

Telecare Factsheet: Integrating Telecare as a Mainstream Service

12 November 2008

INTRODUCTION

This factsheet is based upon presentations and discussions that took place at a National Telecare Programme workshop entitled 'Integrating Telecare as a Mainstream Service'. This was held at the Dementia Services Development Centre at the University of Stirling on 12 November 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 seventh 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.

MAKING CHANGE HAPPEN

It is clear that systematic change is required to integrate telecare effectively within our wider mainstream service provision. To give the workshop participants some insight into how such a change can be effected, Professor June Andrews of the Dementia Services Development Centre gave an energetic and entertaining presentation. She recommended from her substantial experience, nine basic steps or techniques that could be used to 'make change happen'. June stressed that it was up to those in the audience to push this agenda forward, for 'if not you who has to make the change, then who?'. She also acknowledged that it is easier to influence change within a single system or organisation than across organisational and service boundaries. However, it is not impossible, and in fact is happening every day.

Before introducing her 'Nine Basic Steps', June recommended to the audience that they should:

- **Set a clear target** – Be clear about what goals you need to achieve.
- **Understand the policy context** – Need to be clear how your target and goals fit in with what the Government wants. Telecare is sitting firmly in a context which addresses demographic challenges/ policy agenda for older people to be supported to stay at home, so there is a clear alignment with the policy framework.
- **Know what is needed** – It was noted that people often come up with a solution before fully understanding what is needed. This may result in identifying the wrong solution, or ignoring other opportunities. Need to open these up, and consider a range of options, which also provides a possible Plan B if Plan A falls through!

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Nine Basic Steps for Making Change Happen

June then outlined and gave illustrations of the following nine basic steps:

Know your stuff – Need to be able to demonstrate you know what you are talking about before you can persuade others.

Know the system – Process mapping is valuable. Few people know the system all the way through but you may need to understand this to identify where the blockages lie, and where change can best be applied.

Be known – Identify the key people in the system who have the power to influence the required change. You then need to become known to them to persuade them to make it.

Be professional – To persuade and influence it is important to behave and appear as professional as possible. You are then much more likely to gain respect and be listened to.

Use high impact communication – Often we need to influence really busy people who have very limited time. So any opportunity must be used to maximum impact. This means you need to rehearse and know the key messages you have to get across. If you were in a lift with the person and had a one minute opportunity, what would you say? You need to think about what matters to them, and stress their opportunity to be associated with a good news story.

Collaborate – There are lots of people around who can help you, but you need to be able to persuade them that what you are trying to do is important. User and member organisations are good to align with, as they are frequently listened to by Government Ministers and local elected members, etc.

Have a high order motivation – Be clear why you are doing it, and stress this to others. A high order motivation such as 'supporting independence and choice for service users' is often very effective in influencing and gaining buy-in from others.

Use your time effectively – This is limited for everyone, so you need to know where your time will have the biggest impact and then apply it.

Be lucky – And sometimes you have to make your own luck! If you don't succeed the first time, hang in there and try again if it is really important.

TELECARE RESEARCH: A RESEARCH PROPOSAL ON ETHICS AND VALUES IN ASSISTIVE TECHNOLOGY

Andrew Eccles, of the Glasgow School of Social Work, gave a brief introduction to a piece of research he is about to begin which will explore some of the ethical issues and value-based assumptions around the use of telecare/telehealth. In particular how far ethical principles are known about or applied. He acknowledged that the pace of change is extremely fast, and that there may be risks of this outstripping any ethical frameworks that currently exist.

Andrew identified that he is keen to explore the following elements in his research:

- What training is provided for frontline staff locally, and does this include ethical considerations or are these assumed to have been covered en route to qualifications?
- To what extent might the attitudes of professional disciplines act as barriers to the introduction of technology-based solutions? He is keen to talk to health, social care workers, AT designers to discuss this.

- He has been advised that the take up of telecare services is lower than expected, and wants to clarify if this is true. Have ethical concerns been cited as a reason for this and in particular are there concerns/objections around particular pieces of equipment, or particular applications?
- Are there contrasts in rural/urban approaches, where ethical judgements may be viewed differently in light of other factors, such as being able to be supported at home in more isolated communities?

Andrew is keen to talk to practitioners involved with telecare to hear their views on whether they think these are the key points that should be explored, and is seeking expressions of interest from any local partnerships who may wish to be involved in this research. Initial contact should be made via email: Andrew.Eccles@strath.ac.uk

INTEGRATING TELECARE IN MAINSTREAM SERVICE DELIVERY IN ANGUS

Securing Buy-In – An Angus Perspective

Alan McKeon, Head of Housing for Angus Council gave a strategic overview of the national and local policy backdrop to Telecare in Angus. Significant changes have occurred in the landscape over a short period of time, with debates about care home pricing a few years ago now shifted to a focus on effectively providing support to maintain people at home. The policy shift is now all about prevention and anticipatory care, affecting much of the way we need to do business. We are moving from single dimensional models (e.g housing) to multi-dimensional approaches (e.g. Single Shared Assessment).

Alan provided a summary of:

- The demographic issues for Angus.
- The rise in expectations. The reality of tightening budgets which are much more closely scrutinised over the course of the year than ever before.

Social care and housing are actively competing with pressures from education and the political imperative to maintain council tax stability. Alan also stressed that in a mainly rural authority such as Angus, even seemingly small distance movements for service users can have big impacts on their lives and those of their friends/families, and that this affects the preferred service models.

Looking more specifically at telecare, Alan acknowledged that there is work still to do in Angus. He outlined some of the key challenges they face, one of which is the continued belief by some that the predicted demographic changes won't happen. However, the majority consider that the pace and scale of future change is significant, and that there are huge challenges to be worked through. Much of this is being channelled through the Community Planning Partnership, at which different levels of commitment are evident. He noted that CHCPs appear to be much more clearly aligned with Social Work than Health Boards have been traditionally. In Angus there has been agreement to a common set of outcomes, although the budgets are not aligned yet. Alan stressed the need for Government to look at the legal and structural issues around aligned budgets as there are huge challenges to be worked through before the most effective use of resources can be realised. However, he acknowledged it is a lot better than it used to be and there is a good partnership approach in Angus which has been strengthened by them spending significant amounts of time together.

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Angus Telecare Delivery Structure

The delivery structure for Telecare in Angus broadly works like this:

Telecare Delivery Groups – *links to*

Telecare Board – Housing, Social Work & Health – *links to*

Community Care Health Exec Group – *links to*

Healthy, Safe & Caring Communities – *links to*

Community Planning Partnership – *links to*

Single Outcome Agreement

There are links maintained both up and down the structure, and this is critical if the telecare approach is to move from an initiative to the cultural norm.

Alan stressed that as the owners of this agenda for their local areas, workshop participants need to be clear how to switch their spectators on and persuade them to become involved. There may be a fear of failure or costs and lengthy timescales associated with transition. These need to be addressed to secure buy-in and commitment.

Maintaining Momentum

Alan outlined the following activities that he would recommend to maintain the momentum around telecare programmes:

- Prove the technology works
- Overcome the fear of intrusion
- Prove the benefits of technology (need the evidence)
- Demonstrate the added value of using telecare
- Talk it up – need to keep it in local consciousness
- Link it to outcomes
- Link it to efficiency and value for money
- Use real life examples to illustrate

And in summarising, Alan stressed the importance of:

- Using ‘the elephant in the room’ – ageing and dependency. Be aware of it and use it. Fundamental strides need to be taken to redesign services and telecare can play an important role in this.
- Persistent leadership is essential!
- Financial constraints should be seen as an opportunity for telecare. Look for ways to demonstrate value for money and efficiencies.
- Outcomes – Telecare can demonstrate a real impact on outcomes for service users/carers/systems.
- There is a vested interest for most of us in making this happen for ourselves – use this with others.
- The benefits may be several years off, but they will come!

Mainstreaming Telecare

Keith Whitefield – Project Manager (National Outcomes for Community Care Pathfinder Project) provided an operational focus for Telecare in Angus advising that of a population of around 21,500 people over 65, there are around 4,200 community alarm users. Angus already use a wide range of equipment, but have deployed this in ways which target specific local issues.

- Looking at addressing social isolation through the creation of virtual sheltered housing models.
- Justifying services in smaller villages is problematic but enabling access via nurse led virtual clinics to address this.
- Developing intermediate care within a home environment.
- Deploying technology to support self care for people with long term conditions.
- Creative approaches to training – Need a clear vision to drive this forward, but have provided demonstration flats as an opportunity for front line staff to play with equipment and understand how it fits into care planning. Angus have adopted a 'case-based training' approach which looks at how telecare can impact on individual situations and use this to inform others.
- Safety and Security application to protect the most vulnerable by installing bogus caller buttons as part of 'No Cold Calling Zones'. Microphones are installed close to door, so that doorstep conversations can be recorded and potentially used as evidence. This approach involves the police and community safety colleagues.
- Domestic Violence – telecare is used to alert police via call centre of any incidents or concerns.

Keith prompted a debate around 'What is mainstreaming?', when does an initiative become mainstream and what is essential to make that change? He felt that for telecare this will require a huge shift in perceptions about tasks and roles.

Angus have taken time to get to where they are at now, but they consider that this preparation has been worth it. Keith suggested that from his experience four key things were instrumental in moving them forwards.

1. Get a Champion

Gordon Peterkin GP who went on to become the Director of the Scottish Centre for Telehealth was the first champion for Angus. They have also benefited from the interest and involvement of a colleague in Environmental Health, who was keen to use telecare as part of their approach for community safety. Keith then ran through the 'person specification' which he felt was required for a local telecare champion:

- They should be a generalist, not a techie – as fundamentally telecare needs to be about people not technology.
- They need to be able to think both strategically and operationally.
- They should be (trusted) risk takers, who have had some success in managing complex change in the past.
- They should have a 'Seat at the Table', and be a voice which is listened to.
- They need to be outcomes-focused – for service users and staff and need to understand what it is like to deliver a service.
- And they need to have a long term vision and be a patient persuader.

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2. Communicate

Good communication is important, and there is a need to use different approaches and mechanisms to integrate telecare within local systems. We all speak different professional languages so there is a need to make analogies that make sense to person that you are trying to persuade. We also need to think through what any change will mean to front line staff and explain it to them in a way that they will support and relate to. The use of stories to illustrate points has been really useful. Also don't underestimate the importance of the written document, and you should get telecare into key strategy documents to secure commitment and interest.

3. Why? or Why Not?

A focus on Outcomes is critical and using the voice of service users/carers and staff is persuasive. Interrogate the existing system to identify where changes can be best made – ask why seven times minimum! Very useful to map existing processes and pathways to understand barriers and opportunities.

Need to challenge risk management models – 'whose life is it anyway?'

Important to get operational staff involved from the start to be clear how it can fit in. The 'case-based training' approach has been found to be very useful for this.

4. Model the Impacts

Models need to be set up to be able to demonstrate the impacts on the whole system locally, and not just for community care partners. Need to be clear and be able to demonstrate how it links in with the wider agendas around efficiencies and community safety. Try and model what the impacts are, and costs saved/avoided. These will be great levers for investment in times of budgetary pressures. But the softer outcomes are also critical and you need to be able to demonstrate beneficial outcomes for service users and carers. Make the links to SOAs – strategic vision for those who need care in the community. Needs to be represented in document.

Workshop Discussion

The workshop then broke up into three discussion groups to consider the Angus experience, and identify if there are common issues/solutions which could be identified to inform us to better overcome the wider integration issues. The following table summarises the feedback from the discussion groups.

Are the experiences/approaches identified by Angus relevant/recognisable to other areas?	All three discussion groups agreed that the experiences and approaches outlined by Angus were relevant to and recognisable by them.
Identify the most common issues associated with implementing telecare as a mainstream service	Difficulties in partnership working Lack of local responder services Difficulties linking telecare into SSA processes Difficulty identifying resources to sustain telecare over the longer term Identifying local champion
Identify suggestions/solutions/approaches which could be adopted to address these	Need to build Telecare into local strategies and plans Process map of how responder services delivered across country/share best practice. Develop working with voluntary sector to respond, renegotiate existing contracts Insert prompt for telecare on SSA forms (with question why not? if not considered) JIT to target local government and health boards at top end Training to be used to change culture
Identify key actions that need to be taken forward over the next 6 months that would help to integrate telecare more effectively in mainstream service delivery.	Need longer term commitment from Government to Telecare, as this is not a quick fix JIT to clarify match funding requirements for next year ASAP JIT need to feed good practice down the way Timescales for telecare implementation to be increased to give them opportunity to progress

RECOMMENDATIONS

- Local partnerships to identify how best to build telecare into their Single Outcome Agreements, other strategies and SSA processes.
- Forum to consider mapping of responder services across the country to share best practice.
- JIT to provide clarity around funding for 2009/2010 and pursue longer term commitment to Telecare Funding from Government.

REFERENCES

None