency locator is being explored.
- One Community Alarm unit has been installed to support a user following release from prison, ensuring targeted support to assist avoidance of re-offending.
- Learning disability services use telecare to support individually assessed needs of users accessing supported housing.
- Annual questionnaires evidences people feel safer at home with the use of technology.
- Telecare advisor post to be introduced in 2010 to offer advice to assessors and better integration of how we record technology and produce stats from PNC 5.
- MA team trained to a higher level to install more sophisticated technology.
- Self directed and formal training complimenting each other.

6.28 Stirling

Governance

The Telecare Programme development in Stirling is overseen by an internal Telecare Steering Group, which has an identified role and remit. This group supports partnership collaboration and communication and is responsible to the Stirling Telecare Development Partnership. A Telecare Co-ordinator is responsible for the implementation process and is supported by a Planning Lead for Telecare and the Steering Group. Stirling has developed a Telecare Strategy and action plan, providing a framework for the implementation of telecare in Stirling. This document includes the Stirling Business Plan and Risk Assessment for Telecare Services.

There have been links built upon established relationship with Forth Valley & Falkirk and Clackmannanshire, with a shared resource of 1 day per week dedicated time from a nurse specialist from the NHS Forth Valley Rehab Team.

The telecare budget currently is standalone. Integration into a financial framework is as yet to be addressed.

The development of champions, supporting frontline services and feeding back into the development process is ongoing.

Infrastructure

Assessment – There is one route of referral for telecare services, through the Intake Team and completion of a Single Shared Assessment.

Calls Handling and Responder Provision – Stirling has an in-house calls handling provision, which provides for all of Stirling Council's call's handling services and part of Clackmannanshire. This service is supported by Tunstall PNC5 which has recently been installed.

An established Mobile Emergency Care Service (MECS) has been built upon to provide a responder provision across Stirlingshire and sits within the Homecare services.

Procurement, Contracting, Storage and Tracking – Tunstall and Chubb are the main providers for core equipment. Sensorium, Halliday James. RSL Steeper, Possum provide some equipment with Fenner's providing some local installation and maintenance. Procurement is largely through the PASA framework. There is a contract in place with Chubb which is due for review. Some spot purchasing takes place.

Storage and tracking is managed within the MECS Team, who support the ordering, tracking de-commissioning and re-commissioning processes, including battery changing.

Charging Policy – There is a £1.50 flat charge for equipment. The charging policy is currently being reviewed with a view to abolishing charges.

Maintenance – The MECS Team carry out basic installations and other installations including anything requiring a ladder is completed by Fenner's.

Protocols and Procedures – Prior to starting the programme Stirling invested in the development and joining up of procedures, to support the telecare implementation process. A consultant was employed to assist with development of procedures around calls handling and modernising the contact centres systems in relation to Community Alarm Service. Protocols and procedures are in place to support ethics, assessment, risk management, Mobile Emergency Care Service etc. The development of policies and procedures is part of ongoing planning process, with each pilot having defined procedures.

Training and Communications – There is an ongoing training programme which is regularly reviewed and adapted according to need. There are demonstration kits available and the “portable house” which are used as appropriate. The “portable house” and demonstration kits have been taken out to rural areas where demonstrations have been given in church halls and community centres, with a number of road shows taking place, and particularly well used by community health staff. There have also been demonstrations and presentations to elected members and a wide range of stakeholders at a local and national level.

Champions Training similar to that carried out in Falkirk is being developed, with a view to linking into the Champion’s Network being established in Falkirk. The MEC’s staff are trained to SVQ Level 2.

Leaflets are available as is an on-line information page.

Service Provision

Telecare services are available to all service users according to assessed need, although the core service is based on the needs of Older People. There is an eligibility criteria to support access to Community Alarm Services and separate criteria are established for each of the pilot projects.

Enhanced telecare – There are approx 4000 CAS users and since the programme began there have been 150 telecare users. Telecare peripherals are provided as per assessed need. Complex packages are supplied following a joint assessment between health and social work specialist assessments.

Bogus Call alarms – There are a small number of bogus call alarms in use, as per individual assessed need. There is a potential use being explored for vulnerable adults assessed as needing support and protection. A relationship is being developed with the police to support future response requirements.

Lifestyle Monitoring – There are 2 Just Checking Units in use, being used as an assessment tool for adults with dementia. Currently the use is about 3-4 individuals per month with a view this should rise to 6 assessments per month.

Environmental controls – There are a number of packages in place, with the experience of the nurse specialist from the NHS Forth Valley Rehab Team being used to advise this development.

Telehealth

- Docobo being used to develop a service for users with COPD. Health is taking the lead on this project, with a consultant and specialist respiratory nurses involved.
- The Stirling Long Term Conditions Group is exploring options to undertake a Telehealth project.

Other Services

- Stirling is currently running a pilot project for users with LD, looking at supporting users in two local group homes with some additional support provided through use of telecare.
- Use of PDA's to provide support for users with cognitive impairment is being piloted, currently 12 users, who require other telecare equipment to support them or living at home are using this as a means of memory prompting.
- Use of GPS systems being explored, using Halliday James and Lomi equipment.
- SMART Housing is also being explored in conjunction, similar to the development in Clackmannanshire.
- Links with Day Hospital have been developed to generate referrals particularly from clients on CPA and with the University of Stirling, Dementia Centre to establish a pilot project on use of telecare with users who have dementia.

6.29 West Dunbartonshire

Governance

The Telecare Programme in West Dunbartonshire is overseen by a Steering Group, which meets on a regular basis. The Homecare Organiser is charged with lead responsibility for the implementation process, and provides reports to the Social Work and Health Committee on a regular basis. The implementation of the programme is supported by the Homecare Organiser and a Telecare Co-ordinator, who is employed on a temporary basis. The service sits within Homecare/Community Alarm Service. A Telecare Strategy is in place, along with a risk register.

The Telecare budget responsibility is managed within the Home Care section, with the longer-term financial framework still to be decided by Social Work and Health.

Infrastructure

Assessment – Assessment processes are mainstreamed in West Dunbartonshire, with assessors completing a Single Shared Assessment identifying a need for telecare services. The Telecare Team will provide advice to the assessor, on request.

Calls Handling and Responder Provision – West Dunbartonshire contracts with East Dunbartonshire for provision of their calls handling service. West Dunbartonshire has agreed protocols with East Dunbartonshire to support access to data, with the calls handling service trained to meet their requirements.

There is an in-house responder provision with a team of 6 responder staff (Mobile Attendants) who supply service across authority area. 1 staff member is on per shift, over 24/7 period. Back-up service provided by Homecare during daytime and an Out of Hours Service is provided via Sheltered Housing staff on a rotational basis. Arrangements are in place to provide additional cover through Sheltered Housing services, as required.

Procurement, Contracting, Storage and Tracking – Tunstall is the main provider of equipment, with Hudson providing the Home Free System. There is a contract in place with Tunstall, with the PASA framework being used if other equipment is considered appropriate to needs of the user, in these cases procurement is on a spot purchase basis. There is a service level agreement with East Dunbartonshire for the calls handling service.

There are no formalised arrangements currently in place to support storage and tracking of equipment, with a small level of stock being held in the office. An Excel spreadsheet is used for basic stock management. Carefirst is used to track equipment and enable decommissioning.

Charging Policy – There is a charge for Community Alarm Service of £2.00 per week, with no additional charge for other telecare equipment.

Maintenance – Mobile Attendants complete most installations of Telecare equipment, with Tunstall or other Telecare Providers only being called upon to install complex packages. The contract with Tunstall guarantees cover of an element of maintenance. Mobile Attendants change batteries and a routine check visit is completed on a geographically based rota (this check visit includes check of information e.g. next of kin, GP etc. and ensure that equipment is working). West Dunbartonshire actively encourage users to complete a process of self checking equipment on a regular basis, by activating the equipment using a pre agreed method with support from the calls handling service.

Protocols and Procedures – Local policies and procedures are applied accordingly, to include the telecare element of service. The Telecare Practice Guidelines are in place, providing staff with procedures for assessing and managing the prescription of telecare.

Training and Communications – Tunstall have provided 2 days of training for staff. The Telecare Co-ordinator provides refresher training and any update training, as required. There is access to a demonstrator flat for training. This accommodation is a shared facility with the step up/step down service and when it is not available for demonstration/training purposes there is access to a demonstration case, which is also used for taking training out to the Teams. All Mobile Attendants complete SVQ Level 2 in Social Care training.

West Dunbartonshire has an information leaflet and has provided information via an article to the West Dunbartonshire Newsletter, provided to all households. An information sheet has been made available to all homecare staff. Leaflets are provided through the Carer's Centre and the Community Alarm leaflet is being updated to incorporate telecare.

Service Provision

The original approach within the project was to target >65 year old users. This rapidly changed, when it became clear that other client groups would benefit from having telecare. In the coming year there is a move to look at developing the telecare service for users with Learning Disabilities. Criteria for access to telecare services is based on community care eligibility criteria.

Enhanced telecare – West Dunbartonshire is currently providing Telecare service for about 400 users, although has found falls detectors are not greatly used. A further 253 service users receive enhanced Telecare packages which were funded by West Dunbartonshire Social Work and Health partnership prior to TDP funding becoming available.

Bogus Call alarms – These are primarily used in Sheltered Housing complex where accommodation is not enclosed, providing for additional safety of residents. West Dunbartonshire holds a stock for community based use, in addition to sheltered housing needs. They have been used as a means of door alert for users with a Learning Disability, as required. There are early discussions with the Police regarding use for domestic abuse.

Lifestyle Monitoring – West Dunbartonshire has set aside a budget to develop a service during 2009-10. More work is to be completed on this before the service may become operational.

Environmental controls – This is not a planned area of development, however there has been 1 installation to enable a user to access Community Alarm Services.

Telehealth – Not moving forward to this yet, however do use medication prompts (vocal prompting service).

Other Services - Have been working with "Hudson's" to explore use of a wandering alert system.

6.30 Western Isles

Governance

The Telecare Programme in the Western Isles is controlled by the Community Health and Social Care Partnership (ChaSCP) consisting of representatives of Health, Social Services and Housing. Throughout the period of TDP, the projects have been managed by the existing Service Co-ordinator of the Careline and associated services. No additional management or staff have been engaged as a consequence of the programme

The fieldworkers have attended to the installations with the support of the equipment supplier.

The Faire Community Careline Service is entirely funded through the Social Work Service of the Western Isles Council, with 30% of its running costs shared by other Council Departments for the corporate out of hours activities it undertakes on behalf of other services. From 01 April, 2009 the responsibility for the core service still remains with the Social Services Section but is operated by Customer Services under a service level agreement.

Infrastructure

Assessment – As from 01 April 2009 assessment is to be through the Occupational Service of the Western Isles with that service determining the eligibility criteria. This is likely to revert to the financial budgets of that service, with constraints anticipated.

Calls Handling and Responder Provision – Call handling of all telecare equipment is maintained through the Tunstall PNC5 call handling equipment located at the Faire Community Careline Control Centre, Dun Eisdan, Westview Terrace, Stornoway, operating on a 24/7 basis. Relevant data on the ongoing care of service users, changes in condition or patterns of behaviour are passed to the Home Care and other Social Services as appropriate, generally by e-mail or by telephone. Up until 31 March 2009 the Faire Community Alarm Service was exclusively operated by the Social Work Department of the Western Isles Council. However, since that date this service is carried out by Customer Services Section of Finance and Corporate Resources on behalf of and through service level agreement with the Social Services section of Social and Community Services.

Response for the original and basic Careline service was through a system of “contact persons”, an extension of the friendly neighbourliness of the Western Isles. When a person is registered for the service up to three such contact persons, family, extended family, neighbours etc. are recorded and are the first call of support. It is recognised that this model of response is not sustainable due to demographic changes. Therefore the mechanism of professional support for such cases has to be a serious consideration, and is the subject of further consideration in the Western Isles.

Procurement, Contracting, Storage and Tracking – procurement arrangements are through Social Care Services of Comhairle nan Eilean Siar (Western Isles Council) contracted out to Tunstall Telehealth (UK) Ltd.

Ordering, tracking storage etc of telecare equipment is currently done through the Occupational Therapy Department’s Community Storage facility. Equipment histories, maintenance records, status of each item etc is maintained through the Tunstall PNC5 equipment database forming part of the system at Faire Community Careline Service Control Room but with the capability of being accessed remotely by our two fieldworkers.

Charging Policy – The current monitoring fee is £1.50 per week, with no additional charge for telecare services.

Maintenance – Installation and maintenance is supported by two in-house fieldworkers. Records are controlled through the PNC 5 equipment database electronically, and a programme of a six monthly cycle of visits supporting users, is maintained by the in house fieldworkers.

Protocols and Procedures – Faire staff operates to defined protocols and procedures and to any conditions, stipulation or whatever put in place by professional practitioners or clinicians.

Training and Communications – Faire Call Centre staff undertake regular training in the Tunstall computerised call handling system. As Council employees they participate in its formal Staff Development and Appraisal Programme which caters for their training and development needs. They have also received telecare awareness training to raise their knowledge of the availability, purpose and appropriateness of telecare technology.

Fieldworkers have had training in the calibration and installation of telecare technology, and this is likely to increase within their new environment.

Community lead assessors have also participated in telecare workshops throughout the Western Isles to raise awareness and to educate them in what is available, what is appropriate and to encourage a wider use of assistive technology.

A leaflet itemising the equipment available, and entitled – “A guide for health and Social Care Professionals and Carers to Technology solutions linked to Home Alarm Unit” – has been widely circulated among caring professionals throughout the Western Isles in an effort to raise their awareness of the types of equipment and technology available.

Information can be accessed through the Comhairle (Council) website, with a link to Social Services and onward to Careline and telecare services, and through information available in leaflets at a whole network of venues throughout the Western Isles. In a rural island area such as the Western Isles the personal network, word of mouth and the reputation of a credible caring service are paramount in the development of new services, and Careline and telecare are no exception to this.

Service Provision

Service users and carers can access telecare in the Western Isles by contacting Faire Community Alarm Careline service on 01851 701702 available to them 24 hours a day. They can alternatively contact Social Work offices at Stornoway, Tarbert, Balivanich and Castlebay or refer to the Occupational Therapy Department based at the Western Isles Hospital, Stornoway or Council office Balivanich, Isle of Benbecula. In terms of eligibility criteria for a basic dispersed alarm and smoke alarm there is no eligibility criteria, or assessment of need, other than the obvious constraints of a domestic telephone facility and a willingness to meet the charge.

Enhanced telecare –The Western Isles have 860 Community Alarm Service Users of which 272 have additional peripherals allocated, based on individually assessed need. A full range of peripherals is made available to users, as required.

Telehealth – The Western Isles Health Board are the responsible agency for Telehealth and the Faire Careline services are available to them for Telehealth monitoring purposes. To date there has been very limited discussion in this area.

6.31 West Lothian

Governance

The Telecare Programme in West Lothian is fully integrated into local service provision, and is managed by the Social Work Occupational Therapy Services. The budget is managed within the Occupational Therapy and Technology remit. Further discussion is ongoing regarding future financial management structures.

Infrastructure

Assessment – The Home Safety Service staff carry out all assessments for the provision of telecare core packages. Completion of this assessment may trigger the need for a specialist assessment, which are currently being carried out by the OT's. A new e-SSA "Safe at Home" developed through Visionware has been piloted recently by staff from different services e.g. domiciliary care, social work, with the e-SSA being sent onto Home Safety Service as a request for further assessment.

Calls Handling and Responder Provision – In-house provision for calls handling through "Careline West Lothian". Careline West Lothian obtains customer feedback on a monthly basis and this information can be provided to Home Safety on request. Careline are TSA accredited but as yet the Home Safety Service is not accredited for assessment and response.

Responder provision is provided by Home Safety Service staff. 9 staff are employed to provide assessment and responder services working on a shift basis from 9 a.m. to 9 p.m. 7 days per week and on-call overnight. This service also provides for all review and non-contract battery/equipment replacement. They provide a "keyholder" service for up to 100 service users, being the first responder in emergency situations.

Procurement, Contracting, Storage and Tracking – Tunstall are the principal suppliers of equipment, with some additional "one off" purchases from other providers e.g. Just Checking. There is a contract in place for the provision of Tunstall equipment, which supports purchasing, installation and maintenance.

Tunstall subcontractors, North-South warehouse the units and Careline keep track of stock via Tunstall PNC5. Decommissioning is completed by Care and Repair who provide uplift/installation and the Community Equipment Store provide cleaning service, with units that are re-usable being almost immediately put back into circulation.

Charging Policy – The service is free at the point of delivery. West Lothian previously charged for the Community Alarm Services, but moved to a free service.

Maintenance – Home Safety Service staff arrange the installation, servicing and maintenance of equipment, which is currently done by Tunstall, with installation currently being provided as part of the purchase of each new core package. Installation of recommissioned packages are paid per item installed. Other options for these services are being explored.

Protocols and Procedures – A full range of protocols and procedures are in place. The Careline calls handling provision is TSA accredited, with protocols and procedures meeting TSA requirements.

Training and Communications – Home Safety Services offers ongoing awareness training programme, on request to other staff, community based organisations etc. Home Safety Services staff are trained to SVQ Level 3 as a minimum requirement.

Leaflets and posters are available to public and staff. Staff are aware of the methods of accessing the service, with written documentation being readily available.

Service Provision

Telecare services are available to all user groups, who have an assessed need for equipment.

Enhanced telecare – With 3,400 installations West Lothian is currently supporting about 4,000 vulnerable people within their own homes. West Lothian provides a core enhanced package for all Home Safety service users consisting of an alarm and pendant, flood detector, smoke detector, extreme temperature detector, movement sensor and gas detector if appropriate. The >65 years of age population in West Lothian is around 10,000 therefore about 40% of the older persons population is being supported by this service.

Bogus Call alarms – About 10 community alarm units are used to support victims of domestic violence, with alerts going directly to the police to respond to.

Lifestyle Monitoring – 1 Just Checking unit has been purchased to provide an additional assessment tool and is being used with the Older People's Team.

Environmental controls – These are funded via the NHS with assessment being carried out via a joint visit between Community and environmental control engineers based in NHS. There are issues regarding responsibility in this area, where equipment has been prescribed in a shared capacity e.g. door openers.

Telehealth – NHS Lothian are taking responsibility for the development of Telehealth projects.

- There is an ongoing COPD initiative in Blackburn which is part of a pan Lothian project.
- In Armadale a GP is the lead for a pilot project, linked to obesity management for adolescents.

Other Services

- West Lothian are involved in SOPRANO, a European initiative, which involves setting up of 10 houses with a full range of telecare and related technology. The equipment will be linked to the call centre and will communicate through touch screen and remote TV, providing memory prompts and responses appropriate to user needs. This will be linked into the Home Safety Team. This pilot is due to go live in January 2010, with clear outcomes having been identified and agreed with users. West Lothian is providing staff and technician time and input funded by EU.
- A trial was carried out using GPS system provided through Tunstall, in 2008. The results were disappointing; with some of the zones identified not providing a signal and the equipment was bulky. The provider sub contracted to Tunstall went out of business, causing difficulties in accessibility and support.
- The initial part of the Safe at Home specialist assessment tool, developed through the Housing & Care Demonstrator project has been positive. Preliminary discussion with Housing, The Advice Shop and Criminal Justice have identified the potential deployment of the Safe at Home application as a mobile housing assessment tool, income maximisation assessment tool and environmental risk assessment for criminal justice.

7.0 Areas of Good Practice and Innovations

7.1 Foundations for Implementation of Telecare in Scotland

The implementation of telecare services across Scotland has varied significantly, as each partnership has taken into account the local variations linked to geography, demographics, existing service provision and strategic demand. The geography of Scotland has had a particular impact on rural, remote and island communities. This has presented specific challenges for the development of a flexible and robust infrastructure in support of telecare services.

For some partnerships the journey experienced in developing their telecare programmes began prior to the Telecare Development Programme. The best known example of this being West Lothian's innovative support provision for older people (Bowes and McColgan, 2006). Scottish Borders was also developing the use of assistive technology as an extension to the Community Alarm Service from 1993, with the use of smoke alarms, and in 2004 appointed their first Assistive Technology Manager to develop community based services for people with dementia. In conjunction with NHS Forth Valley, Falkirk Council has been providing environmental controls, which link into the Community Alarm Service, since the 1990s. In 1992 Falkirk started providing a passive alarm service for users with cognitive impairments, and in 2000 started using epilepsy monitors. By 2002 Falkirk had initiated a Falls Management service. North Lanarkshire has also been involved in the use of telecare and other assistive technologies, for some time.

Similarly other pockets of development were ongoing across other partnerships during the same period, with varying results. Many partnerships describe inadequate infrastructure to support mainstreaming of small pilot projects, including limited evaluation processes and resourcing. However some services were developed and remain using various telecare peripherals, including standalone equipment and bespoke systems. Aberdeen City and Inverclyde describe the use of technology to support hospital discharge programmes for adults with learning disabilities, with Aberdeen City progressing this into housing support services for other adult users.

In 2008 a two year study was commissioned by the European Commission examining the use of technologies in meeting the needs of shifting populations. The document ***ICT & Ageing: Users, Markets and Technologies – Preliminary Findings***, indicates the UK has, at 2008, the highest uptake of Community Alarm provision of the 16 countries included in the research around 15% of 65+ population having access to social alarms. In Scotland the penetration level of around 17% is indicated through figures available from baseline information indicated in partnership submissions for TDP funding. Whilst saturation levels of community alarm installations may vary from area to area, both across EU countries and within individual localities, the drive within Scotland has enabled partnerships to move beyond the basic “first generation” telecare towards establishment of “second generation” telecare peripherals and early emergence of telehealthcare models.

This development in Scotland has seen the 32 partnerships demonstrating a commitment to establishing second generation telecare within mainstream service provision, albeit to varying degrees. This has been further supported through areas of innovation and good practice developed by the partnerships in order to evidence the value of telecare and related technologies within daily practice. The data obtained through questionnaires and other sources identified four broad areas where partnerships have developed good practice responses to meeting the demands of their programme (see Appendix 5). These are:

- Training and Communications - moving from awareness to developing long term support for frontline staff, users, carers and other stakeholders
- Integration of provision - with services offered by other partnership members, supporting the embedding of telecare in mainstream practice and progressing into telehealthcare
- Promotion of telecare services across user groups
- Resource Maximisation

7.2.1 Training and Communications

For most partnerships the initial focus, when establishing their telecare programmes, has been ensuring telecare awareness training was made available to various stakeholder groups, primarily frontline staff. In conjunction with this some partnerships have developed Communications Plans, to ensure that information is disseminated across the partnership in an efficient and systematic manner.

All partnerships indicated they had provided a level of training for frontline staff. The level of training varies, although all partnerships indicated they have provided awareness training and most have provided assessor training to their frontline staff. **68% of the telecare partnerships in Scotland report they have developed training plans to support their telecare programmes**, providing ongoing training which targets a wide stakeholder group including elected members, users and carers and the general public.

Falkirk and North Lanarkshire have established training and support mechanisms for telecare “champions”, ensuring a process of ongoing learning and skilling of staff who support the wider workforce. The Falkirk model of training includes a formal 8 x ½ day training package with users and carers providing a central role as trainers. 75 assessors have now undertaken the Falkirk course, with positively reported feedback from participants and trainers.

Dundee and Scottish Borders report that staff training is provided by their Staff Training teams, with Dundee informing that basic training is mandatory for all staff. Partnerships who provide an in-house responder service all advise their responder staff are trained to a minimum of SVQ level 2, with additional in-house training to match the specific requirements of the response services. **Embedding training into the mainstream service provision has been a crucial element of ensuring an equitable and sustainable service.**

7.2.2 Use of Demonstration Flats

Twelve partnerships (37.5%) developed demonstration flats as the focal point of their training programme, with some of these being multi-purpose. Inverclyde have developed community and hospital based demonstration facilities, enabling professionals both training and assessment facilities. Aberdeenshire, Clackmannanshire and North Ayrshire utilise their demonstration facilities as a joint respite/demonstration resource, ensuring sustainability. The Orkney Islands have developed a demonstration facility integrated into their OT Store, a former kitchen and bathroom warehouse which provides training, meeting and assessment capacity with easy access to all stakeholder groups. **However for some partnerships the value of a demonstration house has been limited.** Both Dumfries & Galloway and Argyll & Bute disbanded their demonstration houses following the initial phase of awareness raising. Both partnerships have a large rural and remote area to cover thus alternative means of providing access to demonstration and training have been established using the network of teams. Fife and Stirling have developed a “portable” demonstration

house, which has supported a variety of training events across stakeholder groups and can meet the demands of a wide geographical area.

As indicated above, Falkirk includes users and carers in the provision of training. A small number of partnerships reported the inclusion of users and carers as trainers for events which target other users and carers, professionals and other stakeholder groups. Whilst the users and carers involved generally focus on the positives of using telecare some partnerships report they actively include users and carers to provide information on some of the less favourable experiences, in order to give a balanced view.

7.2.3 Development of Marketing/Promotional Materials

61% of the partnerships informed they had developed a range of promotional and supportive materials targeted at staff, users, carers and other interested parties. These materials consisted of posters, leaflets, newspapers articles and website information. In 2008-09 the JIT produced digital stories and a DVD, based on local partnership experiences, and it was made available to all partnerships in the early 2009. Many partnerships advised they had used these materials to support training, with a small number of partnerships informing of intention to develop a more localised DVD and digital stories.

Dumfries & Galloway has developed a catalogue of equipment which is available to staff as a resource to aid decision making. Fife has employed a Telecare Training and Marketing Advisor, recognising the benefits of proactively promoting telecare as a realistic service option across all stakeholder groups. Fife has developed a Communication Plan, which supports the work of their postholder, laying out a programme based approach with defined targets and mechanisms for monitoring progress.

7.3 Integration of Provision

All partnerships reported that efforts are being made to move telecare services from a project basis to mainstream provision. Although many reported challenges to this process (see chapter 8), there is evidence that many partnerships are making effective progress with integration of telecare into day to day local service options. Some partnerships reported they have benefited from use of the JIT *Implementing Telecare – An Action Guide 2009*, which was trialled during 2008 in conjunction with 9 partnerships. This provides a simple toolkit to support change management processes.

Inverclyde, Orkney Islands and Stirling reported they have agreed a Partnership Telecare Strategy, with a number of other partnerships informing they planned, or were developing telecare strategies. Strategic documentation from a number of partnerships reflect a commitment to integrating telecare into services over the coming five years, including reference within Single Outcome Agreements; Community Services Improvement Plans; Local Housing Strategy; Carer's Strategy's and other related documents.

Operationally, most partnerships indicate that from the onset of their telecare programmes, efforts were made to integrate telecare into mainstream processes. The majority, **94% of partnerships reported use of the Single Shared Assessment (SSA) as the principal route to accessing telecare services assessment.** Some adaptation of the SSA is reported by partnerships, to prompt telecare assessment, with Argyll & Bute requiring staff to justify why they are not using telecare as the default position. 35% of partnerships advised of providing some specialist input, supporting

mainstream assessment. Such assessment support varied from accompanied assessment to provision of indirect support and advice.

A number of partnerships including Argyll & Bute, Falkirk, North Lanarkshire and Stirling have developed a network of local champions, with a robust support network including regular training and support meetings for their champions, ensuring update and operational equity.

59% of partnerships (19) advise they have storage and tracking systems in place, to ensure effective management of telecare equipment. This includes processes to support decommissioning, recommissioning and maintenance of equipment utilising the software available in the calls handling services or software supporting OT equipment ordering and tracking. 2 partnerships reported they were progressing development of joint OT stores, with this facility becoming available during the period 2009-2010.

69% of partnerships (22) have established in-house mechanisms for installation and maintenance of most telecare equipment used, as part of an integrated telecare service, building on existing calls handling and responder provision. They advise this has supported a more cost effective and efficient means of getting equipment into the user's home within 24-72 hours from point of referral. Such services are often linked to the in-house responder provision, with the responder staff using non-response time to complete a variety of related duties, supporting service provision.

Core to the effective provision of telecare services is a robust calls handling and response provision. With the majority of partnerships having established Community Alarm Services there were pre-existing calls handling arrangements in place, before the TDP. As partnerships have rolled out their telecare programmes some have taken the opportunity to review the structure of their calls handling arrangements and response provision. 19 Partnerships have in-house arrangements, of which 7 are dedicated services for community alarm provision in Angus, Edinburgh City, North Lanarkshire, Perth & Kinross, South Ayrshire, Western Isles and West Lothian. The calls handling provision provided in-house in Aberdeen City, East Dunbartonshire, South Ayrshire and Stirling provide both corporate calls handling provision and are contracted to provide community alarm calls handling services to neighbouring partnerships. The economic benefits of sharing calls handling resources may be beneficial although there is a need for robust contracts to be in place to ensure that service and data requirements are fully met, as this was reported as an issue for some.

As part of their current phase of the telehealthcare programme Highland Partnership are looking to develop the Highland HUB, which currently provides support for NHS Highland Out of Hours and NHS 24 calls handling provision, to include integrated telecare/telehealthcare calls handling.

Traditionally the response linked to Community Alarm Services was provided by a nominated 1st responder, usually a relative, neighbour or friend. 17 partnerships reported having established in-house provision over the last 10-15 years in response to changing demographics and demand. These partnerships (see Appendix 3) are predominantly in urban/central belt areas or areas where there is a higher population base e.g. Angus and Dundee. The more rural and remote partnerships have been exploring alternative models of response provision. Aberdeen City, Highland and Moray are working in partnership with British Red Cross to provide a volunteer based initial

response service. Aberdeenshire is currently piloting a response service based on use of Out of Hours Homecare services, whilst East Renfrewshire is developing their response provision around their Rapid Response Team. Perth & Kinross report co-location of nursing staff with the response service enabling access to clinical intervention for users who have fallen.

The establishment of response services in North Ayrshire has been achieved through the restructuring of Sheltered Housing services, which they report has enabled a more effective use of existing resources. Other partnerships, who are exploring the development of an in-house response service report exploration of similar models in order to support more community based users.

7.4 Supporting broader user groups

The initial focus for the implementation of telecare for many partnerships was Older People's Services. All partnerships report their telecare programmes provide services to older people and those with a diagnosis of dementia. **Over the first three years of the TDP all partnerships have explored additional applications of telecare, to support a wide range of user groups.** These services are becoming part of day to day practices within a number of areas (see Appendix 2).

The development of services for older people, including those with dementia, has seen some significant progress over recent times. Some partnerships have undertaken a review of Sheltered Housing Provision, resulting in additional, targeted equipment being provided to assist people to remain at home rather than being admitted to a care home. Inverclyde report working with care homes, providing telecare to prevent admission to hospital, and in one case it was reported the user was able to return to their own tenancy from a care home with the aid of telecare as part of their support package. Edinburgh Council informs of working closely with Registered Social Landlords in the design and provision of telecare in Extra Care Housing to support older people with complex needs, who require remote monitoring overnight, when staff are not on site. Edinburgh, Falkirk and Fife describe well developed Falls Management services, which support users who are known "fallers" to access appropriate intervention at the point of a fall and provide a follow-up service. Linkages with other professionals are established to provide a sign-posting to other services. Falkirk, Perth & Kinross and South Ayrshire are currently participating in a Falls Management and Prevention project to develop localised and preventative responses for those at risk of falling.

35% of partnerships inform of use of lifestyle monitoring systems as a means of supporting the assessment process. For some partnerships there is an ongoing debate relating to the ethics of using lifestyle monitoring (see chapter 8). Orkney and Perth & Kinross report having a lifestyle monitoring unit in place for longer term support of users with learning disabilities, enabling users to live in their own tenancy with targeted support. North Lanarkshire advise they have purchased additional lifestyle monitoring units as part of their flu pandemic planning programme, the equipment to be used to support vulnerable users should a pandemic create carer resource difficulties, thus enabling targeted support to users.

55% of partnerships advised they were currently trialling the use of GPS tracking systems, supporting older people with early stage dementia, who wish to remain active within their communities. Crucial to all these trials is the ability of users to consent, understanding the concept of the equipment, or for this consent to be obtained via other statutory processes, and with the outcomes being user managed as appropriate.

97% of partnerships advise of telecare services being available to users with learning disabilities.

Aberdeenshire, East Ayrshire and Edinburgh report the use of telecare in service redesign of group home living for people with learning disabilities, developing models of support that ensure enablement and choice, whilst reducing staffing levels and creating a more cost effective provision. North Lanarkshire, Falkirk and Stirling advise of users with learning disabilities or cognitive impairment using hand held PDA systems to support and develop skills of daily living e.g. travelling to college, scheduling activities.

Use of such equipment, whilst supporting independence, also reduces the amount of physical support and prompting users may require.

Similarly, 97% of partnerships report providing telecare services to people with physical disabilities, in order to help them remain within their homes.

Aberdeen, Aberdeenshire, Argyll & Bute, Dundee, Falkirk, Inverclyde and Stirling inform of providing Environmental Control Systems linked to telecare/community alarm services in order to support people with complex needs to remain in their own homes, preventing hospital and/or residential care admission.

Many other partnerships advise this is considered an NHS funding responsibility therefore have not provided this as part of the telecare funded service. Aberdeen and Aberdeenshire tell of ongoing discussions with NHS Grampian regarding funding of environmental controls, in order to ensure sustainability of provision in the future.

Service for people with mental health problems are reportedly available in 23 (74%) partnerships. Many partnerships report use of equipment to help manage environmental risks within the home. Argyll & Bute advise of users with high levels of anxiety being discharged from hospital using equipment to provide re-assurance, this service having an impact on avoidance of unnecessary re-admission to hospital.

10 (32%) partnerships highlighted the growing demand for telecare equipment as a means of supporting children and families.

The Scottish Borders report long-term provision of equipment to support a Childcare Scheme for children with complex needs, who require childcare out of school hours and during school holidays. In this scheme the equipment provides carers with an additional alert system to support them manage difficult situations. Renfrewshire reports a number of installations which support carers of children with a range of learning disabilities and related behavioural problems. A number of partnerships advised they were currently trialling the use of GPS tracking systems, supporting parents of children with autistic spectrum disorder.

The links to Community Safety have been established by a number of partnerships. 13 partnerships (42%) informed of use of bogus call alarms, or basic community alarms, to provide victim support services. In Angus and North Lanarkshire this has included the installation of bogus call alarms within sheltered housing schemes, providing support for vulnerable users to manage unwanted callers. Angus reports extending their "Door Stopper Initiative" to users living in the community, establishing cold-caller free areas, which has resulted in significant drop in cold calling.

In Midlothian and West Lothian the bogus call alarm is integrated into the basic package of telecare provided to all service users. Whilst Argyll & Bute, Dumfries & Galloway, East Ayrshire and North Lanarkshire utilise the basic community alarm service to support victims of domestic violence and other threats. North Lanarkshire advise of providing victims of domestic abuse watch style alert buttons, providing a discrete mechanism to obtain help.

South Ayrshire and Renfrewshire advise they have provided telecare services to support Criminal Justice Service clients. In both cases the equipment provides support to prevent re-offending and protection of the user who is potentially vulnerable within their communities.

Argyll & Bute and North Lanarkshire report use of telecare to support users accessing housing. Argyll & Bute provide community alarm provision to support vulnerable homeless users access temporary housing, the service aimed at providing reassurance and assistance. North Lanarkshire is currently trialling use of mobile phone technology to support young people leaving care to develop life skills which will aid independence and maintaining a tenancy.

Moving towards the integration of telecare and telehealth, the provision of home based health monitoring has been a focus for 19 (61%) of partnerships. The lead role within the partnerships, for many of these initiatives, is taken by health. These service developments include use of:

- Medication dispensers – are being trialled in Aberdeen, Falkirk, Fife and Renfrewshire during 2009-10;
- Falls management programmes – being developed in East Ayrshire, Edinburgh, Falkirk, Perth & Kinross and South Ayrshire during 2009-10;
- COPD pilot projects in Inverclyde, Moray, North Lanarkshire, Renfrewshire, Stirling and West Lothian.
- 15 Home pod units & Community Pods in Argyll & Bute for complex health needs;
- Diabetes monitoring – using mobile phone technology in Edinburgh;
- Technology to support better management of childhood obesity in West Lothian;
- Provision of Wii Fit equipment to aid fitness in older people, installed in Day Centres in Moray.

In addition 10 partnerships describe the development of telehealthcare projects, with anticipated start dates in the coming year.

7.5 Resource Maximisation

All partnerships stated they have been aiming at shifting the balance of care through inclusion of telecare within their service structures. A number of partnerships have demonstrated the effective use of resourcing, promoting telecare through champions placed within teams and empowering frontline workers to access telecare as an additional tool within their kitbag, ensuring telecare is not perceived as a “specialist” resource. The use of technology in supporting users, carers and professionals in decision making processes does provide an evidence base, which some partnerships inform have positively influenced service design e.g. avoidance of admission to care homes and reduction in service levels such as sleep-over and home visits.

The outcome measures indicated in Fig.2, with the estimated efficiency savings in excess of £23m being generated by 31st March 2009 (**Newhaven Research 2009**)

evidence progress towards achieving some shift in resources. However as indicated in chapter 7 there are a number of issues that require to be resolved to further develop more efficient use of available resources across the partnerships.

8.0 Issues and Challenges

8.1 Overview of Issues Raised

The telecare development programme in Scotland has now entered its fourth year. At this stage in the change management process there is some evidence that telecare is becoming part of mainstream service provision, however all partnerships indicate some fundamental issues linked to the implementation process (see Appendix 6).

Further issues are highlighted by partnerships with regard to the equipment being provided and relationships with suppliers. In discussion with partnership representative the main issues faced in the implementation process may be broadly viewed as:

- Interoperability of equipment
- Relationships with suppliers and reliability of equipment
- Engagement with stakeholders
- Infrastructure
- Recruitment and training.

However it should be noted that issues identified are not mutually exclusive, the complexity of change processes infiltrate all aspects of strategic and operational decision making processes.

8.2 Interoperability of Equipment

The majority of partnerships report using equipment from a variety of suppliers, aiming to provide a tailor made service to meet individual requirements. Partnerships report the need to purchase additional base units to provide the platform for peripherals if individual need would benefit from equipment from alternative suppliers. This practice poses difficulties in relation to procurement practice and financial implications. A small number of partnerships employ in-house electrical engineering input which has assisted “...in the ability to develop creative mechanisms to overcome some of these issues and to adapt processes to manage alerts and risks”. However the majority of partnerships have limited technical knowledge and are reliant on the advice and support offered by suppliers. This has resulted in some partnerships accepting a restriction on the equipment they then offer users, as the platform they have purchased accommodates limited options.

Many partnerships believe “providers need to be more willing to assist in the development of interoperable technology for the benefit of service users, within a timeframe that is responsive to the demands of customers.” As highlighted in **Empirica & WRC 2008** the relationship between partnerships and suppliers “represents a complex public-private mix of players... and many barriers seem still to remain”. **The development of organised forums to explore mechanisms to overcome such barriers in order to provide the outcomes for users would clearly benefit all players.** To this end some of the partnerships are exploring the establishment of networks to identify commonalities and negotiate solutions however there are concerns that “should the problems relating to interoperability and connectivity not be resolved, this would constrain innovation.”

Some partnerships tell of difficulties in utilising equipment due to lack of connectivity. The geographical and environmental demands within Scotland, particularly in rural and remote areas require greater flexibility, than currently available, in order to obtain improved accessibility for users. “Reliance on the telephone network, which is not robust enough to provide a reliable and flexible platform”. Concerns have been raised by some partnerships that as Scotland moves towards development of telehealthcare, failure to ensure a robust technological infrastructure will impact on the success of implementation.

Internal interoperability issues are also highlighted by a number of partnerships, relating to the various systems partner members use within their organisations. **Sharing of data to ensure more effective support of users is identified by all partnerships as being crucial.** A small number of partnerships advised they have in place data sharing protocols, however *“...difficulties in sharing resources including access to differing IT systems which are not compatible”* creates ongoing difficulties.

8.3 Relationships with Suppliers and Reliability of Equipment

As indicated above there are reported challenges in developing relationships with suppliers. Whilst many partnerships reported good working relationships with individuals who represented suppliers, a number of other partnerships experienced problems in the ordering and timely delivery of equipment. Delivery delays were reported as being more problematic in areas which were remote, rural or island based, however some central belt partnerships also reported problems in the earlier part of the programme. This impacted on installations and, on occasion, delays in discharge from hospital back to the user's home.

Reliability of equipment also caused some problems for partnerships, with suggestions that some marketing material did not fully reflect the actual capabilities of the equipment. A small number of partnerships have in place a process for testing equipment prior to allocating it to users, *“there has been a need to establish the limitations of equipment and there are some issues with connection with phone lines, impacting on the reliability of equipment”*. Where partnerships have not had capacity to establish technical knowledge this has limited the potential development of their telecare programme.

Installation and aftercare support was also reported as being a problem for some partnerships. Some partnerships rely on suppliers providing installation and maintenance, particularly for more complex packages. *“It is not sustainable to rely on contractors to provide installation services...”* **With demand increasing for telecare services, partnerships require to develop more cost effective and sustainable technical support models.**

8.4 Engagement with Stakeholders

90% of partnerships indicated that engagement across the stakeholder groups continues to pose challenges for implementation processes. This included issues relating to shared vision and ownership of the programme. *“There are issues relating to engagement across the partnership, including identifying roles and responsibilities, achieving a team approach and addressing issues around ownership of information and management of data”*. *“There are some issues regarding the level of ownership of the programme by other partners, particularly the level of engagement with health partners. There also remain issues linked to getting other stakeholder groups engaged with the agenda, with there being an inherent fear of “big brother” in relation to telecare being expressed by elected members and the public”*

The commitment to local telecare services is often reported as having limited commitment from senior management, which in part may be due to telecare being viewed as a lower priority to other pressing strategic and operational issues. *“Buy in from senior management (has been problematic) - the commitment from 4th tier and below is generally strong.”* *“Obtaining health senior management engagement and a shared vision (is problematic). This may be alleviated if a champion at senior management level is achieved.”*

“There is also the issue of what do we want to be focussing on or do we take a broad view in the use of technology – there needs to be a strategic overview of the direction

of the programme.” The application of telehealthcare services must not occur in isolation. It needs to be a fundamental aspect of the broader strategic agenda within partnerships to achieve maximum impact in relation to effective, efficient and economic use of resources and to have greatest impact on the lives of users and carers.

Crucial to the planning process is inclusion of telecare in the long-term strategic and operational planning of services across the partnership *“... there is a need to recognise the impact telecare is having on other services and identify resourcing to support the shifting of the balance of care, to enable further development of telehealthcare provision.”* Where telecare has been in place prior to TDP partnerships reported the problems of failing to consider the implications of costing in replacement of equipment and increased demand, reflected through demographic changes. *“Underestimating the issues linked to ongoing cost, supporting the programme in an environment of increasing demand and expectation, whilst needing to take into account the lifespan of equipment and ongoing maintenance/service costs.”*

There appears to be some difficulties in understanding the potential impact of telehealthcare on related agendas e.g. shifting the balance of care, re-ablement; management of long-term conditions and reshaping care for older people. Linked to this is the need for more innovative management of resources. *“Variation in strategic/operational priorities, which has impacted on Sheltered Housing Services. This is particularly the case where other providers are involved, and their priorities do not coincide with the Local Authorities. This has resulted in not making the best use of available resources.”*

There has been a significant number of pilot telehealthcare projects demonstrated over the initial three years of the programme, however partnerships report concerns about effective mainstreaming of such developments. Such concerns are linked to accessing long-term financial commitment and to providing evidence of the effectiveness of the intervention. *“The telecare budget is supporting the pilot projects from which there are benefits for health, however at this stage there is no commitment from health to support the project on a long-term basis”.* At this point in the programme it is suggested there needs to be commitment in transferring successful pilot projects into mainstream service provision. Expectations of service users and carers have been raised and mechanisms to support provision require to be established.

Key to this is commitment across the partnership to share both the vision and responsibility for service provision. *“Strategic sign up to management of resources across the partnership remains a challenge.”* Challenges exist in sharing this responsibility, *“shifting resources, which have been saved as a result of telecare, to support service sustainability. At this stage the burden of responsibility remains with the Local Authority, although NHS based savings have been evidenced...”* *“Long-term sustainability of some services, given unresolved issues around resourcing e.g. provision and maintenance of environmental controls.”* Some partnerships have indicated there are on-going negotiations relating to shared resourcing, however fundamental to this is a strategic understanding of roles and responsibilities.

Underpinning the operational implementation process is engagement with frontline staff/stakeholders. This included frontline staff involved in assessment *“getting frontline staff into the habit of considering telecare as part of their everyday assessment process. At present there are not the key questions within the SSA which would flag this up to staff”.* Some partnerships recognised the need to develop a supportive infrastructure to enable this, although there was recognition that cultural issues impacted on the ability to support changes in practice. *“Achieving buy in from front-line staff that have concerns regarding the increased workload resulting from the*

implementation.” Partnerships reported difficulties in implementing telehealthcare developments due to difficulties in engagement with some professionals e.g. implementation of medication dispensers and home monitoring systems due to concerns expressed by pharmacists, nursing staff and GP’s.

8.5 Infrastructure

All partnerships recognised the need to have a supportive infrastructure to enable the implementation of telecare services. Some partnerships benefited from having established telecare provision prior to the TDP, whilst others reported the need to develop services rapidly in order to meet the outcome requirements identified by the TDP. Several partnerships informed of the *“lack of infrastructure to support basic implementation process has taken time to address”*, advising this has impacted on their ability to progress as rapidly as anticipated. However they believe that having taken time to establish the fundamental infrastructure, progressing the programme from now on will be significantly easier.

A few partnerships, where the calls handling and response provision is through an in-house arrangement, advised of the negative impact of other policy agendas. *“Down grading of Community Alarm Service posts as part of the Single Status Agreement has had an impact on morale and the ability to establish change within the service.”*

Many partnerships advised that implementation of telecare had raised the expectations of users, with an impact on service delivery. By supporting people within their own homes through the provision of telecare, additional pressure had been placed on Home Care for support. The costs both financially and in staffing provision remained unaccounted for in strategic terms, with no additional operational consideration being made available. As the roll out of telecare services continues there needs to be some consideration as to impacts on other areas of service provision, in order to achieve appropriate service design and response, *“there are resource challenges – matching demand from available resources. Success breeds problems through raised expectation.”*

22 of the partnerships have employed Project Managers/Co-ordinators to support the implementation of telecare services, with the majority of these appointments being on a temporary basis. Many of these posts have been graded at Senior Practitioner level or below, thus limiting the ability to influence strategic decision makers. Other partnerships describe practice of “adding on” telecare as an area of responsibility to an existing post holder’s remit, resulting in inadequate progress in undertaking the complex change management process required.

To date many partnerships have developed enhanced telecare services on the basis of pilot projects. In course of interviews with partnerships most indicated that mechanisms for monitoring and evaluation were based on responding to the JIT quarterly returns, with locally developed performance management systems largely remaining undeveloped. The dependence on external mechanisms for evaluation failed to provide localised or well developed data to evidence need to the senior managers and other stakeholders *“the evaluation model focussed on health outcomes, including short-term outcomes and quickly achieved benefits. There is a need to look at the longer term benefits for users and carers in order to achieve a more robust view of the real impact of telecare.”* As the programme enters the next phase of implementation many partnerships identified ***“there needs to be mechanisms established to ensure that evidence is collected and collated, demonstrating benefits within the partnership area and a strategic focus determined which includes resource commitment”*** - however few have developed robust systems to support such an approach.

A few partnerships have sought to address ethical issues linked to the application of telecare equipment, particularly in cases where the user is identified as having capacity issues. There is an ongoing debate, within some localities, relating to the ethics of telecare intervention which some suggest would benefit from a nationally supported debate.

8.6 Recruitment and training

A small number of partnerships raised concerns about the issues around recruitment of appropriately trained and experienced staff. Good project management was an issue with *“staff recruitment...causing a delay in starting the project”, “there was a considerable delay in appointing a Telecare Development Officer, as a result the implementation has always been an “add on” to someone’s job.”* Ensuring project managers are appropriately skilled and supported has posed a problem for some partnerships, as raised above.

Supporting of frontline staff has been achieved, in a number of partnerships, through the development of a network of local champions. However some partnerships reported problems in recruiting local champions whilst other service demands prevail.

Staff changes and the employment of newly graduated staff were also reported as impacting on the provision of a consistent service. Newly qualified staff are reported as lacking in knowledge of telecare/telehealthcare, with undergraduate training failing to provide input into this area. The publication of the ***Telehealthcare Education and Training Strategy*** and the implementation of its associated workstreams should assist in addressing some of these issues in the medium to long term.

9.0 Conclusions

9.1 Overview

Over the first three years of the Telecare Development Programme there has been significant progress demonstrated across Scotland, with all 32 Partnerships developing local telecare services. These have been targeted at meeting the identified need of individuals and groups of users, utilising a range of telehealthcare equipment. Whilst many partnerships initially indicated their principal focus for implementation would centre on Older People's Services, this has rapidly broadened to include a wide range of user needs, as demonstrated in Appendix 2.

31 of the 32 partnerships in Scotland have taken part in this exercise on a voluntary basis, providing a comprehensive snapshot of the current status of telecare services across the country. All partnerships indicate they have built their telecare services on existing Community Alarm Services infrastructure. Some reported a need to upgrade Community Alarm Services equipment and infrastructures prior to developing enhanced telecare provision, which resulted in some initial delay in instigating implementation processes. Partnerships that had a well-established Community Alarm Services, a solid infrastructure, and a level of investment into enhanced telecare provision prior to the Telecare Development Programme (e.g. West Lothian, North Lanarkshire, Edinburgh, Falkirk and Scottish Borders) have developed a broader range of telehealthcare services to support sustainable service development. Such services are aimed at supporting individual independence for a broad range of needs, enabling people to remain within their own living environments and communities. These include individuals with: physical and learning disabilities; children with complex needs; older people with or without a diagnosis of dementia; acquired brain injury; mental health issues; substance misuse; community safety needs including criminal justice; and housing related issues.

Whilst this demonstrates the development of telecare across of a broad range of need, the exercise of collecting data for this report flagged up a varied understanding and use of terminology. The terminology linked to telecare/telehealthcare will undoubtedly shift as the service provision develops and includes a broader range of needs and applications. However there remains some concern that partnerships and agencies get too caught up in terminology and associated organisational boundaries, to the detriment of ensuring that individuals who need access to the technologies fail to obtain this.

9.2 Innovations and Service Developments

Partnerships included in this report all informed of areas of local innovation and development. These included a wide range of applications and enhanced telecare services. The innovations described by the partnerships broadly fall into four main categories, including:

- **Training and Communications** - moving from awareness to developing long term support for frontline staff, users, carers and other stakeholders. Approaches also ensured stakeholders are included in the ongoing process of service development and provision. This has been primarily achieved through the development of in-house training packages (*68% of partnerships have developed in-house training packages, including (61%) the development of multi-media and marketing materials*), and use of demonstration flats/materials (*37.5% of partnerships have utilised demonstration flats/materials*).
- **Integration of provision** - with services being offered or supported by other partnership members, enabling embedding of telehealthcare into mainstream practice. This has included the development of specific Telecare Strategies or proactively integrating telecare within overarching strategic agendas. 94% of

partnerships reported initial access to telecare services coming through use of Shared Assessments, with 35% of partnerships then providing specific advice on telecare to support mainstream provision. Whilst 59% of partnerships currently have defined storage and tracking systems in place, many remain at the early stages of integrated storage and stock control. The management of installation and maintenance for 69% of partnerships has been established as an in-house service, being integrated within the overarching telecare service. In many cases this service co-exists with responder provision, utilising the down-time from the response requirement to effectively utilise skills and knowledge base of the responder staff.

- **Promotion of telecare services across user groups** – the initial focus of the Telecare Development Programme was on Older People’s Services for many partnerships. However this focus shifted rapidly to incorporate a wide variety of individual needs, with partnerships identifying local pressure points, user need and potential uses for telecare/telehealthcare. Thus 97% of partnerships report use of telecare services to people with physical and/or learning disabilities, 74% of partnerships support people with mental health problems using telecare and 32% use technology to support children and families. In such cases the main focus is supporting people to live within their own, or their family homes, avoiding admission to hospital or care homes and providing support for unpaid carers to continue to care. For 42% of the partnerships there has been further development of partnership working, utilising telecare to provide victim support services and supporting Community Safety. This has included partnerships with the Police, the Fire Service, Victim Support and Women’s Aid groups.

61% of partnerships describe various telehealthcare developments, with in many instances health taking the lead role. Such developments include use of:

- Medication dispensers, which are being trialled in Aberdeen, Falkirk, Fife and Renfrewshire during 2009-2010.
- Falls management programmes, being developed in East Ayrshire, Edinburgh, Falkirk, Perth & Kinross and South Ayrshire during 2010.
- COPD pilot projects in Argyll & Bute, Inverclyde, Moray, North Lanarkshire, Renfrewshire, Stirling and West Lothian
- Diabetes monitoring, using mobile telephone technology, in Edinburgh.
- Health monitoring equipment to address childhood obesity, in West Lothian.
- Provision of Wii Fit equipment to aid fitness in older people accessing day care provision in Moray.

- **Resource Maximisation** - In order to achieve the above, partnerships report utilising telecare as part of “shifting the balance of care”, developing it as both a tool for assessment and intervention. In order to establish sustainable services a number of partnerships have sought to re-shape and modernise service provision. However many partnerships highlighted the challenges linked to achieving long-term sustainability within a difficult economic situation.

9.3 Issues and Constraints

The issues and concerns raised by the partnerships are outlined in Appendix 6 and Chapter 8. These areas have been broadly grouped as:

- **Interoperability** – linked both to issues around equipment and the IT systems used within the partnerships. In Scotland there are primarily three main suppliers of telecare equipment, with a number of smaller companies supplying specialist equipment. The telehealthcare market is providing opportunities for a variety of other suppliers to enter the telecare/telehealthcare arena. Partnerships describe a variety of problems in achieving interoperability when pieces of equipment

theoretically ideal to meet users needs, fail to connect with base units or existing telecommunications systems. This is further compounded by partnership IT systems failing to “talk to each other”, limiting communication between operational services resulting in disjointed responses to user need.

Data made available via equipment is essential to both supporting users and providing information to inform planning processes. For partnerships there is a tension being expressed that issues associated with lack of interoperability and connectivity of equipment is limiting innovation in service development, resulting in lack of reliability and poor resource management. Whilst a small number of partnerships describe having data sharing protocols in place, the fundamental difficulties linked to hardware and software compatibility remain to be resolved.

- **Relationship with suppliers and reliability of equipment** - is intrinsically linked to issues around interoperability. Partnerships expressed concerns relating to the competitiveness of the marketplace, with delivery, installation and after-sales support being problematic for a number. A small number of partnerships have developed in-house capacity to test equipment prior to installation, ensuring higher levels of reliability. However for many partnerships there continues to be a reliance on the information provided by suppliers regarding the functionality of equipment. The costs of equipment and services, provided by the suppliers, are not sustainable for most partnerships, in an environment of economic constraint and increasing demand. Mechanisms for reducing the costs of equipment, installation and after sales support are being explored by many partnerships.
- **Communication and engagement with stakeholders** – The majority (90%) of partnerships indicated there were ongoing difficulties in engagement with key stakeholders. Whilst there has been commitment to the telecare programme, which had enabled a number of pilot projects to be undertaken, strategic sign up to support mainstreaming of telecare/telehealthcare remains to be fully addressed. Champions have been developed, across the partnership at frontline and middle management levels, however the promotion of telecare at a senior management level appears to have been patchy. A clear vision of the potential impact of telehealthcare on integrated service development and provision requires further enablement at a local and national level. Telecare expansion requires to be applied as part of the broader strategic agenda, rather than in isolation as part of a “specialist” service/project, establishing clear funding links across the partnership.
- **Recruitment and training** – To date the training provided to staff, has been predominantly given at a local level. Whilst much of the provision has been innovative and supportive of the early stages of service development, there is a need to develop undergraduate, post-graduate and work based training through nationally accredited courses, to support mainstream service provision. This is essential to support effective recruitment of skilled frontline staff into a 21st Century service provision. Technological advancement may continue to require a level of “championing” and the focus of localised training should be shifting to reflect the requirements of an embedded service provision.

9.4 In Summary

Working together, partnerships, the Joint Improvement Team and others have made significant progress in the implementation of telecare services across Scotland. The information collected and collated as part of this study demonstrate that partnerships began their respective telecare programmes from differing starting points, with all offering the basic Community Alarm Service from the outset. A number of areas of

innovation and new developments have been identified and the willingness to share this learning processes across partnerships have provided benefits to others.

There is a level of recognition locally that telecare/telehealthcare is an essential element in the process of re-ablement and shifting of the balance of care. However there remains a limited strategic vision in how exactly telecare may influence and impact on the demographic challenges, and aspirations of an increasingly technologically aware population. Local partnerships indicate an enthusiasm to continue the development of technology enabled services but have highlighted a need for greater strategic integration and resource realignment, in order to deliver the level of impact required.

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QUESTIONNAIRE/INTERVIEW SCHEDULE
Summary of Telecare Services Provided by Local Partnerships in Scotland 2008-09

This exercise recognises that partnerships have all started at differing points in the development of telecare services. There is some useful data available through the baseline information provided by partnerships in their initial bid for TDP funding and through subsequent quarterly returns. The information provided through this questionnaire will provide all partnerships with a clear view of actual developments 'on the ground', good practice across the country and a forum to share concerns about stress points and help identify gaps, which JIT may be able to provide support to resolve.

Unless specified, questions are asked in the context of telecare services and developments which occurred up to 31st March 2009.

Please note a further simple questionnaire will also be circulated with the Q4 monitoring forms in March 2010 to establish the extent to which partnerships have mainstreamed their telecare services at that time.

Q1 Give a brief description of telecare services available in your partnership?

Q2 (a) What additional telecare services does your partnership provide, which are not directly funded by TDP?

Q2 (b) If there are additional services – has the provision of TDP funding enabled this/these to be developed?

Q2(c) With the exception of Community Alarm Systems, was there any telecare or related technology service provision for service users prior to TDP funding availability? If there was, what did this/these services provide and who accessed them?

Q3 Has your partnership used [INSERT]? If no is your partnership considering using [INSERT]? If yes please describe the type of services it is utilised in, giving estimated or actual numbers of users and describe the outcomes achieved or anticipated?

Insert

- Enhanced telecare e.g. falls detectors, pressure mats etc.
- Bogus call alarms
- Environmental controls
- Lifestyle monitoring
- Telehealth (specify)
- Other (specify)

Q4 How do service users and carers access telecare services in your area? Is there accessible information relating to types of services available – please describe (or provide copies)?

Q5 Identify a named contact for your partnership that can be made available for anyone looking for further information on telecare services available in your area

Q6 Which suppliers do you use to provide equipment, what is your procurement approach?

Q7 What mechanisms does your partnership have in place to provide a supportive infrastructure for telecare services? Does your partnership have an established [INSERT]?

- Insert
- Assessment mechanisms
 - Commissioning and contracting arrangements
 - Storage including ordering, tracking, de & re-commissioning
 - Maintenance
 - Calls-handling, providing data to inform care management/service
 - Responder service
 - Defined protocols and procedures
 - Financial framework
 - Eligibility criteria
 - Charging policy
 - Access mechanisms (how does users/carers/others access information relating to telecare)
 - Training programme
 - Project manager and or project team

No response leads onto next [INSERT]

Yes response leads to supplementary questions as below.

Q7 (a) Was this area developed from existing structures, or did it have to be developed from new?

Q7 (b) Was TDP funding an essential element in developing this aspect of the service?

Q8 Which service development(s) do you think has/ve had the most impact locally, and why?

Q9 What do you consider your partnership is doing particularly well, in relation to the local telecare programme?

Q10 Are there areas where your partnership has had particular issues or difficulties in relation to the telecare implementation process?

Q11 The summary of this information will be published and made available on the JIT website. Can you confirm formally that you are happy for the detail of your telecare services and local contact to be made widely available?

APPENDIX 2

Application of Telecare Services in Local Partnerships (Sept 2009)

Name of Partnership	Community Alarms	Enhanced Telecare	Bogus Call Alarms	Lifestyle Monitoring	Environmental Controls	Telehealth	PDA prompts and scheduling	GPS Tracking	Children and Families	Physical Disabilities	Learning Disabilities	Mental Health	Older People	Dementia	Homeless	Victim Support	Comments
Aberdeen City	●	●		●	●	●		●	●	●	●	●	●	●			
Aberdeenshire	●	●		●	●			●	●	●	●	●	●	●			
Angus	●	●	●			●			●	●	●	●	●	●		●	
Argyll and Bute	●*	●	**	●	●	●			●	●	●	●	●	●	●	●	Use community alarms for victim support
Clackmannanshire	●	●	●				●	●									
Dumfries & Galloway	●	●	**	**						●	●	●	●	●			Use community alarms for victim support. Use PIR's for lifestyle monitoring purposes.
Dundee City	●	●	●	●	●		●			●	●	●	●	●		●	
East Ayrshire	●	●	**			●				●	●	●	●	●		●	Use community alarm to support domestic violence victims
East Dunbartonshire	●*	●	●				●			●	●		●	●		●	
East Lothian	●	●	●					●	●	●			●	●			
East Renfrewshire	●	●	●	●		●		●		●	●	●	●	●			
City of Edinburgh	●	●		●		●		●		●	●	●	●	●			Using MyAmego in Extra Care Housing Development
Falkirk	●	●	●	●	●	●	●		●	●	●	●	●	●		●	

Name of Partnership	Community Alarms	Enhanced Telecare	Bogus Call Alarms	Lifestyle Monitoring	Environmental Controls	Telehealth	PDA prompts and scheduling	GPS Tracking	Children and Families	Physical Disabilities	Learning Disabilities	Mental Health	Older People	Dementia	Homeless	Victim Support	Comments
Fife	●	●		●		●				●	●	●	●	●			
Glasgow City	●	●								●	●	●	●	●			
Highland	●*	●	●	●		●		●		●	●	●	●	●		●	
Inverclyde	●	●	●	**	●	●				●	●	●	●	●			Bed exit sensor used to provide lifestyle monitoring data.
Midlothian	●*	●	**	●		●		●	●	●	●	●	●	●			Bogus caller alarms are part of core package
Moray	●	●		●		●				●	●		●	●			
North Ayrshire	●*	●	●	●		●				●	●	●	●	●		●	
North Lanarkshire	●	●	**	●		●	●	●	●	●	●	●	●	●	●	●	Use Lifeline 4000 watches and community alarm to support domestic abuse victims
Orkney Islands	●	●		●			●	●		●	●	●	●	●			
Perth & Kinross	●*	●	●	●	●	●		●		●	●		●	●			
Renfrewshire	●	●	●	●		●		●	●	●	●	●	●	●		●	
Scottish Borders	●	●	●	●		●		●	●	●	●	●	●	●		●	
Shetland Islands	●	●			●					●	●		●	●			
South Ayrshire	●	●	●		●			●		●	●	●	●	●		●	
Stirling	●	●	●	●	●	●	●	●		●	●		●	●			
West Dunbartonshire	●	●	●		●			●		●	●		●	●			

Name of Partnership	Community Alarms	Enhanced Telecare	Bogus Call Alarms	Lifestyle Monitoring	Environmental Controls	Telehealth	PDA prompts and scheduling	GPS Tracking		Children and Families	Physical Disabilities	Learning Disabilities	Mental Health	Older People	Dementia	Homeless	Victim Support	Comments
Western Isles	●*	●									●	●	●	●	●			
West Lothian	●*	●	●			●		●		●	●	●	●	●	●		●	Partner in SOPRANO project, a European Initiative.

* Provide a core package, in addition to pendant and alarm box, as part of Community Alarm Service

** See comments box

Calls Handling and Responder Provision (Sept 2009)

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
Aberdeen City	206,880 (2810 CAS users & 3015 residents in SH accessing warden call systems)	In-house provision through Aberdeen Regional Communication Centre (ARCC), using PNC5.	The Community Alarm Service (CAS) operates a responder scheme for approximately 100 service users. Community Alarm staff/mobile warden service support this service. There is ongoing discussion with British Red Cross regarding an expansion of this service utilising volunteers as 1 st Responders. In addition senior personal carers linked to all Aberdeen City Council Sheltered Housing Schemes act as responders for out of hours response from Mobile Wardens.	
Aberdeenshire	236,260	Contract with ARCC	A pilot service is being run in the Peterhead, Fraserburgh and Buchan areas. This is based on an enhanced Home Care Out Of Hours Service which combines with the pre planned overnight service, with staff supporting the pilot project filling in the gaps encountered in the overnight service. The service provides a 24/7 response provision.	
Angus	109,320 (3,000-3,500 CAS users & 1,000 SH tenants using warden services)	In-house combined calls handling and responder provision.	Consists of 4 Teams with staff operating in pairs, providing 24/7 services. The teams work across the Angus area aiming to provide a response within 20 minutes, accessing specially equipped vans, enabling access to hoists etc. The calls handling and response provision is provided by Social Care Officers who are trained to SVQ Level 2.	TSA accredited.

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
Argyll and Bute	91,390 (1,378 CAS users)	Contract with Hanover Telecare	Since January 2009 Red Cross has been providing a response provision based on volunteers being recruited and trained to act as 1 st Responder, for users who have no identified relative/friend to act as 1 st responder. An alternative response provision is to be piloted in some areas through the Out of Hours Service.	TSA accredited
Clackmannanshire	48,900 (1200-1,300 CAS users)	Contract with Stirling Council in-house provision.	In-house Mobile Emergency Care Service (MECS) which provides a 24/7 responder service and related support, having an access to an equipped van. Staff carry out reviews, battery checks and recommissioning/decommissioning as required. Staff are trained to a minimum of SVQ Level 2 and additional appropriate training. Keysafes are being increasingly used to enable access of responders.	
Dumfries & Galloway	148,030	In-house service (Care Call), using PNC4.	Response is provided through a nominated responder from at least 2 names identified by the user and informal carer.	There is ongoing discussion relating to longer-term responder requirements in Dumfries and Galloway given changing demands and impact of demographics.
Dundee City	142,170 (8,000 CAS users)	The calls handling and responder service are aligned, employing 22 social care staff.	The 1 st responder is generally provided through the responder service although users may nominate their own responder. Approximately 13% of the calls received require a response, which is met by the responder service; other calls require either reassurance or are activated accidentally. The Calls Handling and responder service is in the process of being expanded by 10 staff	

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
			to meet the increasing demands on the provision. Staff provide 24/7 provision, with 2 teams of 2 staff being minimum coverage on each shift. The service is linked to the Interval Care Service which provides over night care.	
East Ayrshire	119,290	In-house service which manages all corporate calls handling requirement. The calls handling provision is supported through SATURN.	In-house responder provision employing 28 Personal Carers. If required the Personal Carers have capacity to remain with a user overnight, ensuring safety of a vulnerable user.	TSA member
East Dunbartonshire	105,460	In-house Council call handling facility via the Emergency Response Centre, which provides a service for all Council call handling requirements, supported by PNC5.	Response is provided through an in-house service, Hourcare 24. This service covers 24/7 with dedicated Mobile Officers, who operate a singleton service with capacity to double up through the Out of Hours Homecare Service, who cover additional staffing should the individual needs require.	TSA member
East Lothian	92,830 (3,000 CAS users)	In-house service which supports all Council call handling provision, supported by PNC4.	1 st responder generally relative or informal carer, although on an individual basis the service may be commissioned to meet need.	<ul style="list-style-type: none"> ➤ TSA member ➤ As part of the longer term plan East Lothian is working towards the development of a rehabilitation and response service (a re-ablement approach) and is about to tender for an interim service until the longer term development becomes operational. ➤

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
East Renfrewshire	89,290	In house service provided by Safety Net, supported by PNC5	1 st responder generally relative or informal carer. There is an element of a Responder service through the Rapid Response Team, out of hours.	<ul style="list-style-type: none"> ➤ TSA member ➤ Transferred calls handling service from Bield 24 in January 2009.
City of Edinburgh	463,510 (11,000 CAS users)	Integrated calls handling and responder provision is provided in-house. Call handling provision supported by Jontek.	4 shifts with minimum of 2 on at anytime and maximum of 4, cover 24/7. Staff are provided with transport and take necessary equipment out with them, as per assessed at time of alert. Staff provides a follow-up phone call after a call out.	TSA member
Falkirk	149,680 (6,131 CAS users)	In-house calls centre providing service for all Council call handling provision, supported by SATURN	In-house calls handling service, which is part of the corporate calls handling provision and a Mobile Emergency Responder Service (MECS). There are 33 part-time staff employed on rota covering 24/7, with a minimum of 2 and a maximum of 4 staff on shift at all times.	TSA member
Fife	358,930 (6,500 CAS users)	In-house service through Fife Contact Centre, which provides calls handling provision for Fife Council, supported by SATURN.	Response service is provided through the Mobile Emergency Care service (MECS) for Community Alarm Service and telecare users, where a relative is not available as 1 st responder on 24/7 basis. The MECS also provide the response for the Fife Falls response Service and emergency home care.	
Glasgow City	580,690 (18,000 CAS connections provided by Glasgow City Council)	Integrated calls handling and responder provision provided through in-house contract with Cordia. Bield 24 provides calls handling service to self funding users. Their service	Responder service covering 24/7 staffing compliment covering Glasgow consisting of Service Manager, 6 Senior Duty officers, 18 Calls Handlers 10 Mobile Responders, 2 Technicians (Installers) and 3 Admin staff.	TSA member

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
		also includes door entry and social landlord repair reporting. This is not funded directly by the city's partnership.		
Highland	215,310 (2,500 CAS users)	Contract with ARCC.	1 st responder generally relative or informal carer. Some localised support to response available in remote areas through residential and day care provision. British Red Cross provides a limited responder service however opportunities to develop this across Highland are being explored.	Developing in-house call handling provision through HUB, in partnership with NHS Highland.
Inverclyde	81,540 (1,750 CAS users)	Contract with Bield 24	In-house responder service, with staff providing additional CAS/telecare related services. A service is provided 24/7, employing 14 staff, providing for 2 staff members being on shift at any one time.	The service is aligned with respite and day service provision in Greenock.
Midlothian	79,290 (1,300 CAS users)	In-house service managed via Midlothian Council, Commercial Services Division which covers all calls handling provision within the Council.	1 st responder generally relative or informal carer. In house provision through the Rapid Response Team supports provision of response to emergency alerts to those who are identified as most vulnerable.	
Moray	86,750 (1,350 CAS users)	Contract with ARCC	1 st responder generally relative or informal carer. There is a small responder provision offered through British Red Cross, since April 2009. A Team of Grade B nursing staff that provide intermediate care services, have some capacity to provide additional responder support to users without named keyholders and who have just had a period of admission to hospital	<ul style="list-style-type: none"> ➤ TSA associate member ➤ A more robust service is being planned for longer term, covering the Moray area.

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
North Ayrshire	135,490 (2,200 CAS users)	Contract with South Ayrshire Monitoring Station (SAMS).	In-house service covers mainland users, 24/7. 1 st responder often remains as family member, particularly where the users have property sensors and family members are more appropriately placed to provide response. 4 teams cover North Ayrshire with the exception of Arran.	The service was expanded in 2008, through the restructuring of former sheltered housing warden service, with staff being trained as carers.
North Lanarkshire	323,780 (11,000 CAS users)	In-house service dedicated to CAS, supported by PNC5.	1 st responder may be a relative or informal carer. Responder service is available, based with Community Alarm Team on 24/7 basis, for vulnerable users.	TSA accredited.
Orkney Islands	19,770 (470 CAS users)	Calls handling provision is managed by NHS Orkney, through an informal partnership, supported by PNC5 .	1 st responder generally relative or informal carer.	Currently developing responder service, linked to review of Sheltered Housing provision.
Perth & Kinross	140,190	In-house, dedicated calls handling service, with a back-up arrangement with Angus Council.	In-house service, with 16 staff, Provide a 24/7 service with response time varying according to distance to be covered. Have partnership with RSL's in remote areas to provide response. Have a partnership with NHS in Perth to provide response to falls and situations where nursing input is beneficial.	<ul style="list-style-type: none"> ➤ TSA member ➤ Responder provision currently being re-designed to take into account the response to more remote and rural areas.
Renfrewshire	169,590 (3,100 CAS users)	Contract with Hanover Telecare	Renfrewshire 24 provide 24/7 responder provision which is integrated with rapid response, overnight homecare and out of hours homecare management support (including assessment and care planning processes). This service employs 32 staff.	TSA accredited.

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
Scottish Borders	110,240 (3,200 CAS users)	In-house provision through Bordercare, supported by PNC5.	1 st responder generally relative or informal carer. For a small number of users who are unable to provide a named responder, arrangements can be made to provide response through the Emergency Duty Team and the Overnight Care Team can be diverted to make a response to an alert.	TSA member
Shetland Islands	21,880 (750 CAS users)	Contract with Tunstall, based in Doncaster.	1 st responder generally relative or informal carer. No current capacity to provide in-house emergency response.	Early development of a responder service has been discussed, utilising care home capacity, with some additional staffing. In downtime the staff will be able to support residents in the care home. Issues remain to be addressed on how to provide a responder service on the outer isles, particularly where there is limited staffing capacity.
South Ayrshire	111,670 (1,406 CAS users)	In-house provision through South Ayrshire Monitoring Station (SAMS), supported by PNC5.	Integral response provision with SAMS. 14 Staff cover a 24/7 responder service, with the service being managed through Homecare. Mobile Attendants also complete installations and carry out service reviews. All staff receives training from Tunstall and some have and some are, working towards SVQ Level 2, in care.	

Name of Partnership	Population	Calls Handling Provision	Responder Provision	Comments
Stirling	87,810 (4,000 CAS users)	In-house calls handling provision, which provides for all of Stirling Council's call's handling services and part of Clackmannanshire, supported by PNC5.	An established Mobile Emergency Care Service (MECS) has been built upon to provide a responder provision across Stirlingshire and sits within the Homecare services.	TSA member
West Dunbartonshire	91,240	Service provided through contract with East Dunbartonshire Council Calls Centre.	In-house service provided by a team of 6 responder staff who supply service across authority area. 1 staff member on shift over 24/7 period. Back-up service provided by Homecare during daytime and Out Of Hours Service provided via Sheltered Housing staff on a rotational basis.	TSA member
Western Isles	26,350 (860 CAS users)	In-house service provided by Faire Community Careline Control Centre, supported by PNC5.	1 st responder generally relative, friend, neighbour or informal carer. In 3 sections of the higher populated areas there is capacity to tap into the Overnight Support Service if required.	TSA member
West Lothian	165,700 (4,000 CAS users with 3,400 installations)	Dedicated calls handling service provided through Careline West Lothian, supported by PNC5.	Home Safety Team provides responder service. 9 staff are employed to provide assessment and responder services working on a shift basis from 9 a.m. to 9 p.m. 7 days per week and on-call overnight. This service also provides for review and battery/equipment replacement.	TSA accredited

APPENDIX 4

Summary of Partnership Charging for Community Alarm/Telecare Services (April 2009)

Partnership	Charge Per week	Comments
Aberdeen City	£1.30	Basic charge for Community Alarm Service (CAS). Telecare free of charge.
Aberdeenshire	£1.00	Basic charge for CAS. Telecare free of charge
Angus	£1.00	Flat fee for CAS and telecare
Argyll & Bute	£4.00	Basic charge for CAS. No charge for telecare.
Clackmannanshire	Free	
Dumfries & Galloway	£2.80	Charge is for calls handling service. If the user is assessed as having a cognitive impairment or dementia and unable to use the pendant, service is provided for free.
Dundee	£1.50	Basic charge for CAS. No charge for telecare.
East Ayrshire	£3.75	Basic charge for CAS. Charge subject to financial assessment.
East Dunbartonshire	£3.42	Basic charge for those who request CAS. If user assessed as needing service, this is free of charge. Issues regarding charging for telecare still to be addressed.
East Lothian	£1.33	No charge for telecare.
East Renfrewshire	£1.50	Basic charge for CAS. Charging for telecare subject of further consideration.
Edinburgh	£4.70 - £6.75	Basic charge for CAS. Additional charge for telecare made up to total of £6.75 per week for CAS + telecare.
Falkirk	Free	
Fife	£1.00	Basic charge for CAS. No charge for telecare.
Glasgow	Free	Currently being reviewed with a view to introducing a charging policy in this financial year.
Highland	£5.00	Basic charge for CAS. No charge for telecare.
Inverclyde	Free	
Midlothian	Free	Requires further consideration.
Moray	Free	Subject to regular reviews as service develops.
North Ayrshire	£3.00	Basic charge for CAS. No charge for telecare. This is currently under review.
North Lanarkshire	Free	
Orkney Islands	Free	
Perth & Kinross	£3.15	Basic charge for CAS, which is subject of financial assessment. No charge for telecare provision, however this will be subject of review.
Renfrewshire	£3.10	Basic charge for responder service.
Scottish Borders	£2.16	Core charge for CAS and low level need. No charge for users under 16 years of age or who access palliative care. Currently no charge for telecare.
Shetland Islands	Free	
South Ayrshire	£2.78	Basic charge for CAS. No charge for telecare.
South Lanarkshire	Not supplied	Not supplied
Stirling	£1.50	Basic charge for equipment. Currently being reviewed with a view to abolishing charge.
West Dunbartonshire	£2.00	Basic charge for CAS. No charge for telecare.
Western Isles	£1.50	Basic charge for calls handling and maintenance of

Partnership	Charge Per week	Comments
		equipment.
West Lothian	Free	Was previously subject to a weekly charge, moving to a free service.

APPENDIX 5

Partnership Infrastructure to Support Telecare (2009)

Name of Partnership	Telecare Project Officer/Manager	Steering/Project Group	Mainstream Assessment	Specialist Assessment	Commissioning Strategy	Training Plan	Demonstration House/Facility	Protocols and Procedures	Promotional Material	In-house Formalised storage and tracking facilities	In-house installation and maintenance	Integrated financial framework	Telecare Strategy	TSA Accreditation	Comments
Aberdeen City	●	●	●								●				
Aberdeenshire	●	●		●			●			●		●			
Angus			●		●	●	●	●	●				● *	●	*Integral part of Older People's Strategy
Argyll and Bute	●	●	●	●		●	●	●	●		●		●	●	
Clackmannanshire			●		●		●	●		●	●	●			
Dumfries & Galloway	●	●	●	●		●	●	●	●	●	●				2 Smart Flats were in operation until September 2009
Dundee City	●		●			●				●	●				
East Ayrshire		●	●			●		●			●				
East Dunbartonshire	●	●	●					●		●	●	●			
East Lothian	●	●	●	●		●	●	●	●	●	●				
East Renfrewshire	●	●	●				●								
City of Edinburgh	●	●	●	●	●	●		●	●	●	●	●			
Falkirk			●	●		●		●	●	●	●				
Fife	●	●	●		●	●	●	●	●	●	●	●			

Name of Partnership	Telecare Project Officer/Manager	Steering/Project Group	Mainstream Assessment	Specialist Assessment	Commissioning Strategy	Training Plan	Demonstration House/Facility	Protocols and Procedures	Promotional Material	In-house Formalised storage and tracking facilities	In-house installation and maintenance	Integrated financial framework	Telecare Strategy	TSA Accreditation	Comments
Glasgow City			●		●	●*		●		*	*				*Services outsourced to CORDIA Services LLP.
Highland	●	●	●	●		●		●	●	●*					*ARCC manages tracking service.
Inverclyde	●	●	●			●	●	●	●	●	●	●*	●		*Financial framework agreed until 2011.
Midlothian	●	●	●		●	●		●				●			
Moray	●	●	●						●		●				
North Ayrshire	●	*	●				●	●	●	●	●				*Newly formed CHCP sub-group
North Lanarkshire	●		●			●		●	●	●	●				
Orkney Islands	●	●	●	●		●	●	●	●	●		●	●		
Perth & Kinross	●		●	●		●	●	●	●		●	●			
Renfrewshire	●		●*	●*		●		●	●	●	●			●	*Joint assessment process with Care Manager and Telecare Co-ordinator.
Scottish Borders		●*	●		●	●		●	●	●	●				*Telehealthcare Board in place from 2009 reflecting changing needs of programme.
Shetland Islands	●	●	●	●							●				
South Ayrshire		*	●		●					●	●				*Newly formed CHCP sub-group
Stirling	●	●				●	●	●	●	●	●		●		
West Dunbartonshire	●	●	●						●		●				
Western Isles			●			●		●	●	●	●	●			
West Lothian			●	●		●		●	●	●	●			●	

Issues and Barriers to Implementation identified by Partnerships

Name of Partnership	Interoperability	Relationships with Suppliers	Engagement With Stakeholders	Infrastructure	Recruitment and Training
Aberdeen		•	•		•
Aberdeenshire	•	•	•		•
Angus	•	•		•	
Argyll and Bute	•	•	•	•	
Clackmannanshire			•	•	
Dumfries & Galloway	•			•	
Dundee City	•		•	•	•
East Ayrshire		•	•	•	
East Dunbartonshire			•	•	
East Lothian	•	•	•	•	
East Renfrewshire		•	•	•	•
City of Edinburgh	•	•	•		
Falkirk	•	•	•	•	

Name of Partnership	Interoperability	Relationships with Suppliers	Engagement With Stakeholders	Infrastructure	Recruitment and Training
Fife	•			•	•
Glasgow City	•			•	
Highland					
Inverclyde	•	•	•	•	
Midlothian	•		•	•	
Moray	•		•	•	
North Ayrshire	•	•	•	•	
North Lanarkshire	•		•	•	
Orkney Islands	•		•		
Perth & Kinross	•		•		
Renfrewshire	•		•	•	
Scottish Borders	•	•	•	•	
Shetland Islands		•	•	•	•
South Ayrshire		•	•	•	
Stirling	•		•		
West Dunbartonshire			•	•	

Name of Partnership	Interoperability	Relationships with Suppliers	Engagement With Stakeholders	Infrastructure	Recruitment and Training
Western Isles			●	●	●
West Lothian			●	●	

APPENDIX 7

TELECARE DEVELOPMENT PROGRAMME

LIST OF KEY CONTACTS WITHIN LOCAL PARTNERSHIPS - March 2010

Name of Partnership	Main Contact	Job Title/Position	E-Mail	Phone Number
Aberdeen Partnership Committee for Health & Social Care	Wendy Churcher	Telecare Development Officer	WChurcher@aberdeencity.gov.uk	01224 264209
	Pam Dormer	Senior Occupational Therapist	pdormer@aberdeencity.gov.uk	
Aberdeenshire Partnership for Health & Social Care	Philippa Berry	Telecare Project Manager	Philippa.Berry@aberdeenshire.gov.uk	01467 627964
Angus Community Care Partnership	Dr Keith Whitefield	Strategy Co-ordinator (Special Needs), Housing Division	WhitefieldK@angus.gov.uk	01307 474766
	Susan McClean	Homecare Service Manager	McCleasS@angus.gov.uk	
Argyll & Bute Telecare Strategy Group	Moira MacVicar	Community Support Development Manager	moira.macvicar@argyll-bute.gov.uk	01631 572184
	Maureen Gilmour	Community Support Co-ordinator	maureen.gilmour@argyll-bute.gov.uk	01631 572187
Clackmannanshire Community Health Partnership	Joanne Aitken	Service Manager Adult Assessment	Jaitken@clacks.gov.uk	01259 452379

Dumfries & Galloway Council & NHS Dumfries & Galloway & Housing Partners	Marion Glover	Telecare Project Implementation Manager	Marion.glover@nhs.net	01387 272754
	Frank Dreszler	Telecare Care Co-ordinator		
Dundee City Council & NHS Tayside	Avril Smith Hope	Service Manager Older Peoples Services	Avril.smithhope@dundeecity.gov.uk	01382 438308
East Ayrshire Community Planning Partnership	Ann McIlvain	Community Alarm Team Manager	ann.mcilvain@east-ayrshire.gov.uk	
East Dunbartonshire	Andy Martin	Senior Manager Community Care	Andy.martin@eastdunbarton.gov.uk	0141 7754592
	Mark Reilly	Acting Telecare Co-ordinator	Mark.reilly@eastdunbarton.gov.uk	0141 5782131
East Lothian Partnership	Ray Harris	Telecare Project Manager, Planning and Commissioning for Older People	rharris@eastlothian.gsx.gov.uk	01620 826600
East Renfrewshire Community Health & Care Partnership	Ann Steele	Telecare Development Officer	Ann.Steele@eastrenfrewshire.gov.uk	0141 577 8484
City of Edinburgh Partnership	Paddy Corscadden	Telecare Development Programme Manager	Paddy.corscadden@edinburgh.gov.uk	0131 529 7797
	Donna Fleming		Donna.Fleming@edinburgh.gov.uk	

Forth Valley Health & Falkirk Council Housing and Social Work Services	Linda Macpherson	Team Manager	Linda.macpherson@falkirk.gov.uk	01324 590320
Fife Health & Social Care Partnership	Louise Bell	Homecare, Residential & Day Care Services Manager	Louise.Bell@fife.gov.uk	08451 555555
	Liz Mitchell	Telecare Project Manager	Liz.Mitchell@fife.gov.uk	01592 583684
	John Honeyman	Telecare Training and Marketing Advisor	John.Honeyman@fife.gov.uk	
Glasgow City Council	Michael Gillespie	Senior Officer, Older People and Physical Disability Services	Michael.gillespie@glasgow.gov.uk	0141 276 5763
Highland Community Care Partnership	Christine McFarlane-Slack	Operational Manager Care at Home	Christine.mcfarlane-slack@highland.gsx.gov.uk	07771 370969
Inverclyde Joint Care	Gillian McCreedy	Service Manager, Older People & Physical Disability Services	Gillian.mccreedy@inverclyde.gov.uk	01475 714079
	Alison Winter	Telecare Development Officer	Alison.winter@inverclyde.gov.uk	01475 714079
Midlothian Community Care Partnership	Jayne Lewis	Telecare Project Officer, Social Work Division	Jayne.lewis@midlothian.gov.uk	01312713679
Moray Community	Lorna Bernard	Telehealthcare Project	lorna.bernard@moray.gsx.gov.uk	01343 567185

Health & Social Care Partnership		Manager, Moray CHSCP		
North Ayrshire Older Persons Partnership	Mike Diamond	Principal Officer, Older People's Services	mdiamond@north-ayrshire.gov.uk	01294 317776
	Mary Morrison	Telecare Co-ordinator	mmorrison@north-ayrshire.gov.uk	01294 323083
North Lanarkshire Health & Care Partnership	Sandra Blair	Service Development Officer	sblair@northlan.gov.uk	01698 332099
Orkney Health & Care Partnership	Rachel Ware	Telecare Project Manager	Rachel.ware@orkney.gov.uk	01856 873535
Perth & Kinross Health & Wellbeing Partnership	Patricia Reilly	Service Manager, Care at Home Services	pereilly@pkc.gov.uk	01738 476889
Renfrewshire Community Health Partnership	Lorna Muir	Assistant Principal Officer (Home Care)	lorna.muir@renfrewshire.gsx.gov.uk	0141 842 5962
	Doreen Watson	Service Manager, Renfrewshire Care 24	Doreen.watson@renfrewshire.gsx.gov.uk	0141 887 5882
	Lesley Deane	Telecare Co-ordinator	Lesley.deane@renfrewshire.gsx.gov.uk	0141 887 5882
Scottish Borders Telecare Development Group	Gregor Gowans	Bordercare Manager	ggowans@scotborders.gov.uk	01896 758717
Shetland Telecare Partnership	Keith Simpson	Telecare Project Manager	Keith.Simpson@shetland.gov.uk	01595 743983 (and mobile 07766 799917).

South Ayrshire Joint Future Partnership	Wendy McGeachie	Assistant Manager, Community Care	wendy.mcgeachie@south-ayrshire.gov.uk	01292 612048
South Lanarkshire Telecare Initiative	Frank McMenemy	Assessment & Care Management Manager	Frank.mcmenemy@southlanarkshire.gsx.gov.uk	01698 453 951
Stirling Older People's Development Group	Karen Shankland Florence Millar Pamela Dimberline	Chair of Telecare Steering Group Planning Lead for Telecare Telecare Co-ordinator	shanklandk@stirling.gov.uk millerf@stirling.gov.uk dimberlinep@stirling.gov.uk	
West Dunbartonshire Council Local Partnership	Kelly Gainty	Home Care Organiser	Kelly.gainty@west-dunbarton.gov.uk	0141 951 6187
Western Isles Partnership	Iain Macpherson	Service Co-ordinator, Faire Community Careline Service	ianmacpherson@cne-sair.gov.uk	01851 701702
West Lothian Community Health & Care Partnership	Anne Sheriff	Service Manager Occupational Therapy	Anne.sherriff@westlothian.gov.uk	01506 775623