

## Telecare Factsheet: Progressing Standards & Training

13 August 2008

### INTRODUCTION

This factsheet is based upon presentations and discussions that took place at a National Telecare Programme workshop entitled 'Progressing Standards & Training'. This was held at the Dementia Services Development Centre at the University of Stirling on 13 August 2008. The factsheet is based on notes taken by the writer during the workshop and does not represent directly the views of the presenters or individual participants.

The workshop is the sixth in a series of events sponsored by the Joint Improvement Team and the Chartered Institute of Housing in Scotland, which aim to support partnerships in the implementation of their local telecare programmes.

### STANDARDS AND QUALITY ASSURANCE

An introduction to the importance of standards and quality assurance to telecare services was provided by Brian Kerr of the Joint Improvement Team.

Brian made a helpful distinction between quantitative information on telecare (currently being provided by local partnerships as part of the YHEC national evaluation of the programme), and quality assurance. The former is focused on how many people are being assisted by telecare and the outcomes that are being achieved at a strategic level, whilst the business of quality assurance is to look in detail at what is being provided and how well.

He highlighted some general questions for consideration:

- How do we know that telecare services are 'doing the right things', and 'doing things right'?
- Who is in the best position to judge quality in telecare services?
- How should such quality be evidenced?

As telecare services have developed and become more widely available, there are increasing expectations around quality and the effective management of risk. There is a clear responsibility on providers to ensure that telecare services are as safe and as good as they should be. This is a fundamental issue, the successful resolution of which is considered to be one of the foundations for the expansion of telecare as a mainstream service in Scotland.

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Brian advised that the national Telecare Programme Board has a keen interest in standards and quality assurance for telecare services for a number of reasons:

- There is a very clear drive for improvement emerging at a local level.
- There appears to be no nationally agreed minimum standards or quality assurance framework for telecare services.
- There appears to be an inconsistency of quality across Scotland.
- Different service principles/priorities are being applied locally, resulting in inequitable access.

Brian advised that it is the view at a national level that a robust and consistent quality assurance framework for telecare services would greatly assist local partnerships to demonstrate quality and manage risk more effectively, and provide reassurance for service users and carers. He identified that one of the purposes of today's event is to check if this view is supported and shared by those working with telecare at a local level.

### **Review of Existing Quality Assurance & Regulation approaches**

Initial research has been undertaken to identify the extent to which telecare services feature in existing quality assurance and regulatory frameworks and the link provides a summary of [research findings](http://www.jitscotland.org.uk/knowledge-bank/publications/telecare/) (<http://www.jitscotland.org.uk/knowledge-bank/publications/telecare/>). The report concluded by identifying that the existing regimes do not routinely or robustly cover telecare services. However, it was noted that the Telecare Services Association (TSA) provides an audit and inspection framework for telecare services for their members and that they were in the process of reviewing their current Code of Practice.

To ensure a more comprehensive approach to standards and quality assurance for telecare services in Scotland, the following specific actions have been identified as part of the national Telecare Strategy (2008-2010):

- Work with TSA to ensure its standards framework meets the needs of Scotland (subject to development of a suitable standards framework).
- Encourage local care partnerships and member organisations to apply for TSA membership and accreditation.
- Secure a more comprehensive approach to telecare regulation by the Care Commission.

Brian then introduced Marian Preece of the Telecare Services Association. Marian had agreed to come along to the Telecare Learning Network as part of their consultation on the revised Code of Practice. Brian advised that depending upon the response of the network and the extent to which the TSA framework meets expectations around quality assurance, then the Telecare Programme Board may encourage local partnerships to become accredited members. However, it was stressed that no decision had yet been taken. There is ongoing negotiation with TSA around the Scottish requirements, and the following 'bottom lines' have been identified so far:

- There is a need to avoid duplication with other regulatory regimes (consider 'pass-porting').
- An electronic audit process is preferable to a paper-based approach.
- There should be recognition of existing approved procedures and processes, which should not require to be 're-done' to fit in with prescriptive formats.
- The audit processes should be credible, and include self-assessment.
- The inspection regime should be cost effective and provide clear added value.

## ACCREDITATION BY THE TELECARE SERVICES ASSOCIATION

Marian Preece, Operations Manager with the Telecare Services Association then gave a brief overview of her telecare 'pedigree', and an introduction to the TSA.

Marian advised she has been personally involved in community alarm services since the 1980s, and set up one of the first alarm centres in the UK to combine calls handling with response service in Cheshire County Council. Her current role with TSA is to develop and deliver the Code of Practice across the United Kingdom.

The TSA's stated mission is 'to realise the potential of telecare'. It is a not-for-profit, membership-based organisation. TSA is owned by its members, and is governed by a board of directors with representation from across the UK, and from supply sector organisations. It has a total of five members of staff and their main office is located in Wilmslow Cheshire. TSA has a current membership of over 300 organisations, including local authorities, registered social landlords and private sector providers who deliver 24/7 telecare services and commercial companies who manufacture and supply telecare equipment, software systems and management consultancy.

TSA advise it has championed interoperability between different technology equipment, and provide information for consumers, members, non-members and other professionals via their website ([www.telecare.org.uk](http://www.telecare.org.uk)) and in regionally-held events.

### TSA Code of Practice

The current Code of Practice is regarded by TSA to cover the strategic requirements of telecare service provision and the three distinct activities that may be involved in the process of delivering a telecare service:

- Part One: Telecare Calls Handling Operational Requirements
- Part Two: Telecare Installation Operational Requirements
- Part Three: Mobile Response Operational Requirements

TSA has 18 member organisations in Scotland, with the following accreditations to the Code of Practice:

- Bield Housing Association – Parts One and Two.
- Hanover (Scotland) Housing Association – Parts One and Two.
- North Lanarkshire Council – Parts One, Two and Three.
- Renfrewshire Council – Parts Two and Three.

A Code of Practice handbook (Oct 2005) has been developed, which is informed by good practice guides and self assessment checklists. Marian advised that challenging Key Performance Indicators (KPIs) are included. To be accredited to the code, members also require providing evidence of their processes and procedures which can be in any shape, format, size and style. The key questions that are asked are 'is there a procedure and does it work for your organisation?'

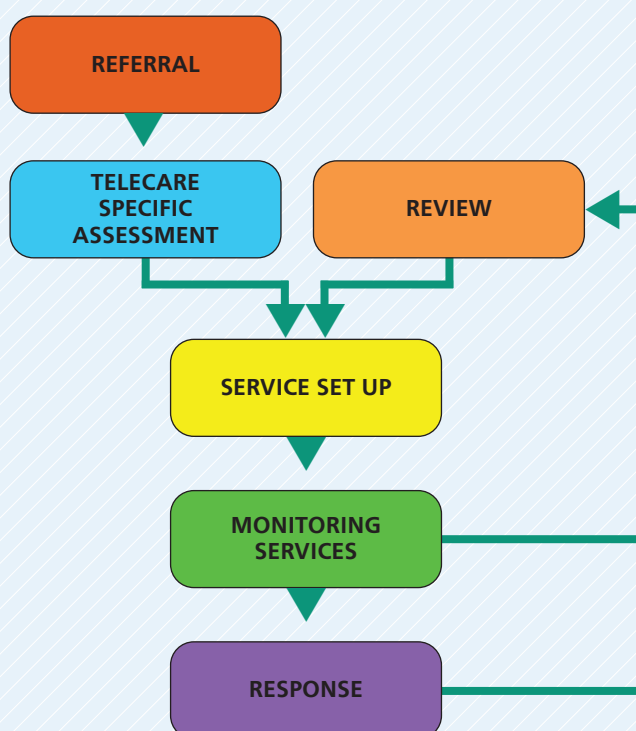
Marian outlined the benefits of the sharing approach which goes on freely between members. She also provided some detail around the audit process and its costs, advising that an optional pre-audit is available prior to going for a full audit. Inspectors then return a year after audit for a lighter touch inspection. A full

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audit is then undertaken every 3 years, plus annual maintenance checks. She advised that TSA made no apologies for the frequency of inspections that it set out to ensure that the auditing and inspection process was meaningful, challenging, and robust. TSA does not undertake the audit inspections itself, but contract with an independent inspection body.

Marian advised that TSA is undertaking a 'root and branch' review of the current code, as it wishes to update and ensure it is fit for purpose in the changing telecare environment. The revised code is being exposed to external stakeholder engagement (including today), and this has been a very valuable part of the approach adopted. A Code of Practice Management Board was launched to steer the review, and a list of telecare principles have been developed. The revised Code aims to reflect all the elements of telecare, from Referral to Response, and TSA have developed their R2R Model to reflect this.

### Telecare Services Association: R2R Model



The new code will be modular in approach, with individual accreditations for different parts. It will include additional KPIs across four different elements – Assessment, Installation, Monitoring, and Response. The revised KPIs are out for comment to members during August/September.

Final consideration of the revised Code of Practice will be undertaken by the Management Board in October, with a launch planned shortly after. A transition timetable has been identified for existing members starting in May 2009.

The TSA is also in discussion with the Department of Health in England around developing a Code of Practice for Telehealth, and they are progressing work around a City and Guilds qualification on Telecare.

## **NETWORK RECOMMENDATIONS**

The workshop then divided into three smaller groups for further discussion and consideration of standards for telecare services.

Significant consensus emerged, and the following recommendations were made:

### **Recommendations**

- Consistent standards for telecare services are critical and should be developed.
- The direction/approach to standards being taken by the national Telecare Programme Board in Scotland is generally supported.
- It was acknowledged that the development of telecare service standards will bring an additional regulatory requirement. It is therefore crucial to avoid duplication with other inspection regimes due to the substantial resources already expended.
- There is a clear need to educate the Care Commission and Social Work Inspection Agency (SWIA) on what telecare is. They need to have a greater general awareness and appreciation – although it was recognised that specialist knowledge is likely to be outwith their remit.
- Telecare services should be inspected by a ‘telecare-knowledgeable’ organisation like TSA, with the more generic regulation bodies like the Care Commission accepting a ‘pass-porting’ of relevant elements. Such ‘pass-porting’ must be real in practice and not just in theory.
- There is a clear interest in working with TSA to build a system that will suit Scottish needs, and there has been a generally positive experience of working with TSA. However, TSA needs to clarify exactly what is acceptable in terms of existing processes and procedures, as there appears to be some debate in practice around this.
- Additional ‘bottom lines’ for any telecare standards framework should include:- recognition and support for areas of inspiration/innovation; the clear inclusion of service user involvement and consultation; and a need to regularly update and improve any framework to reflect the quickly-changing operational environment.

In addition, some questions remained at the end of the discussion which TSA and the national Programme Board were asked to consider:

- Are there negative consequences of applying a single standard for key performance indicators across very different sizes and types of provision?
- Were there any grey areas that need to be reflected in standards, and where there should be localised exceptions, e.g. response times in Scottish Islands, other remote and rural areas?
- Is the Single Shared Assessment framework appropriately acknowledged and integrated within the TSA Code of Practice?
- How could accreditation best be assisted, e.g. sharing of experience/documentation?

## **TRAINING PLAN UPDATE**

Brian Kerr introduced the topic of training, by confirming it as another crucial element of the national Telecare Strategy. Key activities have been identified within a Training Plan and a steering group has been established to take these forward. The steering group is facilitated by Brian Kerr, with representation from local telecare practitioners and Carers Scotland. The purpose of the group is:

- To find out what is out there by way of relevant training courses.
- If necessary to commission work to fill any gaps.
- To disseminate information to those working at a local level.

But, Brian stressed, the group is not a validating body.

The general conclusion of the steering group when it first convened was that there was not likely to be a lot of relevant training already available. However, increasingly they are discovering that this is not necessarily the case. Finding the detail, availability and a review of its suitability is proving to be the challenge.

Brian then gave a quick summary of the contents of the [Training Plan \(http://www.jitscotland.org.uk/knowledge-bank/publications/telecare/\)](http://www.jitscotland.org.uk/knowledge-bank/publications/telecare/), highlighting the key elements which are being considered. This includes:

### ■ *Summary of Available Courses*

The steering group are progressing a summary of current courses, and intend to disseminate this via the Joint Improvement Team website. They are keen to obtain feedback from those who have been on such courses, and are considering sponsoring individual participation to obtain information that can then be made available.

### ■ *Training for Assessors*

It is clear that newly qualified assessment staff know scarcely anything about telecare when they begin employment, and the steering group are looking at the possibilities of achieving change in qualifying courses to address this. However, it may be that there is a need to go from course to course to influence inclusion, rather than a one-off agreement. Brian noted that there is some interest already coming to the group from educational institutions which is very heartening.

### ■ *Call Handlers*

There does not appear to be much in the way of validated training for call handling staff, but most centres have good skill-based induction programmes available in post. The steering group are exploring the City & Guilds, Chartered Institute of Housing and Scottish Vocational Qualifications catalogues to see if there are any courses/materials that would take staff beyond the current level of training, particularly those that begin to anticipate the future telecare environment. Another issue that has emerged is that even where some opportunities are included within catalogues, few, if any, colleges or centres offer them.

### ■ *Registration with SSSC*

A further area of work that has been highlighted is the need to communicate directly with the Scottish Social Services Council. They are currently recommending suitable courses to meet registration standards for housing support staff as regulated by the Care Commission. As some telecare services (particularly the responder element) are already regulated by the Care Commission, it is important to liaise with SSSC to advise them what courses may be most suitable for the different groups of telecare staff.

Brian concluded his overview of the Training Steering Group's progress by advising that the following materials are being developed to support local telecare awareness-raising programmes:

- Interactive DVD and Storyboards that can be used within local training.
- Interactive user-focused website, to advise others of their experiences with telecare – (being developed by a keen student).
- Evaluation of 1 day courses.
- Dementia packs are being produced by DSDC and North Lanarkshire Council to support and promote training around specific needs. Further types of packs may be commissioned, for example for those working with people with learning disabilities.

Brian, then 'appealed' to the workshop participants and asked:

Is this training plan relevant to your local training needs?

Are you aware of courses that include telecare, who is running them, what is the duration, and how good are they?

Do you think the training steering group is missing any crucial areas, and if so, what are they?

Responses should be sent to Brian Kerr ([briangkerr@hotmail.com](mailto:briangkerr@hotmail.com)).

## **LOCAL EXPERIENCES – FORTH VALLEY TELECARE AWARENESS RAISING AND TRAINING**

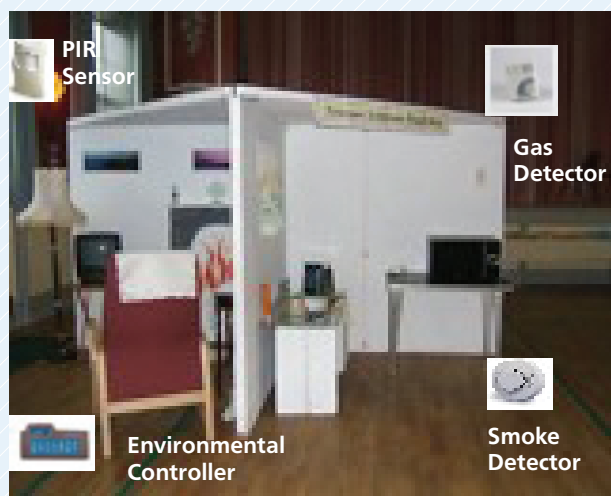
Florence Miller (Planning & Commissioning Officer, Stirling Council) and Ann Allison (Rehab Specialist Nurse, NHS Falkirk & Forth Valley) provided some extremely useful insights into their experience of raising awareness of telecare at a local level, and its importance to the development and expansion of telecare as a mainstream service.

Florence presented an overview of the 'road-show' approach that had been developed by the Stirling Partnership. A van had been hired to take telecare out to staff and potential service users, to locations that were convenient to them. They used a variety of venues – from big theatres to small church halls, with the final one taking place in Stirling Royal Infirmary to target hospital-based staff. A little theatre would be set up in one corner (including a range of different types of equipment, photos and a presentation on a loop of different types of response services, e.g. distinctive smart cars used by responder staff) from which Ann would demonstrate a range of environmental controls. Other agencies and staff provided information on a range of other complementary services to support people at home, including MECS staff, Fire Services on equipment for those with hearing difficulties, Housing team on energy efficiency/Care & Repair, and the Home Support team. A telecare supplier also participated and supplied the refreshments for the events, however, there was some confusion when some of the people attending tried to leave with pendants, assuming they were free 'giveaways'!

An approach which was of particular value was the house unit which had been constructed by Council joiners.

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### Forth Valley Telecare Awareness Raising



This was set up as a live event, with equipment placed in situ. It gave people a real feel for what the equipment would look like and how it would work in their homes, having much more impact than information leaflets. Lots of staff and service users came along, with representation from voluntary sector and housing providers. Florence advised that plans for a range of future activities are progressing:

- More road-shows, taking a smaller version out to specific groups.
- The development of a local telecare strategy.
- The development of a demonstration kit for taking out to people's own homes.

Florence also generously offered to loan out the Stirling demonstration 'house' to other partnerships if they would find this useful.

Ann Allison then gave an overview of progress being made across the different areas of Forth Valley, and advised that from her NHS perspective she enjoyed the benefits of working with all three partnerships areas, and noted that they all have different approaches and priorities. In addition to what is going on in Stirling, she advised that she has recently been involved in two half-day back-to-back conferences in Falkirk. These were attended by a good mix of staff (approx 100) and included three set presentations. Participants chose two out of three sessions on 'Safety and the Environment', which included sessions led by the Police, Equipment Services and an Occupational Therapist focusing on falls prevention. The aim was to spread knowledge and expertise about different approaches, and when asked if any of the participants wanted to know more or were interested in further training, around one-third gave a positive response. Ann is now in the process of obtaining approval to release staff to do this. Looking to the future, she advised that there is a need to continue to get the message out, with the following activities planned:

- To do awareness-raising sessions more often.
- Provide something similar for users and carers.
- Do more in-depth training for those who gave notes of interest.
- Consider a 'smart' house demonstrator to use as a training facility.
- Falkirk has also now designated time to manage telecare developments and provide training and assessment support.

In Clackmannanshire, Ann advised that a 'smart' house has been created, and nearing completion. A range of environmental controls are also being added, and the aim is to use the house as an assessment and training resource.

In terms of what has helped to raise awareness of telecare and its potential, the following were identified by Ann and Florence:

- The Joint Improvement Team and its website.
- Sharing experiences with other partnerships.
- Informal support through the Telecare Learning Network.
- Having the opportunity and space to develop knowledge and skills.
- Support from management in the CHP and partnership members.
- The fact that the use of technology has become more prominent through the media.

And in terms of what else would help, they identified:

- Having a leader in each partnership with a clear vision and decision-making responsibility.
- Having designated time to take forward projects across Forth Valley and produce publicity literature.
- Finding out the local links who are involved in technology.
- Building telecare technology into induction training.
- Joint training – accredited, available at a range of levels, jointly resourced, presented by experts within partnerships.
- Students coming into post with some knowledge.
- Having an equipped facility for demonstration and training purposes.

As parting advice to colleagues who are experiencing some difficulty in engaging with health partners, Ann recommended that, from her experience, it was important to target the 'right' people. These tended to include:

- Those working within Environmental Control Services (details via Ann).
- Community Rehabilitation Teams.
- Hospital Occupational Therapists.
- Long Term Conditions Group.
- Specialist Nurses, e.g. Cardiac, Respiratory.

Regular training/information sessions are also held in GP practices, and it would be good to get on the agenda at these. She urged colleagues to 'go out and knock their doors' also advising that having resources to assist telecare implementation was often a good incentive for others to get involved.

## **'A SMART CARE DISTRIBUTED ENVIRONMENT' – FUNDING COMPETITION**

The network then welcomed Graham Worsley from the Telecare Strategy Board, who advised that he would be coming very much from a technology perspective.

The Technology Strategy Board ([www.innovateuk.org](http://www.innovateuk.org)) is a national body, based in Swindon, which supports business innovation and the application of technology. It is an arm's-length executive body, which is sponsored by the Department for Innovation, Universities and Skills (DIUS). It works across Government, and is in partnership with research councils, regional development agencies and the devolved administrations. Over the period 2008-2011 it intends to invest around £1bn (with partner contributions) in business innovations. The TSB aims to make technology better and cheaper, identify technologies that are going to be of use, and seek to better understand the challenges and barriers to the uptake of technology.

The following specific criteria for investment have been identified:

- There should be a UK capacity to develop and exploit the technology.
- The right potential for impact in the right time frame.
- The size of the global market opportunity.
- A clear role for the Technology Strategy Board to add value.

TSB developed a roadmap in January 2007, for moving forward. This identified some headline challenges for the next few years around:

- Communications – how address isolation, increased interactions between individuals and systems. Improved user interfaces, navigation and location.
- Data Processing – too much data, and need to make better sense of it.
- Sensors & Devices – increasing the range of functions and improving performance and design.
- Cross Cutting Issues – security, privacy, systems reliability and integration/interoperability.

These issues are still relevant today, and the roadmap is certainly not out of date.

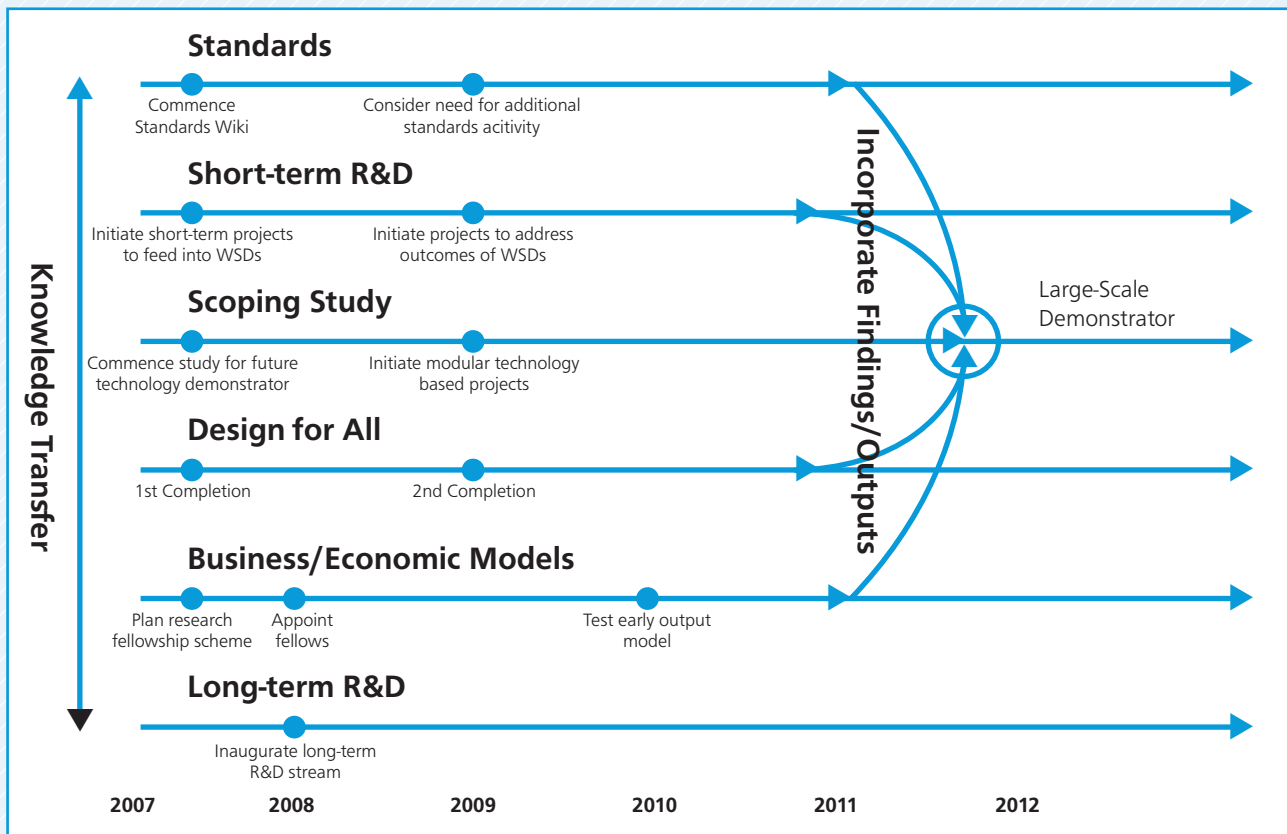
The TSB are supporting lots of activity through the Assisted Living Innovation Platform, which enables industry, academia and health and care professionals to collaborate in order to significantly advance the technology to meet need. So far, the first round of funding activity (£6.5m – working with Department of health, EPSRC, ESRC) is looking at improving how sensor data are collected in the home and used, and is also supporting research in user centred design. Nine projects are to be announced soon.

The second competition, working with ESRC and EPSRC, sought research fellows to evaluate economic business models for Assisted Living. There were no successful bids for this round.

The third round competition, a 'Smart Care Distributed Environment', is out at the moment. This is looking at digital communications aspects (telecommunications and broadcast), moving away from one sensor for one thing. The aim is to develop an environment where smart care is provided wherever it is needed, bringing together different disciplines and industries to systematically address issues like the provision of remote care and avoiding patient isolation. User organisations can also get involved. This competition was announced in early July 2008, with a closing date for initial expressions of interest by 4 September.

<https://www.technologyprogramme.org.uk/extranet/competitions/InnovationPlatforms/ALIP2/Documents/SmartCareEnvironment.pdf>

Technology Strategy: Driving Innovation



As part of this, Graham offered to arrange and fund speakers to come up to provide an update of this activity, should this be of interest to the network. The TSB is also developing a web based 'map' of assisted living activity.

Looking to the future, Graham outlined some activities planned by TSB including:

- Long-term/short-term social/behavioural studies – if we are fundamentally changing the way health and care are delivered, how would we measure the impact of such a change when there is no benchmark for where we are at the moment?
- Technology Standards.
- Large-scale future technology demonstrators.

**RECOMMENDATIONS**

- National Telecare Programme Board and the Telecare Services Association to consider the recommendations and questions around standards identified by the network.
- Local partnership representatives to advise Brian Kerr of any training courses relevant to telecare that had been undertaken by staff, and the detail and views of these.
- Consideration to be given to the submission of expressions of interest in the 'Smart Care Distributed Environment' Competition being held by the Telecare Strategy Board.

**REFERENCES**

Factsheet written by M Mackenzie – August 2008