

**Evaluation of the
Telecare Development Programme
Appendices**

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APPENDIX A

Overview of the Telecare Development Programme 2006-08

A.1 OVERVIEW

This Appendix provides an overview of the Scottish Telecare Development Programme (TDP) during 2006/07 and 2007/08. It considers the original business case for funding that was produced in May 2006 (A.2) and a revised business case and benefits realisation plan prepared in May 2007 (A.4). The processes by which the Partnerships applied for TDP funds are described in more detail than in Section 2 of the main Report in A.3. Other documents produced by JIT during 2007 and 2008 are also listed in A.4 and the actual allocations of TDP funds to the Partnerships are summarised in A.5. Appendix B shows the indicative amounts allocated to each Partnership by JIT.

A.2 THE INITIAL CASE FOR TELECARE FUNDING

The Joint Improvement Team (JIT) prepared an initial Business Case for a Telecare Development Programme (TDP) for the (then) Scottish Executive in May 2006¹. The overall aim of the proposed programme was “to help an additional 19,000 people to live at home for longer”. This 19,000 related to the number of care home beds ‘saved’, with a target of 75,000 people to be in receipt of telecare services across Scotland in 2010, including 9,000 with a diagnosis of dementia.

The stated objectives in this document were to:

- Reduce the number of avoidable admissions to care homes, and of admissions and re-admissions to hospital;
- Reduce the pressure on informal carers;
- Reduce the need for other more expensive interventions;
- Improve the quality of life for a range of people who benefit from telecare services, mainly older people but also including people with physical disabilities, people with learning disabilities and people with long-term medical conditions.

The deployment of funding was expected to contribute to the wider health, housing and social care agenda, including contributing to the delivery of the following national outcomes for users and carers, as agreed by a Ministerial Steering Group:

- Supporting more people at home as an alternative to residential and nursing care, through locally agreed joint service development;
- Assisting people to lead independent lives through reducing inappropriate admission to hospital, reducing time spent inappropriately in hospital and enabling supported and faster discharge from hospital;
- Ensuring people receive an improved quality of care through faster access to services and better quality services;
- Better involvement of carers.

In addition, it was anticipated that the funding would also support the achievement of many of the proposals in the Kerr Report², especially:

“All NHS Boards to put in place a systematic approach to caring for the most vulnerable (especially older people) with long term conditions with a view to managing their conditions at home or in the community and reducing their chance of hospitalisation”.

¹ Joint Improvement Team. *Proposal: Telecare Development Programme*. May 2006. Available from <http://www.jitscotland.org.uk/downloads/1208770769-Telecare%20Development%20Programme%20Proposal%20May%202006.pdf> (accessed November 2008).

² The Scottish Executive. *Building a Health Service Fit for the Future*. 2005.

Specific benefits from the TDP project were expected to include:

- Reducing the need for residential and nursing care;
- Unlocking resources and redirecting them elsewhere in the system;
- Increasing choice and independence for service users;
- Reducing the burden on carers and providing them with more personal freedom;
- Reducing acute hospital admissions;
- Reducing accidents and falls in the home;
- Supporting hospital discharge;
- Contributing to the development of a range of preventative services;
- Helping those who wish to die at home to do so with dignity;
- Contributing to care and support for people with long term health conditions.

In terms of efficiency, both 'cash releasing' and 'time releasing' efficiency savings were expected. For example:

- Telecare can substitute for more expensive inputs to deliver the same standards of care (e.g. it can be a substitute for the time that a formal carer would otherwise have needed to spend with someone);
- It can lead to improved types of care than would otherwise have been provided (e.g. a night movement monitor can pick up changed patterns of behaviour indicating an underlying health issue that would otherwise not have been detected);
- It can prevent expensive 'crisis events' such as hospitalisation (e.g. the automatic shut-off of a gas safety valve can prevent a serious accident);
- It can enable people to remain in their own home rather than having to move into long-term care, which is likely to be both more expensive and less desirable;
- There is the potential to encourage regional, or at least cross local authority, collaboration on procurement and the delivery of telecare services, resulting in economies of scale.

In terms of financial projections, JIT's bid requested development funding of £7.75 million³, which would be spent as £2.90 million in 2006/07 and £4.85 million in 2007/08. At the time (May 2006) the associated benefits were anticipated as £10 million in 2007/08, £35 million in 2008/09, and £71 million in 2009/10, giving a total £116 million over the period 2006/07 – 2009/10. These were, however, recognised at the time to be based on very limited available evidence, and were therefore subsequently amended in the revised Business Case/Benefits Realisation Plan prepared in May 2007.

The money secured for the TDP 2006-08 came from three main sources:

- 44% from the Scottish Government Health Department;
- 50% from the Efficiency and Reform Fund;
- 6% from the Development Department/Communities Scotland.

A.3 APPLICATION FOR TDP FUNDING BY PARTNERSHIPS

All of the 32 health and social care Partnerships were eligible for a share of the funds secured for the TDP, conditional on their proposals meeting the following criteria:

- Proposal endorsed by Community Planning partners or other strategic partnership;
- A strategic approach demonstrating how telecare would complement the range of other local health and social care services;

³ A further small amount of funding was requested, to be used for meeting administrative costs and to fund the external evaluation etc.

- An indication of the scope and range of services to be introduced with specific targets relating to impact on outcomes for service users;
- Evidence of how the service would subsequently be sustained and further developed through a Partnership's own resources;
- Evidence of the efficiency savings to be gained as a result of the introduction of a range of telecare services.

The minimum indicative allocation for a Partnership was £75,000, subject to a satisfactory proposal based on the above criteria. Allocations above the minimum were made using a formula based on Grant Aided Expenditure (GAE). Appendix B shows the indicative amount of TDP funding initially allocated to each Partnership.

As summarised in Section 2 of the main Report, funding was allocated using a two-stage process.

Stage 1 Form

As part of their initial application for funds from the Telecare Development Programme, Partnerships had to complete and submit a Stage 1 Funding Submission form to JIT. This was issued to Partnerships in September 2006, with a return date of 31 October 2006. JIT also held a workshop in October 2006 to provide practical assistance to the Partnerships on completing their Stage 1 submissions.

As well as requesting output information from each Partnership about their proposed project(s)⁴, the form also asked each Partnership to identify key outcomes (along with related outcome measures) and the efficiency savings expected to result from TDP-funded activity⁵. For a variety of reasons, such as a lack of detail or incomplete information, a number of Partnerships had to submit revised Stage 1 forms before receiving any TDP funds.

Stage 1 submissions received by JIT included a range of proposals and projects, representing the wide range of needs and circumstances of different communities across Scotland. While some proposed to extend the range of telecare equipment already in use, or to test new applications, others sought to widen access to telecare solutions, or simply to increase the number of people who would benefit. Some Partnerships sought in their proposals to develop and improve response arrangements, while others wanted to integrate telecare more fully into community care and support services. A small number also referred to Telehealth developments.

Taken together, the submissions provided a fascinating overview of the extent and variety of existing telecare services in Scotland. In some areas telecare was very well established and a key element of an integrated domiciliary health and social care support service. In these areas there was an expertise and readiness to expand the use of telecare further, but this was not the case everywhere. One of the tasks for JIT as the TDP has progressed has been to facilitate and support the sharing of experience, expertise and best practice across Partnerships.

Stage 2 Form

Partnerships were subsequently asked to complete a Stage 2 application funding form to receive a 2007/08 TDP allocation. This form was issued by JIT in March 2007 (see Appendix F) for return by 16 April 2007. Where there was clear evidence of progress, the

⁴ For example, client group(s), types of telecare equipment, and anticipated numbers of clients.

⁵ Partnerships were also asked for contextual information, to assess the risks associated with developing telecare service and how they proposed to address these, and about their planned approach to sustaining telecare services locally.

second payment was disbursed by the end of June 2007. Where Partnership proposals were still at an early stage of development, JIT arranged discussions to support the development process.

The Stage 2 application form comprised three parts:

- Additional background and baseline information (requested by YHEC);
- Standardised Core Outcome Statements;
- Standardised Core Efficiency Statements.

The standardised core outcome and efficiency statements included in the Stage 2 application form were derived from the Stage 1 submissions, which had shown that a number of core outcomes and efficiencies were anticipated from the investment in telecare, but were being framed in a variety of different ways by the Partnerships. Partnerships were advised when completing the Stage 2 form that they were not expected to deliver against all the standardised outcomes and efficiencies included within it, but to select only those of relevance based on the projects being developed locally. The core outcome statements that partnerships were invited to select from were:

- Core Outcome Statement 1: Reduce the number of delayed discharges from hospital by X in financial years 2006/07 and 2007/08;
- Core Outcome Statement 2: Reduce the number of unplanned admissions for community care based clients by X in financial years 2006/07 and 2007/08;
- Core Outcome Statement 3: Reduce the need for X care home admissions for community care based clients in financial years 2006/07 and 2007/08;
- Core Outcome Statement 4: Increase the numbers of persons able to maintain themselves at home through receipt of a telecare service (with support) by X in financial years 2006/07 and 2007/08.

The core efficiencies within the Stage 2 form focused on specifying expected annual efficiency effects for 2007/08, 2008/09 and 2009/10 in terms of:

- Core Efficiency Statement 1: The number of hospital bed days saved from people ready for discharge;
- Core Efficiency Statement 2: The number of hospital bed days saved (unplanned admissions);
- Core Efficiency Statement 3: The number of care home bed days saved;
- Core Efficiency Statement 4: The number of nights sleepover care saved;
- Core Efficiency Statement 5: The number of home check visits saved;
- The value of the procurement savings made.

As well as providing the requested numerical data, Partnerships were also asked to explain briefly in their Stage 2 submission how they had identified their outcomes and calculated their efficiencies.

Finally, Partnerships were also asked for information on any other locally-identified outcomes.

A.4 OTHER DEVELOPMENTS DURING 2006/07 AND 2007/08

Revised Business Case/Benefits Realisation Plan

In May 2007 JIT prepared a revised Business Case/Benefits Realisation Plan⁶, based on detailed information in Partnership returns received by JIT⁷. These submissions showed that at least 127,000 people were already benefitting from a basic telecare service⁸. Thus the target of 75,000 for 2010 had already been met (though it was not possible to distinguish between dementia and non-dementia sufferers within the overall total).

The 27 Partnerships that had submitted Stage 2 applications for funding by May 2007 had quantified the four 'core' outcomes that they expected to deliver on the basis of their TDP funding as follows:

- Outcome 1: Reduce the number of delayed discharges from hospital by a total of **417** in financial years 2006/07 and 2007/08;
- Outcome 2: Reduce the number of unplanned hospital admissions for community care based clients by a total of **1,524** in financial years 2006/07 and 2007/08;
- Outcome 3: Remove the need for a total of **335** care home admissions for community care based clients in 2006/07 and 2007/08;
- Outcome 4: Increase the number of persons able to maintain themselves at home through receipt of a telecare service (with support) by a total of **3,584** in financial years 2006/07 and 2007/08.

These figures were subsequently revised in the October 2007 Review of Progress and Business Case Update⁹ (based on information from all 32 Partnerships) to **437** for Outcome 1, **1,704** for Outcome 2, **391** for Outcome 3, and **3,848** for Outcome 4.

Table A.1a shows the quantified core efficiencies expected by the 27 Partnerships that had submitted applications by May 2007. Table A.1b shows that equivalent information from October 2007 for all of the Partnerships. They exclude any non-quantified anticipated efficiencies. Some Partnerships were only able to provide numbers for 2007/08, which resulted in relatively low estimates for 2008/09 and 2009/10.

Table A.1a: Quantifiable core efficiencies arising from the TDP (May 2007)

Annual efficiency effects	2007/08	2008/09	2009/10
Number of hospital bed days saved from people ready for discharge	23,581	10,324	11,351
Number of care home bed days saved	68,027	70,986	69,432
Number of nights sleepover care saved	12,798	14,022	15,612
Number of home check visits saved	260,416	317,682	319,366
Value of procurement savings made	£631,371	£438,495	£433,345

⁶ Joint Improvement Team. *Telecare Development: Revised Business Case/Benefits Realisation Plan*. May 2007. Available from <http://www.jitscotland.org.uk/downloads/1208778788-1193847920-Telecare%20Programme%20Board%20-%2018%20May%202007%20-%20Revised%20Business%20Case.doc> (accessed November 2008).

⁷ As already noted, it had always been the intention to revisit the assumptions in the original business case in this way, once partnership level information on anticipated benefits became available.

⁸ JIT subsequently estimated that there were over 180,000 such beneficiaries.

⁹ Available from <http://www.jitscotland.org.uk/downloads/1208777227-1196098447-Telecare%20Programme%20Board%2016%20Nov%202007%20Progress%20Review%20and%20Business%20Case%20Update.doc> (accessed November 2008).

Table A.1b: Quantifiable core efficiencies arising from the TDP (October 2007)

Annual efficiency effects	2007/08	2008/09	2009/10
Number of hospital bed days saved from people ready for discharge	24,793	10,360	11,399
Number of care home bed days saved	76,535	75,629	72,687
Number of nights sleepover care saved	12,798	15,847	17,437
Number of home check visits saved	261,506	320,282	323,526
Value of procurement savings made	£968,174	£432,383	£427,776

Table A.2 shows the estimated value of the gross efficiency savings identified by the Partnerships¹⁰ (excluding procurement savings) as reported in the revised Business Case and Benefits Realisation Plan. These data are only included in the May 2007 document.

Table A.2: Gross efficiency savings arising from the TDP (May 2007)

Annual efficiency effects	2007/08	2008/09	2009/10
Number of hospital bed days saved from people ready for discharge	£5,551,250	£2,563,404	£3,046,966
Number of care home bed days saved	£4,056,042	£4,464,104	£4,720,474
Number of nights sleepover care saved	£1,578,761	£1,824,420	£2,196,027
Number of home check visits saved	£3,212,492	£4,133,400	£4,492,291
Total	£14,398,545	£12,985,328	£14,455,757

The revised benefits exceed the £8 million cost of the TDP by a ratio of 5:1. It is important to emphasise, however, that this ratio refers to gross benefits, in that it does not allow for any non-TDP funded expenditure incurred as a consequence of telecare service provision.

Other Documents Prepared by JIT

JIT also prepared several other documents during 2007 and 2008. These provide additional contextual information about the TDP and most are still available from the JIT website. They include:

- August 2007: Summary of Current and Developing Telecare Services in Scotland¹¹;
- September 2007: National Telecare Development Programme Update¹²;
- December 2007: Telecare Development Programme News¹³;
- February 2008: Telecare in Scotland: Benchmarking the Present, Embracing the Future¹⁴;
- June 2008: Seizing the Opportunity: Telecare Strategy 2008-2010¹⁵;
- July 2008: National Telecare Development Programme Update¹⁶.

¹⁰ Further information about the unit costs underpinning these aggregate values is provided in the JIT document. It should be noted that these unit costs are not necessarily the same as those used by YHEC in their financial calculations (see, for example, Sections 4 – 7 in the main Report), as YHEC based their financial calculations on later data for 2007/08 provided by the Partnerships and drawn from other sources.

¹¹ Available from [http://www.jitscotland.org.uk/downloads/1208876382-90-Telecare%20Programme %20-%20Summary%20of%20Current%20Partnership%20Developments%20Aug%202007.doc](http://www.jitscotland.org.uk/downloads/1208876382-90-Telecare%20Programme%20-%20Summary%20of%20Current%20Partnership%20Developments%20Aug%202007.doc) (accessed November 2008).

¹² This document is no longer available on the JIT website as it has been superseded by the July 2008 TDP News.

¹³ This document is no longer available on the JIT website as it has been superseded by the July 2008 TDP News.

¹⁴ Available from <http://www.jitscotland.org.uk/downloads/1209554318-1204629144-TDP%20-%20TDB%20-%2015%20Feb%202008%20-%20Benchmarking%20Report.pdf> (accessed November 2008).

¹⁵ Available from <http://www.jitscotland.org.uk/downloads/1219664870-94-Telecare%20Strategy%202008%20-%202010.pdf> (accessed November 2008).

A.5 SUMMARY OF ALLOCATION OF THE TDP FUNDS TO THE PARTNERSHIPS

Table A.3 summarises the total allocations made to the Partnerships during 2006/07 and 2007/08. A total of over £6.8 million was paid to them over this period.

Table A.3: Summary of TDP funds allocated to Partnerships during 2006/07 and 2007/08¹⁷

Indicative allocation	£7,335,416
Revised allocation	£7,133,416*
1 st Tranche amount paid	£2,236,500
2 nd Tranche amount paid	£2,439,500
3 rd Tranche amount (amount paid by 31 March 2008)	£2,457,416 (£2,156,312)
Total paid in 2006/07 and 2007/08	£6,832,312

* *Some Partnerships did not receive the full indicative allocation for 2006-08 due to a lack of progress being made; four did not receive a first tranche and two did not receive a third tranche. This explains the difference between the indicative allocation and the revised allocation.*

The payments were made over several periods, reflecting the different rates of progress being made by the Partnerships during 2006/07 and 2007/08:

- About two-thirds (67.1%; £1,500,000) of the total 1st Tranche amount was paid during 2006/07;
- The remainder of the 1st Tranche (£736,500) was paid in 2007/08;
- 1st Tranche payments were made to 28 Partnerships between 2 February 2007 and 28 June 2007;
- All 32 of the Partnerships received 2nd Tranche payments, which were mainly paid between 29 June 2007 and 12 December 2007, though one payment was made in January 2008 and two in March 2008;
- 30 Partnerships received 3rd Tranche payments during the 2007/08 financial year, with almost all of these payments being made on 31 January 2008 (though three payments were made in March 2008).

¹⁶ Available from <http://www.jitscotland.org.uk/downloads/1219667193-1216633199-Telecare%20update%20July.doc> (accessed November 2008).

¹⁷ Source: Joint Improvement Team. *Telecare Development Programme: Guidance and Application for Funding Version 1.1*. September 2006. Available from <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/programme-background/> (accessed December 2008).

APPENDIX B

JIT Allocations to Partnerships

Table B.1 shows JIT's indicative distribution schedule for the telecare allocations. These allocations (which were included as an Appendix to the Stage 1 Funding Submission form) were based on each Local Authority's total estimated service expenditure (ESE).

As the minimum allocation was £75,000, four Authorities received greater funding than if their allocation had been based on their total ESE. These were Clackmannanshire (which would have received £66,115), Orkney Islands (£43,624), Shetland Islands (£55,043), and Western Isles (£60,794).

Table B.1: JIT allocations to Partnerships¹⁸

Partnership	Total allocation
Aberdeen	£266,174
Aberdeenshire	£316,248
Angus	£154,741
Argyll and Bute	£141,953
City of Edinburgh	£565,711
Clackmannanshire	£75,000
Dumfries and Galloway	£219,964
Dundee	£212,755
East Ayrshire	£169,969
East Dunbartonshire	£143,260
East Lothian	£123,401
East Renfrewshire	£125,176
Fife	£485,376
Forth Valley & Falkirk	£197,162
Glasgow	£911,102
Highland	£331,527
Inverclyde	£123,922
Midlothian	£111,845
Moray	£121,280
North Ayrshire	£196,140
North Lanarkshire	£452,127
Orkney Islands	£75,000
Perth & Kinross	£190,825
Renfrewshire	£241,048
Scottish Borders	£159,932
Shetland Islands	£75,000
South Ayrshire	£157,400
South Lanarkshire	£419,728
Stirling	£122,527
West Dunbartonshire	£142,429
West Lothian	£220,163
Western Isles	£75,000
TOTAL	£7,323,885¹⁹

¹⁸ Joint Improvement Team. *Telecare Development Programme: Guidance and Application for Funding Version 1.1*. September 2006. Available from <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/programme-background/> (accessed December 2008).

¹⁹ This total differs from that shown in Table A.4 because the allocation to East Ayrshire was subsequently increased by £11,531 to £181,500.

APPENDIX C

Overview of Literature Relating to Telecare

C.1 OVERVIEW

Telecare is a relatively recent development and current evidence on its effectiveness is limited to case study evaluations of specialist projects and trials. To date these evaluations have all been over a short timescale and quantification of outcomes and efficiencies is limited. In mid 2006 - the time when Partnerships were being invited to apply for TDP funds - the evidence base suggesting that telecare can provide people with greater safety and security while maintaining independence for longer was growing. At that time, the key pioneering projects that had published material about their experiences were in:

- West Lothian;
- Northamptonshire;
- County Durham;
- Carlisle; and
- Sandwell.

Summary details of these projects are provided below.

C.2 THE WEST LOTHIAN CARE SERVICE²⁰

In West Lothian, a second generation telecare approach initially piloted in 1999 is now a mainstreamed service that is pivotal to the whole framework of care and support for older people across the entire Local Authority area.

By February 2006 there were 1,950 households with a Home Safety Service package consisting of:

- A 'lifeline unit', which links sensors to a call centre when triggered;
- Two passive Infrared (PIR) detectors to monitor movement activity and potential intruders;
- Two flood detectors, activated by leaking pipes, overflowing baths, etc;
- One heat sensor, sensitive to both high and low temperatures;
- One smoke detector.

Additional technological devices were provided where assessed as required, and could include further passive alarms, such as door opening alerts and fall detectors, or active devices such as remote video door entry systems and pendant alarms.

In 2006, an independent evaluation of the West Lothian service undertaken by the University of Stirling reported that:

²⁰ Bowes A, McColgan G (2006). *Smart technology and community care for older people: innovation in West Lothian*. Age Concern Scotland. Available from http://www.atdementia.org.uk/editorial.asp?page_id=65 (accessed November 2008); and Poole T (2006). *Telecare and Older People – an appendix from the Wanless Social Care Review: Securing good care for older people: Taking a long-term view*. The King's Fund. Available from http://www.kingsfund.org.uk/publications/kings_fund_publications/appendices_to.html (accessed November 2008).

- A large group of respondents living at home, both older people and informal carers, reported the positive impact of the smart technology. It was widely seen as supporting safety and security both of the person and the home, and thus as helping people to stay in their homes;
- The installed technology has been especially effective in dealing with delayed discharge;
- Weekly costs of telecare-based care service provision were around £145 - £185 less per week than a West Lothian care home alternative.

C.3 NORTHAMPTONSHIRE COUNTY COUNCIL²¹

The 'Safe at Home' project was the first telecare service to be established in England and Wales. It began as a small scale project in 2000 and a further larger study was undertaken between June 2002 and March 2004 (i.e. over 21 months). The aims of the project were to use existing assistive and telecare technologies to support people living with dementia, and their carers, to compensate for disabilities arising through dementia and to manage risks that may jeopardise continuing independence.

During the course of the project 233 people with dementia received telecare services. A comparator group of 173 people in Essex with similar age and gender profiles and MMSE²² scores was used to investigate the impact of the telecare provision. The research found that, compared with the control group from the neighbouring area, those receiving services from the Safe at Home project:

- Used fewer services;
- Had fewer visits and fewer hours of contact per week;
- Were more likely to live alone.

More specifically, the evaluation also showed:

- Savings of £1.5m were achieved over the 21-month period for an investment of £0.289m;
- The technology was reliable;
- 87% of carers surveyed felt that the project had made a difference;
- Almost half of carers surveyed felt that the project had improved the confidence of the service user;
- The odds of service users remaining in the community rather than being admitted to nursing or residential care increased by over four times compared with the control group.

C.4 DURHAM COUNTY COUNCIL²³

In Durham, the County Council piloted a telecare service that included four devices, namely wandering devices, carbon monoxide detectors, fall detectors and keysafes. These devices, which were distributed to 148 people over a seven-month period (December 2003 – June

²¹ Tunstall. *Case Study: Dementia Care in Northamptonshire County Council*. 2007. Available from www.tunstall.co.uk/assets/literature/6_2_53Northamptonshire_safeathome2.pdf (accessed November 08); and

John Woolham (2005). *Safe at Home: the effectiveness of assistive technology in supporting the independence of people with dementia*. Hawker Publications Ltd, London.

²² Mini Mental State Examination (MMSE) is the most commonly used test for complaints of memory problems or when a diagnosis of dementia is being considered.

²³ Joint Improvement Team. *Proposal: Telecare Development Programme*. May 2006. Available from <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/programme-background/> (accessed November 2008).

2004), were given to vulnerable clients to help them maintain independence. This pilot was funded jointly from contributions from social services, housing and a neighbourhood renewal fund with a budget of £25,000.

The evaluation found that the pilot had achieved the following:

- Saved 1,783 bed days in residential care homes;
- Facilitated early discharge;
- Prevented inappropriate or early admission into residential care;
- Prevented re-admission to hospital;
- Detected falls and so lessened their long-term consequences;
- Initiated a response to emergency situations;
- Improved clients' quality of life and gave them more choice in their own care arrangements;
- Given informal carers respite and peace of mind.

C.5 CUMBRIA²⁴

An intermediate care project started in February 2002 and took an innovative approach to the provision of an agreed period of intensive care and support in the home for vulnerable people, following discharge from hospital or to prevent an admission to hospital. Once clients had received an initial assessment they were normally issued with a six-week plan. A typical package included:

- Daily contact with the individual;
- The provision of a range of sensors (e.g. a fall detector) subject to the needs of each person; and
- An exit assessment to determine the short-, medium- and long-term requirements for sustaining independent living.

A report by the University of Kent stated that 739 individuals had received the service and that 85 clients were prevented from going into hospital by the project. In addition:

- 73% of the telecare packages were installed to support a transfer of care;
- 12% of the care packages prevented admission to hospital;
- 32% of the packages of care were used to monitor clients at risk of falling.

The authors of the evaluation concluded that telecare could play a key role in supporting services that enable individuals to live independently in the community.

C.6 SANDWELL²⁵

The Sandwell Metropolitan Borough Council's Housing Department Telecare project was piloted in January 2003 as an add-on or extension of an existing Community Alarm Service. The pilot's objectives included:

²⁴ Tunstall. Project Review: Intermediate Care Project in Carlisle Housing Association. 2007. Available from http://www.tunstall.co.uk/assets/Literature/carlisle_h.a._intermediate_care.pdf (accessed November 2008); Centre for Health Services Studies, University of Kent. *Piloting telecare in Kent County Council: The Key Lessons*. December 2006. Available from www.kent.ac.uk/chss/docs/telecare_final_report.pdf (accessed November 2008); and

Brewis L (2004). Community alarm services: The Carlisle experience. *Housing, Care and Support*, 7 (4): 18-23.

²⁵ Waddington, P and Downs, B (2005). The Sandwell Telecare Project. *Journal of Integrated Care*; 13 (3): 40-48.

- Enabling users to live more safely at home;
- Assisting in the process of hospital discharge;
- Preventing admission to hospitals, nursing or residential homes;
- Supporting falls and accident prevention strategies;
- Providing support for carers.

Researchers reported that the pilot achieved some of its objectives. They estimated that 48 out of the first 100 users were able to stay at home, while 22 had a fall or accident prevented. The principal dilemma uncovered by the first stage of the evaluation concerned the ability of the service to respond with appropriate alacrity to the activation of telecare sensors in each particular user's circumstances. The success of the first 12 months attracted further funding to allow the project to continue and expand over an additional two years. However, interviews with health and social care staff highlighted a relatively low level of knowledge of the project's work among key middle managers across Sandwell.

C.7 OTHER TELECARE DEVELOPMENTS²⁶

Kent County Council was another early innovator, although information about this project was not published until December 2006. Kent County Council developed three telecare pilots in 2004, with the intention from the outset of adopting telecare as a mainstream service approach across the whole of the Social Services Directorate in the future. The telecare equipment provided was tailored to the needs of individual users. The devices used in the pilots were:

- Lifeline and pendant;
- Passive infrared movement sensors;
- Bogus caller buttons;
- Pull cords;
- Smoke detectors;
- Flood detectors;
- Temperature extremes detectors;
- Gas detectors;
- Carbon monoxide detectors;
- Falls detectors;
- Bed sensors;
- Chair sensors; and
- Property exit sensors.

By the end of February 2006, 320 people were receiving a telecare-based service through the pilot. An independent evaluation found that most people felt that telecare increased their independence and helped them to continue living in their own homes.

²⁶ Centre for Health Services Studies, University of Kent. *Piloting telecare in Kent County Council: The Key Lessons*. December 2006. Available from www.kent.ac.uk/chss/docs/telecare_final_report.pdf (accessed November 2008).

C.8 DISCUSSION

The above material provides an indication of the knowledge about the potential impact of telecare in 2006. A number of points can be made with regard to these studies:

- The results of small- and medium-sized pilot trials are often encouraging, but it is inappropriate to extrapolate their findings because of their size and their duration;
- Quality of life improvements are easier to demonstrate than avoided incidents (e.g. hospital stays; admissions to care homes);
- Early pilots have focused on older people (including those with dementia);
- It is not possible to separate the effect of the telecare equipment from that of the additional attention that may have been provided to individuals as a result of receiving telecare;
- It is not always known how clients were selected to participate in these pilot projects;
- At these early stages, the technology was reliable in a range of settings. It was also acceptable to users and carers and appeared to increase security and enhance confidence and to help people to maintain their independence.

APPENDIX D

Baseline Situation

D.1 TELECARE SERVICES IN SCOTLAND (MARCH 2007)

The information in this Appendix is a summary of the baseline data relevant to the evaluation. It was mostly collected within the Stage 2 form (circulated in March 2007) and the Background and Baseline Information form (circulated in August 2007). Copies of these forms are included in Appendix F. Some, however, was requested by JIT in the Stage 1 form.

In March 2007 all Partnerships reported some telecare provision in their area. Telecare is provided by a number of different organisations, namely:

- Local Authorities – usually community alarms;
- Housing Associations – usually in the form of alarm systems located in sheltered housing units;
- Charities (e.g. Age Concern);
- Health sector organisations (in Aberdeen services are provided by NHS Grampian and in Falkirk they are provided by Forth Valley Health Board).

Six Partnerships had TDP-funded clients in the 2006/07 period (i.e. prior to April 2007). There were a total of 368 clients in these Partnerships, as shown in Table D.1.

Table D.1: Number of TDP-funded clients in 2006-07

Name of Partnership	Any TDP-funded clients in 2006-07?	If so, how many clients?
East Ayrshire	✓	18
Highland	✓	23
Renfrewshire	✓	34
Scottish Borders	✓	43
West Dunbartonshire	✓	153
West Lothian	✓	97
TOTAL	6 Partnerships	368

D.2 FUNDING OF TELECARE SERVICES

The Stage 2 form asked about any telecare services provided by the Partnerships during 2005/06. The responses indicated that the level of funding in the Partnerships during that year for such services ranged from £5,000 to £1.4 million. This funding came from many different sources, including:

- Housing budget;
- Social work budget;
- Regeneration funds;
- Community care budget;
- Local authority adult service budget;
- Charges to users;
- Charitable trusts.

D.3 PARTNERSHIPS' BASIC 'COMMUNITY ALARM' TELECARE PACKAGE

All of the Partnerships referred to their community alarm service in the Stage 1 forms submitted to JIT. However, there was some variation in what was included in a basic telecare package, as shown in Table D.2.

Table D.2: Equipment included in Partnerships' basic telecare package

Telecare equipment	No of Partnerships including it
Telephone link	28
Neck pendant	26
Wrist alarm	16
Smoke detector	14
Flood detector	5
Gas detector	4
Pull cord in bathroom	10
Pull cord in one or more rooms	8
Keysafe*	5
Other	9

* *Different arrangements exist with regard to keysafes. Most Partnerships only provided keysafes if needed after assessment or if one was considered appropriate.*

Call Handling Services

Many Partnerships share call handling arrangements for telecare services. For example:

- Aberdeen, Aberdeenshire, Highland and Moray use the same service;
- Angus has reciprocal backup support and cover arrangements in place with Perth and Kinross;
- North Ayrshire and South Ayrshire share a call handling service (based in South Ayrshire);
- West Dunbartonshire uses East Dunbartonshire's call handling service.

Four Local Authority areas use call handling services run by Bield Housing Association and another four use services run by Hanover (Scotland) Housing Association.

Information was provided by 25 Partnerships on the number of calls handled during 2005/06 and 2006/07 by their main call handling service. There is a great deal of variation in these Partnership figures. Areas with a large number of customers tended to report a higher level of calls than areas with fewer customers. However, it should be noted that the level of calls will, to a certain extent, depend on the way in which the 'checking' element of the community alarm or telecare service is run. For example, a call centre where service users are expected to contact the centre on, say, a monthly basis, to check that their equipment is working properly will have a greater number of incoming calls than a call centre where regular checks are made in other ways (e.g. by the call centre contacting the service users).

The number of calls handled increased from 2005/06 to 2006/07 in 16 Partnerships, with the observed increases ranging from 1% to 40%. However, in 11 of the Partnerships the increase was less than or equal to 11%.

Twenty-four (24) of the Partnerships provided information for 2006/07 on call numbers by specific call categories (e.g. emergency calls, fire calls, resident falling, calls resulting in a visit). However, in 14 of these Partnerships less than 25% of calls fell into the defined usage categories. Only four Partnerships reported figures where over 70% of received calls were categorised, with the highest percentage categorised being 78.5%. These figures suggest that many call centres receive a high proportion of calls that do not relate to genuine emergencies or crises. This may in part be determined by the local arrangements for checking the equipment. However, it may indicate that some users are making inappropriate calls, which may make it harder for emergency callers to contact the centre.

Quality Monitoring

Table D.3 shows that there is a great deal of variation in the level of quality monitoring that is applied to each service. However, it appears that most services provide regular reports of activity and performance to Partnerships.

For the main community alarm service, the most common combination of monitoring reported was 'service provides regular reports of activity and performance' and 'service meets other standards'. For other projects, the most frequently reported monitoring combination was TSA Code of Practice Parts 1 and 2 (the Telecare Services Association is the representative body for the telecare industry in the UK and it operates a three-part code of practice to promote quality in the sector). Three Partnerships reported no quality monitoring for any of their projects.

Table D.3: Quality Monitoring of Community Alarm Service in 2006/07

	Main community alarm service	Other projects
No quality monitoring is undertaken	9	8
Service provides regular reports of activity and performance	20	15
Service has a Charter Mark	6	3
Service meets TSA Code of Practice Part 1*	4	6
Service meets TSA Code of Practice Part 2**	5	6
Service meets TSA Code of Practice Part 3***	5	2
Service has a BT Quality Award	3	2
Service has a CoSLA Quality Award	4	2
Service meets other standards	11 [†]	3 [‡]

* Telecare Services Association Code of Practice Part 1: Telecare Calls Handling Operational Requirements (the planning, management and operation of Telecare Response Centres).

** Telecare Services Association Code of Practice Part 2: Telecare Installation Operational Requirements (the planning, management and installation of telecare equipment in the homes of service users).

*** Telecare Services Association Code of Practice Part 3: Mobile Response Operational Requirements (the planning, management and delivery of planning and/or emergency mobile response services).

† Including Care Commission Standards (5 projects), Investor in People Award, customer questionnaire, Service Level Agreements.

‡ Including customer questionnaires (1 project).

Response Services Provided by Community Alarm Call Centres

When asked about the response service provided by main community alarm services, ten Partnerships reported that they had no dedicated responder service, three reported that they had limited responder service only (with only keyholder/family contacted at other times), and 13 reported that they had a 24-hour responder service. Two Partnerships did not provide responses to this question and two provided more than one response.

APPENDIX E

List of Initiatives Funded by the TDP

Table E.1: Partnership Initiatives

Partnership		Name of Initiative
Aberdeen City	Initiative 1:	<ul style="list-style-type: none"> • Telecare Training and Development Post.
	Initiative 2:	<ul style="list-style-type: none"> • The expansion of a Rehabilitation step-down project at Smithfield Court, which provides a facility for people leaving hospital. TDF will be used to upgrade an additional 5 flats fully equipped with telecare. Links are being made with the Scottish Centre for Telehealth to develop a pilot telehealth service on this site, or on alternative new development linked to the Housing for Varying Needs investment programme. • A review of the existing community alarm service will also be undertaken to identify specific service users who may benefit from telecare overlay (in particular where there is a risk of admission to hospital or care home).
Aberdeenshire		<ul style="list-style-type: none"> • A virtual care village model within an existing 27 unit sheltered housing complex at Inverurie, building on the existing call system and individual packages of support. • Expansion of Intermediate Care Provision. The above complex will also provide 4 places of Intermediate Care (Max 12 week stay), with a range of integrated services including assessment and rehabilitation where risks will be managed/assessed through a combination of telecare and environmental controls. • Management of Long Term Conditions – a service at Stonehaven will monitor the vital signs of approximately 20 older people on a regular basis, with information being reviewed by health practitioners in the local health service. Aim is to provide community based interventions within chronic disease management to prevent unnecessary hospital admissions.
Angus	Initiative 1	<ul style="list-style-type: none"> • Sidlaws Virtual sheltered housing scheme – Using videophones within the West Sidlaws area of Angus to undertake virtual visits/well being checks/encourage social interaction between recipients for approx 30 older people (+ 20 family/carers) supported by a peripatetic warden service, with transport links to facilitate shared activities.
	Initiative 2	<ul style="list-style-type: none"> • Doorstoppers Initiative –Using Door side bogus caller alarms with microphone linked to call centre to tackle the problem of high pressure cold calling – and establish “no cold-calling zones”. Referrals will be made by call centre staff to Trading Standards, Community Wardens, Police as appropriate, with the provision of evidence to support legal proceedings. The aim is to enhance the confidence and security of service users and reassure carers. It is anticipated that approx 280 Older People and other vulnerable households will be supported, with the development of an associated training DVD, and motion activated reminder devices to assist people to remember how to manage “cold callers” safely.

	Initiative 3	<ul style="list-style-type: none"> • Long Term Conditions Telehealth Trial - Establish how best the technology can be deployed to improve self-management and patient motivation, reduce episodes of unscheduled care and reduce need for home or clinic visits for routine testing within a GP practice serving a deprived or hard to reach community. Training on the use of the equipment will be provided by Practice/District Nurses, who will remotely monitor and provide follow up where required. Care companion Telehealth base unit with diagnostic peripherals e.g. peak flow meter, blood pressure monitor, glucometer, pulse oximeter and Carestation videophone with integral stethoscope. Approx 60-80 people per annum. 2 month mini pilot within the heart failure service, including 3 patients receiving care at home supported by the heart failure team based at Ninewells Hospital, Dundee. Subject to successful evaluation by July 2007, will then expand to other heart failure patients and pilot in relation to other LTCs e.g. COPD. • Rural Virtual Clinics - Upgrade of equipment within a district nurse-led clinic in Letham to enable approx 60 older people, and other adults with restricted mobility to continue to consult with their GP in a medical practice 10 miles distant. Upgrade will involve updating videoconferencing/videophone equipment with a range of diagnostic equipment to be used in remote clinic setting and during district nurse visits to housebound patients. TDF will be used to implement this model in at least one other rural practice. This initiative will complement video based specialist consultations in Minor Injuries Units and in the delivery of the Out of Hours service. Approx 300 patients.
	Initiative 4	<ul style="list-style-type: none"> • Intermediate Care at Home Rapid deployment of base telecare units with other peripheral devices alongside a tailored package of intensive care to approximately 30 service users (at risk of residential care home admission) at home, instead of other intermediate care setting.
	Initiative 5	<ul style="list-style-type: none"> • Promoting Telecare Equip 2 mainstream properties in Forfar and Arbroath with a full suite of telecare, telehealth and other assistive technologies for demonstration/training/promotion to staff, service users and carers. Anticipated to cover 50 assessment officers/care managers/GP's, 200 staff trained, 200 potential users and carers.
Argyll and Bute		<ul style="list-style-type: none"> • The funding is being used to part fund a project manager for the Integrated Equipment Service whose role is to integrate telecare with other community equipment services to effect efficiencies in procurement, stock control, management and maintenance of equipment; to support the roll-out and promotion of telecare; and to link in to a telehealth pilot. • Purchase of equipment to expand the current Telecare Response Service from 1,000 to 1,500 service users by April 2008. To include hub unit, bed sensors, PIR, medication dispensers, temperature extreme sensors and door exit monitors, lifestyle monitoring and telehealth monitors. • LTC Telehealth pilot in Oban and Campbeltown to provide remote monitoring equipment, IT and training.

City of Edinburgh	Initiative 1	<ul style="list-style-type: none"> Upgrade of the current Community Alarm software which is considered essential to enable many of the projects submitted.
	Initiative 2	<ul style="list-style-type: none"> Upgrade of call systems in sheltered properties to full wireless, broadband. Pilot to include 3 developments with 125 units in total.
	Initiative 3	<ul style="list-style-type: none"> Pilot with Supporting People housing support providers to reduce waking night or sleepover cover via the use of telecare.
	Initiative 4	<ul style="list-style-type: none"> Improve hospital discharge performance by utilising medication dispensers/wrist bands linked to community alarm technology and existing support services. This will also involve the promotion and demonstration of telecare to hospital staff.
	Initiative 5	<ul style="list-style-type: none"> Remote door locking systems to be used to enable access for care professionals to the homes of approximately 20 people with complex needs.
	Initiative 6	<ul style="list-style-type: none"> Provision of comprehensive 'Smart House' technology to 2 service users.
	Initiative 7	<ul style="list-style-type: none"> Development of promotional materials for Carers to increase uptake of service.
	Initiative 8	<ul style="list-style-type: none"> Study visits of up to 40 places to support the development and implementation of the projects.
	Initiative 9	<ul style="list-style-type: none"> 150 additional telecare packages.
	Initiative 10	<ul style="list-style-type: none"> Employment of a temporary project manager and also a half time administrative support officer and a full time Telecare Assessment Officer.

Clackmannanshire		<ul style="list-style-type: none"> • Equipping 5 houses currently used for respite to provide temporary accommodation for clients with learning difficulties, brain injuries and neurological conditions. The properties will be fully equipped to assess individual need (fall detectors, chair/bed occupancy, video door entry, fire/flood and carbon monoxide detectors, cooker isolators, voice recognition, automated reminders, door management systems, epilepsy monitors, door and window controllers, movement monitors. The aim is: to aid transition from parental home; or hospital discharge; demonstration area for clients to try out equipment; or community respite. <p>Clients will then be assisted to move-on to independent living with a tailored telecare package to suit their needs.</p> <ul style="list-style-type: none"> • Providing communication and prompting devices to clients with a range of cognitive problems (Ablelink technology including computer, PDA, telephone and camera plus software, hands free telephones which can be operated by touch screen or switch).
Dumfries and Galloway	Initiative 1	<ul style="list-style-type: none"> • Long Term Conditions – Identification of approx 190 people with long term conditions with a high readmission risk to be targeted for a telecare service.
	Initiative 2	<ul style="list-style-type: none"> • Sheltered Housing Upgrade – 120 additional telecare packages to be provided to tenants within sheltered housing developments with the aim of delaying admission to care homes.

Dundee		<ul style="list-style-type: none"> • Interim Lifestyle Monitoring using 5 portable, web-based monitoring systems, with wireless sensors installed for a specified period (usually a week) to assist assessment of need. • Bogus/Threatening Caller Initiative – provision of bogus caller alarms to 100 households which consists of an integrated camera and microphone to those at risk of domestic abuse, other vulnerable adults whose safety is at risk, and vulnerable witnesses. • Rockwell & Tullideph Supported Living Project – 20 former residents of Dundee Liff Hospital with learning difficulties or autistic spectrum disorder who have been resettled in the community with 24 hour staff support, will receive a range of telecare sensors which will replace inappropriate technology more suited to a care home environment which had been previously provided to them. • Smart Transitional Living Unit – An existing ‘smart flat’ facility which was designed to address the complex rehabilitation needs of adults with acquired brain injury (primarily for inpatients of Centre for Brain Injury Rehabilitation), is to be made available to other community-based individuals. Newer technologies are to be incorporated within the facility and subsequently assessed. It is intended to investigate how such a facility could be integrated with community alarm based technologies including some of the more advanced dispersed alarm technologies. • Expand Technical Expertise – propose to send a clinical scientist on a 5 day course for training. • Staff, Service User and Carer Training – Training for approx 200 members of staff/Trying out of equipment at new Joint Store which contains a suite of domestic rooms to allow equipment to be demonstrated. Also proposed to install a range of monitoring and support systems within the Disabled Living Centre for demonstration and assessment purposes. • Provision of Assistive Technology – purchase of a broad range of assistive technologies to address a range of needs and disabilities for approximately 25 service users (Environmental Control Equipment, Integrated wheelchair Controllers etc. Part-fund a Technical Instructor Post to support the introduction of assistive technology.
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East Ayrshire		<ul style="list-style-type: none"> • Replacement of warden call systems in 2 sheltered housing units to enable the provision of smart sensors. • Provision of 112 dispersed alarm units with associated sensors tailored to individual need, which would link in with an assessment/rehabilitation house to be provided within the sheltered housing units. • Provision of 25 wrist care units to be used as a joint social alarm and telehealth monitoring system, to review lifestyle patterns for individuals and the overall wellbeing of older people with dementia/people with chronic illnesses. Also to be used to support early hospital discharge.
East Dunbartonshire		<ul style="list-style-type: none"> • Contribute towards the cost of upgrading the current Hourcare 24 calls handling equipment. • Purchase stocks of telecare equipment (<i>numbers to be confirmed</i>).
East Lothian		<ul style="list-style-type: none"> • Undertake training and awareness raising. • Purchase and installation of 30 core units of telecare equipment, and provide for the pump priming of a response service.
East Renfrewshire		<p>Specifically the TDF will be used within the implementation of Phase 1 (People in own homes) & the initiation cost of Phase 2 (Extra Care, Sheltered, Very Sheltered) to provide:</p> <ul style="list-style-type: none"> • Input to Assessment & Care Management Training • Information • Purchase of stocks of equipment for approx 50 service users, including pendants, flood/gas detectors, door monitors, PIRs, falls detectors, bed/chair monitors, door controls. Telemedicine/monitoring devices are to be considered within phase 3 (Chronic Disease Management) of the overall strategy.
Falkirk	Initiative 1	<ul style="list-style-type: none"> • Modernising MECS Operations – upgrade and relocation of current hardware and software to enable introduction of more sophisticated trigger devices to current 5,700 community alarm users.
	Initiative 2	<ul style="list-style-type: none"> • Passive Alarm Replacement – existing telecare is several years old and requires substantial upgrade and modernisation. Propose to upgrade the older technology and employ a broader range of sensors (gas, flood, smoke, temp extremes, wandering, CO2) within more complex configurations, particularly equipment for approximately 60-70 people with dementia, learning difficulties or memory impairment.
	Initiative 3	<ul style="list-style-type: none"> • Increase Falls Detection Programme – increase of current national award winning Falkirk Falls Management Project within FVAHT to an additional 50 people who have been assessed as being at severe risk of falling.
	Initiative 4	<ul style="list-style-type: none"> • Ablelink technology.

	Initiative 5	<ul style="list-style-type: none"> Additional Environmental Control Equipment.
	Initiative 6	<ul style="list-style-type: none"> Upgrade and expansion of Environmental Control Equipment.
	Initiative 7	<ul style="list-style-type: none"> Modernising Alarm Pendants/Council Housing – Replacement of outdated pendants (radio frequency change) to approx 100 people with mobility problems living in dispersed housing.
	Initiative 8	<ul style="list-style-type: none"> Sheltered Housing Smoke Alarms – linking of smoke detectors to community alarm system in 15 satellite bungalows (20 service users) to improve safety for residents.
	Initiative 9	<ul style="list-style-type: none"> Increase of Fixed Cellular Terminals – provision of an additional 6 temporary phone lines to enable vulnerable people to be connected to MECS service on an emergency where there is no current fixed telephone line.
	Initiative 10	<ul style="list-style-type: none"> Increase Epilepsy Monitoring – provision of basic community alarm equipment with sensors to monitor tonic/clonic seizure for an additional 12 people.
	Initiative 11	<ul style="list-style-type: none"> Zero touch Sensors – an increase of 6 of these triggers to address needs of those with lack of movement or poor manual dexterity who are unable to use standard trigger devices.
	Initiative 12	<ul style="list-style-type: none"> Memory impaired pill dispensing.
Fife		<p>TDF is to be used to provide 2 temporary posts - Telecare Implementation Manager, and Telecare Training/marketing Co-ordinator.</p> <p>Although operation will be Fife-wide there will initially be a focus on the following specific new developments:</p> <ul style="list-style-type: none"> Intermediate Care (West & Central Fife); Levenmouth Whole System Initiative - Introduction of Lifestyle Monitoring integrated with telehealth to assist in multi-agency assessment, care planning and support; Interagency Out of Hours Services; Expansion of existing telecare service to an additional 280 users.
Glasgow		<ul style="list-style-type: none"> Purchase of Core packages for 750 service users (unit, pendant, smoke alarm, bed sensor, PIR detectors, temperature extreme sensor) plus around 150 enhanced packages including fall, flood, gas detectors.

Highland		<p>TDF is to be utilised to provide external project management, development of new telecare assessment processes and procedures, staff training and awareness raising, and evaluation of implementation. In addition, the following specific projects are to be undertaken:</p> <ul style="list-style-type: none"> • Telecare Service: Upgrade of existing community alarm service to Lifeline 400 for 3,264 service users by end of December 2007 (components of basic package currently being reviewed). • Telecare Plus: enhanced telecare service in a number of areas of Highland to inform roll-out to approximately 300 service users with a wide range of specific needs. This will involve the provision of Lifeline 4000+ alongside range of additional sensors (smoke detectors, extreme temperature sensors, flood detectors and PIR detectors). This additional core package will also be used in more remote areas to save on staff/engineer time. On basis of assessed need, also provide environmental risk sensors (fire, flood, temperature, gas shut off), personal risks (falls, inactivity, burglary, bogus calls etc) and personal care aids (enuresis and epilepsy). Also automatic medication dispenser to release home care staff time. <p>Calls Monitoring: Cost/Benefit analysis to be undertaken to determine the most cost effective, and efficient solution for calls handling for the whole of Highland by March 2008. Joint procurement of new equipment and devices also being explored with Moray, Aberdeenshire and Aberdeen City.</p>
Inverclyde		<p>TDF is to be used for training for assessors, promotion and installation costs, and for a number of specific service developments:</p> <ul style="list-style-type: none"> • The provision of 3 telecare demonstration centres – within Hillend Respite Centre, Inverclyde Centre for Independent Living and a planned intermediate care facility to raise awareness of telecare, facilitate training and provide a facility for service users/staff/carers to see technology (including smoke, flood, extreme temperature, PIRs, Carephone, pendant, CO Detector, door contact, bed and chair occupancy, fall detector, bogus call, pressure mat, pill dispenser); • Provision of 10 mobile telecare packages to support hospital discharges (including door alarms, medication prompts, PIRs and fall detectors); • Telecare support to 8 service users with Learning Disabilities who are being discharged from long term hospital care; • Upgrade of community alarm provision within 123 sheltered housing units to enable remote response out of hours, with recycling of duplicated units to other service users.

Midlothian		<p>TDF is being utilised to ‘pump-prime’ the broader system infrastructure and includes the following staff posts; 2 social care workers within the Rapid Response Team, a Telecare Development Worker, a part-time (10 hrs pw) Telecare Advisor to advise on appropriate technology, Training and computer infrastructure costs. Midlothian has given clear commitment that these posts are either of a temporary nature or will be funded from identified resources after the period of the funding.</p> <p>The above focus has been identified for TD funding as Midlothian have identified significant capital resources to upgrade their current community alarm service to a telecare service. A core package will be provided to approximately 170 service users including a personal alarm or trigger, 2 smoke detectors, 2 flood detectors, extreme temperature sensor, 2 PIRs, intruder alarm and bogus caller alarm. Additional equipment (bed/chair occupancy, fall detectors, medication reminder, and wandering alert) will be provided on the basis of individual assessment.</p>
Moray		<p>Telecare is to be focused on people receiving intensive home care packages and/or at risk of readmission as identified by SPARRA. The TDF will contribute to project management (full time project officer in place), training (including the development of a tele-learning module), plus the purchase and installation of telecare equipment for 110 service users by end of March 2008.</p> <ul style="list-style-type: none"> The current Community Alarm Service will be enhanced to include additional sensors on a needs led basis for 110 users (PIRs, falls and bed/chair occupancy monitors, smoke, temperature, flood and gas sensors). Lifestyle monitoring will be used in the person’s own home for an assessment period on discharge, with local NHS staff monitoring the data. The Community Hospital also has video-conferencing links to the Grampian Acute Hospitals, and it is anticipated that this facility along with telecare/telehealth, will allow service users to have more of their health monitoring provided nearer to home (A virtual Medical Ward scheme is already in operation). The project will start in the Keith/Speyside area which is rural and has few residential options for people who need extra supervision at home.
North Ayrshire		<p>TDF is to be utilised to purchase equipment (gas cut off valves, GSM transmitters, wandering alarms, bed occupancy, medication dispensers, CO2, fall, flood, extreme temperature, smoke detectors, bogus callers buttons, activity sensors) for approximately 20 service users by end March 2008. In addition the funding will be used to recruit a co-ordinator to support staff/assessors in the use of telecare devices, and devise systems to record performance of telecare within North Ayrshire. Confirmation has been given that ongoing funding will be available from other sources.</p> <p>The TDF will focus on the following specific projects:</p> <ul style="list-style-type: none"> The provision of a dementia respite service utilising telecare to 20 high risk clients in the Irvine/Kilwinning area, with the aim of preventing admission to a Care Home. Providing telecare and a response service to 20 older people with complex needs who require care management and additional support to stay at home.

North Lanarkshire		<p>The TDF is to be used fund the short term Project Leader post and to meet the start-up revenue costs associated with additional community alarm service cover, and support staff. Publicity materials also to be developed. Specific project elements include:</p> <ul style="list-style-type: none"> • The upgrade of the existing alarm system plus additional telecare sensors, • Installation of video cameras in 17 sheltered housing complexes, • Equipment for Intermediate Care service, • Telemedicine, pagers and locators.
Orkney		<p>TDF is to be utilised to provide training and purchase telecare equipment.</p> <p>A specific project focus has been adopted, with the aim of informing wider roll-out of local processes/applications:</p> <ul style="list-style-type: none"> • The initial focus is on supporting 4-8 people with moderate dementia and their carers, by utilising a lifestyle reassurance system – currently reviewing a range of potential equipment to identify which would be most effective (Quiet Call, Just Checking, other Tunstall and Initial systems). After initial evaluation of this element of the project it is planned to extend the use to very sheltered housing to support people with moderate dementia.
Perth and Kinross		<p>A project manager has been appointed and an identified supplier has been identified. Currently identifying targeted 100 service users for pilot phase to test processes. TDP will be used to fund IT and Accn contingencies, purchase and installation of equipment for pilot phase of 100 service users, marketing and training, project management. Additional resources has been identified to support the implementation of telecare and provide additional staffing for the enhanced response service and call centre. Also additional funding from within Supporting People fund identified to provide 1000 telecare packages, post pilot phase. Telecare Business Case has been developed. The overall project based focus is:</p> <ul style="list-style-type: none"> • To provide 1000 basic telecare packages (module, pendant, smoke alarm, heat sensitive monitor, flood detector, 2 PIR movement detectors) to targeted current community alarm/homecare/sheltered housing service users and 200 new users by end December 2008. In addition, additional devices will be provided for approx 100 of these clients on the basis of assessed need (e.g. property exit monitors, falls detectors).
Renfrewshire		<p>The focus is on key areas where problems lead to hospital admissions, readmission or admission to institutional care. Approach will target falls prevention, dementia, needs assessment, medication prompts and aiding rehabilitation/promoting independence.</p> <ul style="list-style-type: none"> • Renfrewshire has an established telecare service (basic alarm with pendant, gas, smoke, flood detectors and pressure mats), and it is anticipated that an additional 150 service users will receive enhanced packages of telecare (lifestyle monitoring, medication alarms, chair occupancy, dementia clocks, audio/visual controls) by end March 2008 via TDF.

Scottish Borders		<p>The TDF to be used to fund a Telecare Development Manager post and meet various infrastructure costs including training, telecare promotion, review of storage premises, integrated data systems.</p> <ul style="list-style-type: none"> • Main approach is to develop more integrated systems for Telehealth and Telemedicine and will involve the provision of a basic telecare package to 3150 users and a complex telecare package to 250 users by end March 2008.
Shetland		<p>TDF is to be utilised to fund a part time project manager (in post from Sept 2007) to develop the strategic role for telecare and implement key projects; the purchase of equipment to enhance a mobile Response Service; and expand the range of telecare sensors available. There are 2 key project elements to the use of TDF in Shetland:</p> <ol style="list-style-type: none"> 1) Reshaping the On-Call, Out of Hours response service, which could potentially involve upgrading and purchase of equipment to enable this to operate more effectively; 2) Upgrading the current Community Alarm Service with a particular interest in providing enhanced telecare packages (e.g. fall detectors, pressure mats) to 15 vulnerable people in the community and 5 people with Dementia (exploring the use of tracking technology linked into existing telecare infrastructure).
South Ayrshire		<p>South Ayrshire have an existing, but limited, telecare service which uses a broad range of telecare devices on the basis of assessed need (including movement, smoke, falls, flood, carbon monoxide, temperature extremes detectors, epilepsy monitors, video door entry, wandering client, environmental controls, pressure mats, bed/chair occupancy and enuresis sensors). South Ayrshire is currently upgrading all its community alarm platform to facilitate additional sensors. TDF is to be used to enhance and develop the existing mainstream service by:</p> <ul style="list-style-type: none"> • Training and information workshops for 200 assessment and care management staff, including the development of staff and service user handbooks; • Provision of a telecare service to an additional 300 people by the end of March 2008 (upgrade to 4000+, environmental controls – falls, hearing impairment, dementia - lifestyle monitoring); • Have delivered initial awareness raising materials to Senior Social Workers and Community Health Managers. Also more detailed training will be delivered to Assessment and Care Management staff.
South Lanarkshire		<p>The focus is on developing the current ad hoc telecare service arrangements into a robust telecare strategic infrastructure. An additional 240 service users across a range of client groups anticipated to benefit. TDF to be used for:</p> <ul style="list-style-type: none"> • Temporary Telecare Co-ordinator and Telecare Technician posts; • Publicity; • Staff training; • Potential requirement for additional resources in the response service; • Telecare equipment in response to assessed need and an upgrade to the Control Centre equipment to facilitate telecare calls handling.

Stirling		<p>The funding is to be used for the purchase of telecare equipment for older adults along with the implementation of a training programme for staff. It is anticipated that the project will define two different levels of telecare service, basic and enhanced, building on the current Community Alarm service. Assessment processes and criteria for access to both will also be identified, with the enhanced equipment provided on the basis of assessed need. 50 new service users are anticipated, along with 50 who will have their services enhanced. A broad range of anticipated equipment is identified including dispersed telecare units, GSM receivers (for those without landline connections) home safety package, telemedicine monitors, bed/chair occupancy, CO Detectors, door entry/exit systems, epilepsy sensor, gas shut off valves, medication dispenser, pager solutions.</p>
West Dunbartonshire		<p>The focus of the TDP is the purchase of telecare for wider use by older people in the community to assist in the prevention of long term care admissions, delayed discharges, hospital admissions and readmissions. Training of assessment staff and response staff. The specific areas are:</p> <ul style="list-style-type: none"> • Telecare assessment packages in the five step up step down flats as part of wider rehabilitation (including bed sensors, chair sensor, movement detector, flood, fall, smoke and heat sensors and enuresis); • Upgrading smart technology to a sheltered housing complex - smoke and heat sensors; • Use of telecare in the wider community using a variety of sensors - smoke, heat, fall, flood, bed, enuresis, gas, movement, chair, pressure pads etc. Also use of ruggedised alarms - these are short term use alarms which do not require a land line to work, they work through using a SIM card from a mobile phone. These are beneficial in circumstances where a landline requires repair, someone has moved into temporary accommodation and there is no landline, someone has moved house and there is going to be a delay in getting the landline installed; • Mobile assessments packages to provide a wider assessment of people living at home in the community (smoke, heat, bed, chair, enuresis, alarm, movement); • Anticipated number of service users is 350.
West Lothian		<p>West Lothian have an existing mainstream telecare service in place, and the specific project proposal will further develop this:</p> <ul style="list-style-type: none"> • Expansion of existing telecare core packages to a further 500 service users. This includes duplex speech unit, smoke detector, 2 x PIRs, 2 x flood detectors, extreme temperature detector; • Extension of lifestyle monitoring to 100 service users in the community to help to identify the early on-set of illness. Core unit with a range of sensors relaying regular data which is then reviewed/assessed against general patterns of behaviour.

Western Isles		<p>The following specific elements have been identified:</p> <ul style="list-style-type: none"> • Undertake training for the existing call centre staff on the use of the full range of telecare equipment, to develop a consultation resource for assessment staff. • Purchase of 4 sample equipment displays for Lewis, Harris, Uist and Barra. • Increase the basic equipment range to existing service users with a diagnosis of dementia. • Hold an interagency event to promote understanding of existing out of hours health and social care services. • Wider stock of response triggers and further range of equipment. • Equipment fund for people with complex needs. • Response service budget with cash threshold set per individual. <p>It is anticipated that the above range of developments will support 25 new service users with complex needs, and up to 60 existing users being reassessed for a wider range of equipment supply (principally those with dementia).</p>
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APPENDIX F

Forms and Questionnaires

Telecare Development Programme Stage 2 Information Requirements

We have inserted information already provided by your partnership, where this is available. We have taken this information from your partnership's application, and any subsequent correspondence. Please can you update this information where this is necessary.

**Please return this form by 16 April to John Milliken, Joint Improvement Team,
Area 3ER, St Andrew's House, Regent Road, Edinburgh EH1 3DG**

Stage 2 Information Requirements

1. The Guidance issued by the Joint Improvement Team in August 2006 advised Partnerships that the information requested at that stage represented an initial request only. This form sets out additional information now required from Partnerships as a condition of release of stage 2 funding.
2. The requested information is divided into 3 parts

Part 1	Background & Baseline Information
Part 2	Outcomes
Part 3	Efficiencies

Part 1 Background & Baseline Information

3. The information requested in Part 1 arises both from the requirements to understand the baseline position in relation to current telecare services in Scotland and to fill certain gaps in the background information. This information is of particular importance for the national evaluation of the Programme being undertaken by York Health Economic Consortium (YHEC).
4. Part 1 repeats some questions already asked of Partnerships in the initial submission form. Where information has already been provided by the Partnership, this has been included and Partnerships are asked to check and update. However the information provided was not always complete and Partnerships are asked to ensure that the full information is supplied this time. Notes have been provided to Part 1 to make clear what information is requested.

Part 2 Outcomes

5. The assessment of submissions showed that there were a number of core outcomes anticipated from the investment in telecare, but these were framed in a variety of different ways. In order to achieve consistency across Scotland, we have prepared core outcome statements. These are set out in Part 2 of this Information Request along with an explanation of what is required.

Part 3 Efficiencies

6. As with Outcomes, the review of submissions showed that certain types of efficiencies were commonly identified by Partnerships. Again in order to achieve consistency and to greater specification, core efficiency statements have been provided, from which Partnerships should select those relevant to their particular local project and provide the appropriate detail. Again this part of the Information Request includes an explanation of what is required.

Part 1

BACKGROUND & BASELINE INFORMATION

Section 1 Contact Information

Q1 Name of Partnership(s)

Please amend if the information provided is no longer correct.

Q2 Contact Details

Please amend this if the information provided is no longer correct.

Q3 Contact Details for National Evaluation

YHEC, the researchers for the national evaluation of the Programme, require a contact name for their information requirements (to be specified at a seminar in April 2007). This may be the same contact as in Q2, but Partnerships may wish to identify another person.

Section 1 Current Status of Project

Q4 Changes in Planned Use of Funding

Any changes to the proposed focus of the project should be provided here. Changes already notified to the JIT need not be repeated here.

Q5 Progress

Partnerships are asked to confirm whether the approved project has started. If this not been possible, Partnerships are asked to provide a brief explanation of the reasons for the delay in start, and how long they anticipate the delay will be. Information on expenditure achieved in 2006/07 is requested, along with a schedule of projected expenditure in 2007/08.

Q6 NHS PASA National Framework Agreement

A National Framework Agreement has been put in place by the NHS Purchasing and Supply Agency (PASA) to procure telecare effectively and efficiently and to develop a single 'public sector' market place for industry. Most partnerships attended a workshop explaining the NFA and its benefits. The Programme Board expect that the NFA will be used by partnerships for procuring equipment funded through the TDP, unless local partnerships can demonstrate that they have other arrangements which provide better value.

This question seeks information about current and future plans in relation to use of NHS PASA.

Section 3 Information about Current Services

Q7 Current Telecare Services in Partnership Area

Partnerships should list *all* of the telecare services in the local Partnership area, not only those provided by the Council. It should therefore include services provided by other partners, RSLs, private sector and the voluntary sector.

We have listed the services provided by Partnerships in their original submission. This should be amended if necessary *and* any other services added, together with the name of the service provider and a brief description of the service.

Q8 Call Handling Arrangements for Local Partnership Telecare Services

This question relates only to services provided, or commissioned, by the local Partnership.

Many Partnerships will have only one call handling arrangement in place, but where there is more than one, information should be provided about each.

Q9 Usage of Main Partnership Call Handling Service

This question relates only to the main call handling service provided, or commissioned, by the local Partnership.

Partnerships are asked to provide as much of the information on activity levels as possible. We have provided a set of categories, but if the information is held in different categories, please list these and provide the activity levels in relation to these local categories.

Q10 Funding of Current Telecare Services

This question relates only to services provided, or commissioned, by the local Partnership.

This information was requested of Partnerships in the original submission. We have repeated the notes from that submission and ask Partnerships to check what they provided against this set of requirements, and to amend and extend as necessary.

- (a) **Telecare Service** – those services listed in Q6 which are provided, or commissioned, by the local Partnership
- (b) **Number of customers** – provide the average number of customers provided for at one time during 2005/06 (rather than the total number of customers during 2005/06)
- (c) **Annual expenditure** – expenditure on revenue and capital (separately identified) for the telecare service in 2005/06. If the telecare service is not a cost centre, please provide a derived expenditure figure and make clear that this is the case.
- (d) **Annual budget** – budget allocation for revenue and capital (separately identified) for the telecare service in 2006/07. As for (c), if the telecare service is not a cost centre, please provide a derived expenditure figure and make clear that this is the case.
- (e) **Funding sources** – identify the funding sources for the telecare service in terms of agency (such as local authority, health), department/section (such as social services, housing etc) and budget heading (such as General Fund, Private Sector Housing Grant etc).

Q11 Charging

Policies on charging for telecare services differ across the country. Please provide information on whether the Partnership makes charges in any circumstances for any aspect of its telecare services. If it does, please attach a copy of the local charging policy.

Q12 Basic ‘Community Alarm’ Telecare Package

All Partnerships refer in their initial submissions to their community alarm service. These services can cover a range of different models. We are seeking information here about the equipment which forms part of the ‘basic’ community alarm service as well as information about ‘key safes’.

Section 4 Governance

Q13 Reporting

Partnerships have provided the name of the partnerships approving their original submission. Information is now requested on the frequency with which reports will be made to this group in relation to general progress, expenditure, and efficiencies achieved.

Section 5 Possible Additional Funding

Q14 Further Funding

There is a possibility that some of the programme funding will be available for re-distribution to other partnerships. A decision will be made about this during the course of summer 2007. At this stage we are interested in identifying partnerships who are interested in receiving additional funding and believe that they can make effective use of it. An expression of interest and a summary of the intended use is all that is required at this stage.

Section 1 Contact Information	
Q1	Name of partnership(s)
Q2	Contact Details
	<i>Name of Main Contact</i>
	<i>Job Title/Position/Designation</i>
	<i>Organisation</i>
	<i>Work Address</i>
	<i>Telephone Number</i>
	<i>Email address</i>
	<i>Have you made any changes to the information in this section?</i> Yes/No
Q3	Contact Details for National Evaluation
	<i>Is the contact person for the YHEC evaluation (the researchers for the national evaluation) the same as for project progress?</i> Yes/No
	<i>If 'No', please complete the following section</i>
	<i>Name of Main Contact</i>
	<i>Job Title/Position/Designation</i>
	<i>Organisation</i>
	<i>Work Address</i>
	<i>Telephone Number</i>
<i>Email address</i>	

Section 2 Current Status of Project																									
Q4	<p>Changes in Planned Use of Funding</p> <p><i>Your submission, as agreed with the JIT, sets out how you intend to spend your funding and which client groups would be the main beneficiaries. Please use the space below to describe any changes in the way(s) your Partnership plans to use its funds</i></p>																								
Q5	<p>Progress</p> <p><i>Has the approved programme funded with TDP funding begun?</i></p> <p style="text-align: center;">Yes/No</p> <p><i>If 'No', please give</i></p> <p><i>(a) Reasons for the delay</i></p> <p><i>(b) Expected length of delay</i></p> <p><i>How much of the allocated TDP funding have you spent in 2006/07?</i></p> <p><i>What do you anticipate will be your likely schedule of expenditure for 2007/08?</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Quarter 07/08</th> <th style="width: 20%;">Anticipated Expenditure (£)</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td><i>Quarter 1</i></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>Quarter 2</i></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>Quarter 3</i></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>Quarter 4</i></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Total</i></td> <td></td> <td></td> </tr> </tbody> </table>		Quarter 07/08	Anticipated Expenditure (£)			<i>Quarter 1</i>				<i>Quarter 2</i>				<i>Quarter 3</i>				<i>Quarter 4</i>				<i>Total</i>		
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	<i>Quarter 2</i>																								
	<i>Quarter 3</i>																								
	<i>Quarter 4</i>																								
	<i>Total</i>																								

Q6	PASA National Framework Agreement	
	<i>Have you used the PASA National Framework for procuring telecare services funded by Telecare Development Programme funding?</i>	
	<i>(Tick one only)</i>	
	<i>Yes</i>	
	<i>No, not yet but we plan to use it in relation to this project</i>	✓
	<i>No, we have other arrangements and do not plan to use PASA</i> <i>Please specify these other arrangements</i>	

Section 3 Information about Current Services

Q7	Current Telecare Services in Partnership Area		
	<i>Your initial submission listed the following information about existing telecare services in the Partnership area. Please can you check the information and add any additional services. This should include services provided by the Council, the local Partnership, RSLs, the private sector and the voluntary sector</i>		
	Name of Service	Name of Service Provider	Brief Description of Service
Q8	Call Handling Arrangements for Local Partnership Telecare Services		
	<i>Which organisation(s) provide call handling service(s) for the Partnership?</i>		
	Organisation	Is this service shared with other Councils/Partnerships? (tick if yes)	If Yes, please list the other Councils/Partnerships with which this service is shared
	<i>Are there plans to review any of these call handling service(s)?</i>		
	<i>Yes/No</i>		

Q9	Usage of Main Partnership Call Handling Service			
	<i>Please can you provide the following information about the main call handling service for telecare services</i>			
	Name:			
		05/06	06/07	Not available
	Number of calls handled			
	Number of emergency calls			
	Number of fire calls			
	Number of calls resulting in calling Fire Brigade			
	Number of calls resulting in calling Ambulance			
	Number of calls due to resident falling			
Number of calls resulting in visit				
Any other local category?				
<i>Does the information provided in Q8 relate only to community alarm services?</i>				
<i>Yes/No</i>				
Q10	Funding of Current Telecare Services			
	<i>Please provide full information about the funding of the telecare services provided, or commissioned, by the local Partnership</i>			
	Telecare Service	Number of Customers	Annual Expenditure 2005/06	Annual Budget 2006/07
Q11	Charging			
	<i>Are there any charges to customers for any aspect of the service?</i>			
<i>Yes/No</i>				
<i>If Yes, please provide a copy of your charging policy</i>				
Basic 'Community Alarm' Telecare Package				
<i>All of the partnerships refer to their Community Alarm service in their bids. However, there seems to be some variation in what is included in a basic telecare package (e.g. in sheltered housing). Please indicate below (by ticking the box) if the piece of equipment is included in your local basic telecare package of equipment linked to the Call Centre:</i>				
Telephone link		Flood detector		
Neck pendant		Gas/carbon monoxide detector		
Wrist alarm		Pull cord in bathroom		
Smoke detector		Pull cord in 1 or more other rooms		

	<i>Please list any other pieces of equipment that are part of your basic telecare package</i>
	<i>Do clients have to have a key safe to facilitate access to their property?</i> <i>Yes/No</i>
Section 4 Governance	
	<i>Your submission was approved by</i>
Q13	<i>How frequently will you report to this Group in relation to</i> <i>(a) Progress?</i> <i>(b) Expenditure?</i> <i>(c) Efficiency savings?</i>
Section 5 Possible Additional Funding	
Q14	<i>Dependent on performance, further funding may become available in 2007/08. Would your partnership be interested in, and able to use, additional funding?</i> <i>Yes/No</i> <i>If 'yes', please set out a brief summary of how you would plan to use this</i> Funding would be used to supplement projects to enhance development of telecare services, particularly in new developments.

Part 2 OUTCOMES

Outcomes Form

This section of the application form is designed to gather information regarding key outcomes expected by local partnerships as a result of deploying TDP grant funds.

Section A contains four core outcome statements. **It is a requirement of 2007/08 funding release that partnerships complete Section A.**

The core outcome statements have been drawn from across the stage 1 partnership submissions, but seek additional clarity on the size of effect anticipated at local level as a result of TDP funding.

The requirement is for local partnerships to replace the 'X' in the outcome statements with a locally relevant number. Please note it is **not** expected that all partnerships will complete all four outcome statements. Some may not be relevant in specific local contexts, and where this is the case, the partnership should replace the relevant outcome statement with the words "not relevant". However, we anticipate that all partnerships will be able to complete some of the outcome statements.

As stated, to complete the outcome statements, partnerships should use relevant numbers for the local partnership area. In doing this, please note we are not expecting an unfeasible level of accuracy, or an unreasonable degree of effort. To illustrate the level of effort anticipated, we offer the following examples.

Example 1: Saving Hospital Based Care Days. (See outcome 2)

If a partnership expects to use TDP funds to provide telecare packages for 100 people in order to facilitate earlier discharge from hospital than would otherwise occur, and discussion with relevant health colleagues indicates this might in any given year advance discharge by an average of two weeks, this is a sufficient basis on which to complete Outcome 2 by replacing "X" with "2,800" (=100 x 14x2)

Example 2: Ascribing Outcomes to TDP funded telecare services

If over the course of the next year it is anticipated that telecare services funded by the TDP will constitute 15% of all identifiable expenditure on telecare services within a partnership area, this is sufficient basis for identifying 15% of total expected telecare related outcomes to the TDP programme.

Example 3: Apportioning Outcomes to Telecare and Non Telecare spending-

If it is possible to maintain a person at home where previously it was not, but this involves a package of telecare and non telecare support (for example home visits in addition to call centre monitoring), provided the telecare dimension of the package was essential, it is reasonable to ascribe the whole of the ensuing benefit to the TDP expenditure.

These examples should make it clear that what is being sought is a reasonably based and thought through quantification of TDP impact.

Section B contains space to provide detail on how the quantities inserted locally into the core outcome statements have been derived. This might take the form of a description along the lines of example 1. Note it is not a requirement of 2007/08 funding that local partnerships complete section B. This has been included at the suggestion of a number of partnership representatives as something some partnerships might wish to take advantage of.

Finally, section C has been included in order to recognise that partnerships may be seeking specific local outcomes that are felt to be of particular importance, and wish to have these recognised. This might include qualitative outcomes (such as reduction in the amount of stress felt by carers) that do not lend themselves to quantification. Please note that completion of section C is also not a requirement for securing 2007/08 funding.

If you wish to specify additional outcomes reflecting local expectations that would be welcome, but these must be in addition to and not in place of the core outcome statements.) -

A: Core Outcome Statements

OUTCOME 1	Reduce the number of delayed discharges from hospital by X in financial years 2006/7 and 2007/08
OUTCOME 2	Reduce the number of unplanned admissions for community care based clients by X in financial years 2006/7 and 2007/08
OUTCOME 3	Remove the need for X care home admissions for community care based clients in financial years 2006/7 and 2007/08
OUTCOME 4	Increase the number of persons able to maintain themselves at home through receipt of a telecare service (with support) by X in financial years 2006/07 and 2007/08

B: Notes on How Outcomes Have Been Identified

OUTCOME 1	
OUTCOME 2	
OUTCOME 3	
OUTCOME 4	

C: Additional Local Outcomes

OUTCOME 1	
OUTCOME 2	

Part 3

EFFICIENCIES

Efficiencies Projection Form

This section of the application form is designed to gather information on efficiencies expected to arise from deployment of TDP grant funds.

Section A contains the core efficiencies statements. **It is a requirement of 2007/08 funding release that partnerships complete Section A.**

The core efficiencies statements have been drawn from across the stage 1 partnership submissions, but seek additional clarity on the size of effect anticipated at local level as a result of TDP funding.

Please note it is **not** expected that all partnerships will complete all core efficiencies statements. Some will not be relevant in specific local contexts, and where this is the case, the partnership should replace the relevant statement with the words “not relevant”. However, we anticipate that all partnerships will be able to complete some of the statements.

To complete the efficiencies statements partnerships should use relevant numbers for the local partnership area. In doing this, please note we are not expecting an unfeasible level of accuracy, or an unreasonable degree of effort. To illustrate this, we offer the following examples.

Example 4: Second Round Factors

Telecare services funded under the TDP may allow a person to maintain themselves in the community where previously this was not possible and the only alternative would have been living in a care home. This may in time lead to an increase in the number of home visits required, but it is not possible at this point to quantify this. Under these circumstances it is reasonable to concentrate on generating an estimate of the reduction in care home bed days required, and ignore the second round effect that is currently beyond quantification.

Example 5: Calculating Procurement Efficiencies

Procurement efficiencies can arise for a wide range of reasons, and calculating these across a large number of purchase heads could be complex. Where equipment and services have been secured using TDP funding under the PASA framework, it is reasonable to claim the average procurement saving offered by PASA (currently 14%) as the minimum procurement efficiency for all of this spending. Where the PASA framework has not been used, we expect this will have been because local partnerships have arrangements in place that have been demonstrated to deliver at least as much efficiency saving as PASA arrangements, and therefore will be in a position to directly estimate these.

Section B contains space to provide detail on how the quantities inserted locally into these statements have been derived. This might take the form of a description along the lines of example 5. Note it is not a requirement of 2007/08 funding that local partnerships complete section B. This has been included at the suggestion of a number of partnership representatives as something some partnerships might wish to take advantage of.

Finally, section C has been included in order to recognise that partnerships may be seeking specific local efficiencies that are felt to be of particular importance, and wish to have these recognised. This might relate to much wider effects (such as reduction in the amount of resources required to support carers) that do not lend themselves to quantification. Please note that completion of section C is also not a requirement for securing 2007/08 funding.

If you wish to specify additional efficiencies reflecting local expectations that would be welcome, but these must be in addition to and not in place of the core efficiencies statements.

A: Core Efficiencies Statements

We expect telecare grant funding provided to generate the following annual efficiency effects:	2007/08	2008/09	2009/10
Number of hospital bed days saved from people ready for discharge			
Number of care home bed days saved			
Number of nights sleepover care saved			
Number of home check visits saved			
Value of procurement savings made			

B: Notes on How Efficiencies Have Been Calculated

C: Additional Local Efficiencies

F.2 BACKGROUND INFORMATION FORM

EVALUATION OF TELECARE DEVELOPMENT PROGRAMME

Background Information

Dear

We have modified the data collection tools to reflect suggested changes made at and since the April Workshop. Given that the Partnerships are providing a wide range of telecare services, our tools need to be both flexible and robust so that we can collect the information that we need to meet JIT's evaluation requirements.

To help us with this task, we would be grateful if you could answer the following questions and return your answers to us by **10 August 2007**.

These questions are to provide us with further detail about each of the local projects. These questions should be easy to complete, but if you have any questions please contact either Sophie Beale or Diana Sanderson at York Health Economics Consortium by telephone (01904 434823) or by e-mail (yhec@york.ac.uk).

A: LOCAL PLANS

Some Partnerships are delivering (or planning to deliver) several projects, whereas others are focusing on providing just one telecare service. In the former circumstances, we think that Partnerships will find it easier to provide some of the required information separately for each initiative rather than aggregating all of their local information themselves in their Quarterly Returns. We therefore need to confirm that you are delivering (or still planning to deliver) the initiatives listed below (as taken from your Stage 1 and Stage 2 forms). Please use the box below to make any changes. If you did not sub-divide your local programme into separate initiatives in these forms, but feel that it will be easier for you to provide separate information for different elements of your programme, please list these in the box for additional initiatives.

	Name of initiative	Are you still intending to deliver this?	
		Yes	No

Please list any additional initiatives below (and allocate a number to them):

B: ACTIVITY DURING 2006/07

Did you have any clients using TDP-funded equipment during 2006/07 (i.e. prior to 31 March 2007)?

YES / NO

If YES, please specify how many:.....

C: RESPONSES SERVICE PROVIDED BY COMMUNITY ALARM CALL CENTRES

We need some information about the Response/Responder Service provided by the Call Centre(s) that you use for your Telecare services. Please can you complete the grid below by:

- Inserting the name for each Telecare Alarm Service used by the Partnership (this information should match that provided in your Stage 2 submission);
- Ticking the relevant type of responder service for each provider;
- Providing brief details of the hours of operation of those alarm services providing a limited Responder Service (e.g. Responder service available Mon-Fri, 9am-9pm).

	Alarm Service		
	1: Community Alarm Scheme	2: Learning Disability Sector	3: Environmental Control
No Dedicated Responder Service (i.e. keyholder/family contacted)			
Limited Responder Service only (with only keyholder/family contacted at other times). Please provide brief description of hours of operation of Responder Service:			
24-hour Responder Service			

D: QUALITY MONITORING OF COMMUNITY ALARM SERVICE

We would also like to know if your Partnership undertakes any quality monitoring of its Community Alarm Service. Please tick all relevant boxes (using the same numbers for the alarm services as above):

	Service 1	Service 2	Service 3
No quality monitoring is undertaken			
Service provides regular reports of activity and performance			
Service has a Charter Mark			
Service meets TSA Code of Practice Part 1			
Service meets TSA Code of Practice Part 2			
Service meets TSA Code of Practice Part 3			
Service has a BT Quality Award			
Service has a CoSLA Quality Award			
Service meets Other Standards (specify):			

E: CONFIRMATION OF STATED CORE OUTCOMES AND EFFICIENCIES

1. Have any changes been made to your Core Outcome Statements as presented in your Stage 2 submission?

YES / NO

If YES, please provide details of the revised **Outcome Statement** and how it has been identified:

2. Have any changes been made to your **Core Efficiencies Statements** as presented in your Stage 2 submission?

YES / NO

If YES, please provide details of the revised **Efficiencies Statement** and how it has been calculated:

F: CONTRIBUTIONS OF SPECIFIC INITIATIVES TO MEETING CORE OUTCOME AND EFFICIENCIES IN 2007/08

1. The grid below shows the information on Core Outcomes provided in your Stage 2 submission. Please can you insert the relevant figures for each local initiative (as listed in Part A of this Return) to show the anticipated contribution of each initiative to the total figure. Please ensure that those responsible for each initiative know this information, as the quarterly returns will monitor progress against these values over 2007/08.

Core Outcome Measure	Total for 2007/08	Initiative 1	Initiative 2	Initiative 3	Initiative 4
Reduce number of delayed discharges from hospital					
Reduce number of unplanned admissions					
Reduce number of care home admissions					
Increase number of people able to maintain themselves at home					

NB: If you have made any changes either to your initiatives and/or to your core outcomes, please amend this form to reflect these changes.

2. The grid below shows the information on Core Efficiencies provided in your Stage 2 submission. Please can you insert the relevant figures for each local initiative (as listed in Part A of this Return) to show the anticipated contribution of each initiative to the total figure. Please ensure that those responsible for each initiative know this information, as the quarterly returns will monitor progress against these values over 2007/08.

Core Efficiency	Total for 2007/08	Initiative 1	Initiative 2	Initiative 3	Initiative 4
Number of hospital bed days saved from people ready for discharge					
Number of hospital bed days saved by preventing unplanned admissions*					
Number of care home bed days saved					
Number of nights sleepover care saved					
Number of home check visits saved					
Value of procurement savings made					

* Although this is not included in the Core Efficiencies in the Stage 2 form, if your Partnership has specified a target reduction for unplanned admissions as a Core Outcome, please can you provide a figure for the number of hospital bed days you estimate will be saved as a consequence of the reduction in unplanned admissions.

NB: If you have made any changes either to your initiatives and/or to your core outcomes, please amend this form to reflect these changes.

G: FEEDBACK FROM USERS AND CARERS

1. A key element of our evaluation is collecting feedback from service users and their carers. There are a number of questions for which we need answers (see Annex). Please can you select the most appropriate response for your Partnership and tick the relevant boxes. If you intend to use different approaches for different initiatives, please put each initiative's number (as used above) in the relevant box.

	Users	Carers
We intend to design our own questionnaires and will include YHEC's questions within these.		
We intend to design our own questionnaires which will not include YHEC's questions but we will also distribute a separate questionnaire for YHEC (to be returned to YHEC in a freepost envelope) at the same time.		
We intend to design our own questionnaires which will not include YHEC's questions but we will distribute a separate questionnaire for YHEC (to be returned to YHEC in a freepost envelope) at the beginning of March 2008.		
We do not intend to collect any feedback but will distribute YHEC's questionnaire (to be returned to YHEC in a freepost envelope) at the beginning of March 2008.		

2. If you are intending to design your own questionnaires, please describe below how often you plan to distribute these:

--

3. If you intend to incorporate YHEC's questions into your own questionnaires, please indicate (with a tick) how you would like to provide us with our information:

We would send YHEC photocopies of the answers to their questions.	
We would enter the YHEC data into a spreadsheet/database and forward this to YHEC.	
We would forward the entire questionnaire to YHEC so that YHEC can extract their own data before returning the questionnaire to us.	

ANNEX

YHEC's Essential Questions for Service Users

1. People have Telecare equipment in their homes for many different reasons. Sometimes additional equipment is provided because of changing needs. Please tick the box for the statement that most closely reflects your situation:

I am a new user of Telecare equipment, which has been installed in my home for the first time.	
I have recently had the existing Telecare equipment in my home upgraded and improved.	
I have moved into accommodation (e.g. Sheltered Housing) which already included Telecare equipment.	

2. Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life at present (please tick your choice):

So good that it could not be better	
Very good	
Good	
Alright	
Bad	
Very bad	
So bad it could not be worse	

3. Thinking back to the time before your (most recent) Telecare equipment was installed, do you think that your quality of life now is (please tick your choice):

Much better than it used to be	
A bit better than it used to be	
About the same	
A bit worse than it used to be	
A lot worse than it used to be	

4. Please indicate (by ticking the relevant box) if you agree or disagree with the following statements – if your equipment has recently been upgraded/improved, please compare your situation now with that before the upgrade/improvement:

	Agree	Neither agree nor disagree	Disagree
My health has been better since the Telecare equipment was installed.			
I feel safer at home because of my Telecare equipment.			
I feel more independent because of my Telecare equipment.			
I feel less anxious and stressed because of my Telecare equipment.			
I think that my family is less worried about me now that I have the Telecare equipment.			
My family need to help me less because of my Telecare equipment.			

5. For how long have you been using your (most recent) Telecare equipment (please tick your choice)?

Less than 1 month	
1 – 3 months	
4 – 6 months	
More than 6 months	

6. What do you like most about the Telecare equipment (e.g. I know I can contact someone easily if I need to; It's easy to use)?

--

7. What do you like least about the Telecare equipment (e.g. It goes off too easily; I don't like wearing the pendant alarm)?

--

8. Please describe any other ways that the Telecare equipment has affected your quality of life:

--

YHEC's Essential Questions for Carers

1. People have Telecare equipment in their homes for many different reasons. Sometimes additional equipment is provided because of their changing needs. Please tick the box for the statement that most closely reflects the situation of your friend/relative:

A new user of Telecare equipment, which has been installed in their home for the first time.	
An existing user, whose Telecare equipment in their home has recently been upgraded and improved.	
Someone who has moved into accommodation (e.g. Sheltered Housing) which already included Telecare equipment.	

2. Many carers can find it stressful caring for relatives and friends (however much they love them!). At present, do you find caring for your relative/friend (please tick your choice):

Very stressful	
Quite stressful	
Not really stressful	
Not at all stressful	

3. Thinking back to the time before their (most recent) Telecare equipment was installed, would you say that *you* now feel (please tick your choice):

Much less stressed than before	
A bit less stressed than before	
No difference	
A bit more stressed than before	
Much more stressed than before	

4. What are the main reasons for *you* feeling less/more stressed?

--

5. Thinking about the amount of time you spend with the person for whom you are a carer, since their (most recent) Telecare equipment was installed has this (please tick your choice):

Increased greatly	
Increased slightly	
Stayed about the same	
Decreased slightly	
Decreased greatly	

6. What do *you* like most about the Telecare equipment (e.g. It gives me peace of mind; I don't have to check that s/he is okay several times a day)?

7. What do *you* like least about the Telecare equipment (e.g. I am contacted much more often than I'd expected)?

8. Please describe any other ways that the Telecare equipment has affected *your* quality of life:

F.3 QUARTERLY RETURN QUESTIONNAIRE (Q1-Q3)

EVALUATION OF TELECARE DEVELOPMENT PROGRAMME

Quarterly Return for Partnerships (1 of 4)

Name of Partnership: PARTNERSHIP NAME

Project Manager/Lead Contact: NAME

When completing the Return, you should also have to hand copies of:

- Your Stage 1 Funding Application Form;
- Your Stage 2 Funding Application Form;
- Your Pre-Return Questionnaire (June 2007);
- Previous versions of this Return (if relevant).

If you have any queries about how any of the questions should be completed please contact YHEC by phone (01904 433620) or by e-mail (yhec@york.ac.uk). We will respond to your queries within 2 working days.

Please return the completed questionnaire to YHEC by 17 August 2007.

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Heslington
York
YO10 5ZZ

E-mail: yhec@york.ac.uk

Fax: 01904 433628

Please remember to include copies of any other relevant documents prepared for local use (e.g. Progress Reports; papers from Partnership Committees) with your completed form.

You should complete Sections A – D for each initiative (as specified in you pre-return questionnaire) plus Section E, which covers your local programme as a whole and Section F which requests further information. However, if your local programme comprises only one initiative, Sections A – D only need to be completed once, plus Sections E and F.

NOTE:

The information collected in Sections A – E of this form is of great importance to the Joint Improvement Team (JIT) and will be shared with them. **The information collected in Section F will be considered confidential and will not be shared with JIT.**

Name of Initiative (Please state clearly if this information covers ALL TDP-funded activities within the Partnership):

--

SECTION A: THE RANGE OF PEOPLE ASSISTED BY TELECARE SERVICES

1. Please provide the following information, which should include the aspects described in your funding application(s)

1a. Client Numbers:

Number of new clients (i.e. using equipment funded by the TDP) in quarter	1a1
Number of these clients who already used telecare equipment	1a2
Number of TDP-funded clients leaving service in quarter	1a3

1b. Characteristics of New Clients (please enter *numbers* in relevant boxes):

Client Group	Male	Female	Under 16	16-64	65+
Older person	1b1a	1b1b			1b1e
Mental health	1b2a	1b2b	1b2c	1b2d	1b2e
Dementia	1b3a	1b3b	1b3c	1b3d	1b3e
Physical disability	1b4a	1b4b	1b4c	1b4d	1b4e
Learning disability	1b5a	1b5b	1b5c	1b5d	1b5e
Substance Misuse	1b6a	1b6b	1b6c	1b6d	1b6e
Child (under 16)	1b7a	1b7b	1b7c		
TOTAL	1b8a	1b8b	1b8c	1b8d	1b8e

Ethnicity	
White	1b9
Mixed	1b10
Asian/Asian Scottish/Asian British	1b11
Black/Black Scottish/Black British	1b12
Other ethnic background	1b13
TOTAL	1b14

Note: The total for ethnicity should be the same as the total for Male plus Female and as the total for the three age bands. This total should also be the same as the number in the first box under Question 1a.

1c. Reasons for Receiving Telecare Equipment:

Please enter the appropriate numbers in the Table below (i.e. for how many of your new clients was 'minimise client risk' the main reason, at the time of installation, for installing the equipment?)

	Main reason for receiving Telecare equipment (i.e. at time of installation)	Secondary reason for receiving Telecare equipment	Main longer-term anticipated benefit from Telecare equipment
Minimise client risk	1c1a	1c1b	1c1c
Promote client independence	1c2a	1c2b	1c2c
Prevent long-term admission to care home	1c3a	1c3b	1c3c
Facilitate hospital discharge	1c4a	1c4b	1c4c
Reduce risk of hospital admission/re-admission	1c5a	1c5b	1c5c
Monitor client to assess longer-term needs	1c6a	1c6b	1c6c
Part of intermediate care package	1c7a	1c7b	1c7c
Carer support	1c8a	1c8b	1c8c
TOTAL	1c9a	1c9b	1c9c

1d. Please use this space for other relevant information about TDP-related activity during the quarter (e.g. numbers/types of homes fitted with generic alarm packages; summary of developmental work undertaken by staff funded with TDP allocation):

1d

SECTION B: CHANGING RESOURCE USE AND ACHIEVING EFFICIENCIES

2. This Section focuses on the local progress you are making towards achieving your stated outcomes and efficiencies. If a specific outcome or efficiency is not relevant for this initiative in your Partnership area, please tick the small box and proceed to the next question. If it is relevant, please complete the required information. *Please state if data are quarter-specific or cumulative.*

2a. Impact of TDP on delayed discharges from hospital:

Please tick if this outcome is NOT relevant to this initiative

Reduction in number of delayed discharges from hospital	
Target for 2007/08	2a1
Progress to date against target*	2a2
Number of hospital bed days saved due to reduction in number of delayed discharges from hospital	
Target for 2007/08	2a3
Progress to date against target*	2a4
Local data on the average cost per hospital day or per hospital stay (if known)	2a5
Estimated monetary savings due to reduction in delayed discharges (if known)	2a6

* This should be a number.

2b. Impact of TDP on unplanned hospital admissions:

Please tick if this outcome is NOT relevant to this initiative

Reduction in number of unplanned hospital admissions	
Target for 2007/08	2b1
Progress to date against target	2b2
Number of hospital bed days saved through reduction in number of unplanned hospital admissions	
Target for 2007/08	2b3
Progress to date against target	2b4
Local data on average length of stay for unplanned hospital admissions	2b5
Local data on average cost of unplanned hospital admissions (if known)	2b6
Estimated monetary savings due to reduction in unplanned admissions (if known)	2b7

2c. Impact of TDP on use of care homes:

Please tick if this outcome is NOT relevant to this initiative

Reduction in number of care home admissions	
Target for 2007/08	2c1
Progress to date against target	2c2
Reduction in number of care home weeks purchased by partnership	
Local estimate of average number of care home days saved per prevented admission	2c3
Local average cost of care home place per day or per week (please specify)	2c4
Estimated monetary savings to local authority due to reduction in use of care homes (please specify time period)	2c5

2d. Impact of TDP on promoting independent living:

Please tick if this outcome is NOT relevant to this initiative

Number of persons able to maintain themselves at home through receipt of a telecare service (with support)	
Target for 2007/08	2d2
Progress to date against target	2d3

2e. Impact of TDP on use of other resources - Number of nights sleepover care saved:

Please tick if this outcome is NOT relevant to this initiative

Number of nights of sleepover care saved	
Target for 2007/08	2e1
Progress to date against target	2e2
Change in number of nights of sleepover care purchased by partnership	
Local estimate of change in purchase/provision of nights of sleepover care	2e3
Local average unit cost of a night of sleepover care	2e4
Estimated cost savings for Partnership due to number of nights of sleepover care saved (please specify time period)	2e5

2f. Impact of TDP on use of other resources - Number of home check visits saved:

Please tick if this outcome is NOT relevant to this initiative

Number of home check visits saved	
Target for 2007/08	2f1
Progress to date against target	2f2
Change in number of home check visits purchased by partnership	
Local estimate of average change in purchase/provision of home check visits	2f3
Local average unit cost of a home check visit	2f4
Estimated cost savings for Partnership due to number of home check visits saved (please specify time period)	2f5

2g. Performance against other locally-identified outcomes in Stage 2 form:

Please tick if this outcome is NOT relevant to this initiative

Locally Identified Outcome 1	
Target for year	2g1
Progress to date against target	2g2
Locally Identified Outcome 2	
Target for year	2g3
Progress to date against target	2g4

2h. Performance against other locally-identified efficiency savings in Stage 2 form:

Please tick if this outcome is NOT relevant to this initiative

Locally Identified Efficiency Saving 1	
Target for year	2h1
Progress to date against target	2h2
Locally Identified Efficiency Saving 2	
Target for year	2h3
Progress to date against target	2h4

SECTION C: IMPACT OF TELECARE ON SERVICE USERS AND CARERS

3. If relevant, please summarise any information you have collected locally on the impact of the TDP on service users and/or carers (or attach a copy of relevant local reports or summaries).

--

SECTION D: OTHER INITIATIVE-SPECIFIC ASPECTS

4. Please make any other comments relating to your TDP funds (including describing any other associated benefits) below:

SECTION E: TO BE COMPLETED BY THE PROJECT MANAGER

5. Has information been provided for each initiative within your Partnership?

Yes No

If No, why not?

6. Please summarise your aggregate progress against your Core Outcome Statements for 2007/08 (as stated in your Stage 2 form and presented in Question 2 (Section B) above) by client group:

	Outcome 1: Delayed Discharge	Outcome 2: Unplanned Admissions	Outcome 3: Care Home Admissions	Outcome 4: Independent Living
	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]
	Progress to date:	Progress to date:	Progress to date:	Progress to date:
Older Person	61a	61b	61c	61d
Mental Health	62a	62b	62c	62d
Dementia	63a	63b	63c	63d
Physical Disability	64a	64b	64c	64d
Learning Disability	65a	65b	65c	65d
Substance Misuse	66a	66b	66c	66d
Child (under 16)	67a	67b	67c	67d
TOTAL	68a	68b	68c	68d

Please provide any explanatory comments in the box below:

--

7. Please summarise your aggregate progress against your Core Efficiencies Statements for 2007/08 (as stated in your Stage 2 form and presented in Question 2 above) by client group:

	Efficiency 1: Hospital Bed Days Saved (Delayed Discharge)	Efficiency 2: Hospital Bed Days Saved (Unplanned Admissions)	Efficiency 3: Care Home Bed Days Saved	Efficiency 4: Nights of Sleepover Care Saved	Efficiency 5: Number of Home Check Visits Saved
	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]
	Progress to date:	Progress to date:	Progress to date:	Progress to date:	Progress to date:
Older Person	71a	71b	71c	71d	71e
Mental Health	72a	72b	72c	72d	72e
Dementia	73a	73b	73c	73d	73e
Physical Disability	74a	74b	74c	74d	74e
Learning Disability	75a	75b	75c	75d	75e
Substance Misuse	76a	76b	76c	76d	76e
Child (under 16)	77a	77b	77c	77d	77e
TOTAL	78a	78b	78c	78d	78e

Please provide any explanatory comments in the box below:

--

8. Use of TDP funds:

How much (in £) of your TDP allocation was spent during the quarter?

Please summarise how these funds were used:

9. Procurement and experience of using the PASA national framework

9a. Have you used the PASA national framework for procuring Telecare services funded by the TDP? (Please tick relevant box):

Yes, for all ^{9a1} Yes, but only for some ^{9a2} No ^{9a3}

9b. If you have procured equipment through the PASA NFA, did you find that the whole process: (Please tick relevant box):

Ran very smoothly	<input type="checkbox"/>	9b1
Ran quite smoothly	<input type="checkbox"/>	9b2
Some parts ran smoothly, but others did not	<input type="checkbox"/>	9b3
Ran into a few problems	<input type="checkbox"/>	9b4
Ran into many problems	<input type="checkbox"/>	9b5

Please briefly explain the reasons for your choice:

9c. If you did not use PASA for purchasing all/some equipment, please explain why not and describe how the alternative supplier(s) offered better value for money than PASA:

9d. If you have used TDP funds to procure any other Telecare-related services (e.g. equipment checks; response services), please describe and comment on your experiences:

10. Does the information provided capture all of the activity and achievements of the quarter?

Yes

No

If No, what else has been achieved?

SECTION F: CONFIDENTIAL INFORMATION (TO BE COMPLETED BY THE PROJECT MANAGER)

NOTE THAT THIS INFORMATION WILL BE CONSIDERED CONFIDENTIAL

11. Have you included copies of all relevant reports (e.g., on progress, expenditure and efficiency savings) prepared for your local Joint Future Older People's Group and/or other relevant Groups/Committees?

Yes

No

If No, why not?

12. Please use this space to provide any additional information about the use of your TDP allocation:

F.4 QUARTERLY RETURN QUESTIONNAIRE (Q4)

EVALUATION OF TELECARE DEVELOPMENT PROGRAMME

Quarterly Return for Partnerships

Name of Partnership: Partnership Name
Project Manager/Lead Contact: Name
Period: January – March 2008 (period 4 of 4)

When completing the Return, you should also have to hand copies of:

- Your Stage 1 Funding Application Form;
- Your Stage 2 Funding Application Form;
- Your Pre-Return Questionnaire (June 2007);
- Previous versions of this Return (if relevant).

If you have any queries about how any of the questions should be completed please contact YHEC by phone (01904 433620) or by e-mail (yhec@york.ac.uk). We will respond to your queries within 2 working days.

Please return the completed questionnaire to YHEC by **Friday 13th June 2008**.

Freepost: Sophie Beale
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Please remember to include copies of any other relevant documents prepared for local use (e.g. Progress Reports; papers from Partnership Committees) with your completed form.

You should complete Sections A – D for each initiative (as specified in you pre-return questionnaire) plus Section E, which covers your local programme as a whole and Section F which requests further information. However, if your local programme comprises only one initiative, Sections A – D only need to be completed once, plus Sections E and F.

NOTE:

The information collected in Sections A – E of this form is of great importance to the Joint Improvement Team (JIT) and will be shared with them. **The information collected in Section F will be considered confidential and will not be shared with JIT.**

Name of Initiative (Please state clearly if this information covers ALL TDP-funded activities within the Partnership):

--

SECTION A: THE RANGE OF PEOPLE ASSISTED BY TELECARE SERVICES

5. Please provide the following information, which should include the aspects described in your funding application(s)

1a. Client Numbers:

Number of new clients (i.e. using equipment funded by the TDP) in quarter	1a1
Number of these clients who already used telecare equipment	1a2
Number of TDP-funded clients leaving service in quarter	1a3

1b. Characteristics of New Clients (please enter *numbers* in relevant boxes):

Client Group	Male	Female	Under 16	16-64	65+
Older person	1b1a	1b1b			1b1e
Mental health	1b2a	1b2b	1b2c	1b2d	1b2e
Dementia	1b3a	1b3b	1b3c	1b3d	1b3e
Physical disability	1b4a	1b4b	1b4c	1b4d	1b4e
Learning disability	1b5a	1b5b	1b5c	1b5d	1b5e
Substance Misuse	1b6a	1b6b	1b6c	1b6d	1b6e
Child (under 16)	1b7a	1b7b	1b7c		
TOTAL	1b8a	1b8b	1b8c	1b8d	1b8e

Ethnicity	
White	1b9
Mixed	1b10
Asian/Asian Scottish/Asian British	1b11
Black/Black Scottish/Black British	1b12
Other ethnic background	1b13
TOTAL	1b14

Note: The total for ethnicity should be the same as the total for Male plus Female and as the total for the three age bands. This total should also be the same as the number in the first box under Question 1a.

1c. Reasons for Receiving Telecare Equipment:

Please enter the appropriate numbers in the Table below (i.e. for how many of your new clients was 'minimise client risk' the main reason, at the time of installation, for installing the equipment?)

	Main reason for receiving Telecare equipment (i.e. at time of installation)	Secondary reason for receiving Telecare equipment	Main longer- term anticipated benefit from Telecare equipment
Minimise client risk	1c1a	1c1b	1c1c
Promote client independence	1c2a	1c2b	1c2c
Prevent long-term admission to care home	1c3a	1c3b	1c3c
Facilitate hospital discharge	1c4a	1c4b	1c4c
Reduce risk of hospital admission/re-admission	1c5a	1c5b	1c5c
Monitor client to assess longer-term needs	1c6a	1c6b	1c6c
Part of intermediate care package	1c7a	1c7b	1c7c
Carer support	1c8a	1c8b	1c8c
TOTAL	1c9a	1c9b	1c9c

1d. Please use this space for other relevant information about TDP-related activity during the quarter (e.g. numbers/types of homes fitted with generic alarm packages; summary of developmental work undertaken by staff funded with TDP allocation):

1d

SECTION B: CHANGING RESOURCE USE AND ACHIEVING EFFICIENCIES

6. This Section focuses on the local progress you are making towards achieving your stated outcomes and efficiencies. If a specific outcome or efficiency is not relevant for this initiative in your Partnership area, please tick the small box and proceed to the next question. If it is relevant, please complete the required information.

Please tick the appropriate box to indicate whether data reported in this section are quarter-specific or cumulative.

Quarter Specific 2a
 Cumulative 2b

2a. Impact of TDP on delayed discharges from hospital:

Please tick if this outcome is NOT relevant to this initiative

Reduction in number of delayed discharges from hospital	
Target for 2007/08	2a1
Progress to date against target*	2a2
Number of hospital bed days saved due to reduction in number of delayed discharges from hospital	
Target for 2007/08	2a3
Progress to date against target*	2a4
Local data on the average cost per hospital day or per hospital stay (if known)	2a5
Estimated monetary savings due to reduction in delayed discharges (if known)	2a6

* This should be a number.

2b. Impact of TDP on unplanned hospital admissions:

Please tick if this outcome is NOT relevant to this initiative

Reduction in number of unplanned hospital admissions	
Target for 2007/08	2b1
Progress to date against target	2b2
Number of hospital bed days saved through reduction in number of unplanned hospital admissions	
Target for 2007/08	2b3
Progress to date against target	2b4
Local data on average length of stay for unplanned hospital admissions	2b5
Local data on average cost of unplanned hospital admissions (if known)	2b6
Estimated monetary savings due to reduction in unplanned admissions (if known)	2b7

2c. Impact of TDP on use of care homes:

Please tick if this outcome is NOT relevant to this initiative

Reduction in number of care home admissions	
Target for 2007/08	2c1
Progress to date against target	2c2
Reduction in number of care home weeks purchased by partnership	
Local estimate of average number of care home days saved per prevented admission	2c3
Local average cost of care home place per day or per week (please specify)	2c4
Estimated monetary savings to local authority due to reduction in use of care homes (please specify time period)	2c5

2d. Impact of TDP on promoting independent living:

Please tick if this outcome is NOT relevant to this initiative

Number of persons able to maintain themselves at home through receipt of a telecare service (with support)	
Target for 2007/08	2d2
Progress to date against target	2d3

2e. Impact of TDP on use of other resources - Number of nights sleepover care saved:

Please tick if this outcome is NOT relevant to this initiative

Number of nights of sleepover care saved	
Target for 2007/08	2e1
Progress to date against target	2e2
Change in number of nights of sleepover care purchased by partnership	
Local estimate of change in purchase/provision of nights of sleepover care	2e3
Local average unit cost of a night of sleepover care	2e4
Estimated cost savings for Partnership due to number of nights of sleepover care saved (please specify time period)	2e5

2f. Impact of TDP on use of other resources - Number of home check visits saved:

Please tick if this outcome is NOT relevant to this initiative

Number of home check visits saved	
Target for 2007/08	2f1
Progress to date against target	2f2
Change in number of home check visits purchased by partnership	
Local estimate of average change in purchase/provision of home check visits	2f3
Local average unit cost of a home check visit	2f4
Estimated cost savings for Partnership due to number of home check visits saved (please specify time period)	2f5

2g. Performance against other locally-identified outcomes in Stage 2 form:

Please tick if this outcome is NOT relevant to this initiative

Aim to provide training courses for around 50 staff	
Target for year	2g1
Progress to date against target	2g2
Aim to provide information and advice (develop training pack and information leaflets) for staff and service users	
Target for year	2g3
Progress to date against target	2g4

2h. Performance against other locally-identified efficiency savings in Stage 2 form:

Please tick if this outcome is NOT relevant to this initiative



SECTION C: IMPACT OF TELECARE ON SERVICE USERS AND CARERS

7. If relevant, please summarise any information you have collected locally on the impact of the TDP on service users and/or carers (or attach a copy of relevant local reports or summaries).

SECTION D: OTHER INITIATIVE-SPECIFIC ASPECTS

8. Please make any other comments relating to your TDP funds (including describing any other associated benefits) below:

SECTION E: TO BE COMPLETED BY THE PROJECT MANAGER

1. Has information been provided for each initiative within your Partnership?

Yes

No

If No, why not?

2. Please summarise your aggregate progress against your Core Outcome Statements for 2007/08 (as stated in your Stage 2 form and presented in Question 2 (Section B) above) by client group:

	Outcome 1: Delayed Discharge	Outcome 2: Unplanned Admissions	Outcome 3: Care Home Admissions	Outcome 4: Independent Living
	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]
	Progress to date:	Progress to date:	Progress to date:	Progress to date:
Older Person	61a	61b	61c	61d
Mental Health	62a	62b	62c	62d
Dementia	63a	63b	63c	63d
Physical Disability	64a	64b	64c	64d
Learning Disability	65a	65b	65c	65d
Substance Misuse	66a	66b	66c	66d
Child (under 16)	67a	67b	67c	67d
TOTAL	68a	68b	68c	68d

Please provide any explanatory comments in the box below:

7. Please summarise your aggregate progress against your Core Efficiencies Statements for 2007/08 (as stated in your Stage 2 form and presented in Question 2 above) by client group:

	Efficiency 1: Hospital Bed Days Saved (Delayed Discharge)	Efficiency 2: Hospital Bed Days Saved (Unplanned Admissions)	Efficiency 3: Care Home Bed Days Saved	Efficiency 4: Nights of Sleepover Care Saved	Efficiency 5: Number of Home Check Visits Saved
	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]	Target: [YHEC]
	Progress to date:	Progress to date:	Progress to date:	Progress to date:	Progress to date:
Older Person	71a	71b	71c	71d	71e
Mental Health	72a	72b	72c	72d	72e
Dementia	73a	73b	73c	73d	73e
Physical Disability	74a	74b	74c	74d	74e
Learning Disability	75a	75b	75c	75d	75e
Substance Misuse	76a	76b	76c	76d	76e
Child (under 16)	77a	77b	77c	77d	77e
TOTAL	78a	78b	78c	78d	78e

Please provide any explanatory comments in the box below:

8. Use of TDP funds:

How much (in £) of your TDP allocation was spent during the quarter?

Please summarise how these funds were used:

Procurement and experience of using the PASA national framework

9a. Have you used the PASA national framework for procuring Telecare services funded by the TDP? (Please tick relevant box):

Yes, for all ^{9a1} Yes, but only for some ^{9a2} No ^{9a3}

9b. If you have procured equipment through the PASA NFA, did you find that the whole process: (Please tick relevant box):

Ran very smoothly	9b1 <input type="checkbox"/>
Ran quite smoothly	9b2 <input type="checkbox"/>
Some parts ran smoothly, but others did not	9b3 <input type="checkbox"/>
Ran into a few problems	9b4 <input type="checkbox"/>
Ran into many problems	9b5 <input type="checkbox"/>

Please briefly explain the reasons for your choice:

9c. If you did not use PASA for purchasing all/some equipment, please explain why not and describe how the alternative supplier(s) offered better value for money than PASA:

9d. If you have used TDP funds to procure any other Telecare-related services (e.g. equipment checks; response services), please describe and comment on your experiences:

10. Does the information provided capture all of the activity and achievements of the quarter?

Yes No

If No, what else has been achieved?

SECTION F: CONFIDENTIAL INFORMATION (TO BE COMPLETED BY THE PROJECT MANAGER)

NOTE THAT THIS INFORMATION WILL BE CONSIDERED CONFIDENTIAL

11. Is this Telecare initiative continuing in 2008/09?

Yes **No**

If Yes, please can you provide a copy of any documents you have prepared - such as a Business Case – relating to its ongoing funding and operation.

Document(s) attached

No relevant documents

If No, please briefly explain why not.

12. Do you have any plans to roll out telecare further?

Yes **No**

If Yes, please provide details, including specific client group focus, number of additional installations planned, etc.

13. Have you included copies of any other relevant local reports (e.g. on progress, expenditure and efficiency savings) prepared for your local Joint Future Older People's Group and/or other relevant Groups/Committees.

Yes **No**

If No, why not?

14. Do you have any financial information relating to your local telecare service, such as copies of budgets or income/expenditure accounts?

Yes No

If YES, please can you include copies and indicate which monies have come from your TDP allocation (we are particularly interested in how much Partnerships have spent in revenue terms to support their TDP allocation).

15. Have any calculations been made locally of any increases in expenditure required as a consequence of the impact of telecare (e.g. additional expenditure on home care for people who would otherwise have been in residential care; increased spending on respite care for carers of people who would otherwise have been in residential care; additional staff to respond to telecare-related calls to response centre)?

Yes No

If YES, please could you provide this information.

16. Looking back over the first two years of the Telecare Development Programme (i.e. up to 31 March 2008), which local services and/or client groups do you think have benefited most from the expenditure associated with the TDP funds?

Why?

17. Looking back over these two years, which three telecare-related achievements have given you the greatest professional satisfaction?

18. And what have been the three greatest frustrations relating to developing telecare services locally?

19. If you were asked to give some advice to someone about to embark upon developing telecare services in their area, what three pieces of advice would you give them?

20. Please use this space to provide any additional information relating to your TDP allocation during 2006/07 and 2007/08.

21. Please use this space to provide any additional comments about the roll out of telecare, which may not be specific to the TDP allocations.

Thank You Very Much!

Evaluation of the Scottish Telecare Development Programme

Views of Service Users

9. People have Telecare equipment in their homes for many different reasons. Sometimes additional equipment is provided because of changing needs. Please tick the box for the statement that most closely reflects your situation:

I am a new user of Telecare equipment, which has been installed in my home for the first time.	
I have recently had the existing Telecare equipment in my home upgraded and improved.	
I have moved into accommodation (e.g. Sheltered Housing) which already included Telecare equipment.	

10. Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life at present (please tick your choice):

Very good	
Good	
Alright	
Bad	
Very bad	

11. Thinking back to the time before your (most recent) Telecare equipment was installed, do you think that your quality of life now is (please tick your choice):

Much better than it used to be	
A bit better than it used to be	
About the same	
A bit worse than it used to be	
A lot worse than it used to be	

12. Please indicate (by ticking the relevant box) if you agree or disagree with the following statements – if your equipment has recently been upgraded/improved, please compare your situation now with that before the upgrade/improvement:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
My health has been better since the Telecare equipment was installed.					
I feel safer at home because of my Telecare equipment.					
I feel more independent because of my Telecare equipment.					
I feel more lonely because of my Telecare equipment					
I feel more anxious and stressed because of my Telecare equipment.					
I think that my family is less worried about me now that I have the Telecare equipment.					
My family need to help me less because of my Telecare equipment.					

13. For how long have you been using your (most recent) Telecare equipment (please tick your choice)?

Less than 1 month	
1 – 3 months	
4 – 6 months	
More than 6 months	

14. What do you like most about the Telecare equipment (e.g. I know I can contact someone easily if I need to; It's easy to use?)

.....

15. What do you like least about the Telecare equipment (e.g. It goes off too easily; I don't like wearing the pendant alarm)?

.....

16. Please describe any other ways that the Telecare equipment has affected your quality of life:

.....

Thank you very much for taking the time to complete this questionnaire. Please return it (using the Freepost envelope provided), posting it no later than Friday 2 May 2008.

If you have misplaced the Freepost envelope, please return the questionnaire to use (free of charge) at the following address:

**York Health Economics Consortium Ltd
FREEPOST YO405
University of York
Market Square
Vanbrugh Way
Heslington
YORK YO10 5ZZ**

Path & Filename

Typist's initials & date

Evaluation of the Scottish Telecare Development Programme

Views of Service Users' Next of Kin/Carers

I am writing to you on behalf of a Team of researchers from York Health Economics Consortium at the University of York. We have been appointed by the Scottish Government's Joint Improvement Team to evaluate the impact of the recent investment in telecare equipment and services across Scotland. This form has been sent to you by staff working within Telecare services because you are the first named contact at the local Response Service/Call Centre for one of their Telecare service users. Your name and address have not been given to York Health Economics Consortium.

Your views about the effect of the Telecare service are important to us. The information that you provide will feed into a national report on telecare that will be presented to the Scottish Government. A summary of local people's views on the effect of telecare will also be given to the council and health board. In both reports the feedback you provide will be completely anonymous. Nobody will be able to link the information you provide with your personal details, nor will the information you provide be shared with your friend or relative who uses the service. We would be very grateful if you could complete and return the enclosed questionnaire using the Freepost envelope provided by **Friday 2 May 2008**. If you misplace the Freepost envelope, please return the questionnaire to us (free of charge) to the following address:

York Health Economics Consortium Ltd, FREEPOST YO405, University of York, Market Square, Vanbrugh Way, Heslington, YORK YO10 5ZZ

Thank you for taking the time to help us. If you have any queries, please contact Jen Kruger from the Review Team on 01904 433621.



INVESTOR IN PEOPLE

9. What is your relationship with the Telecare service user (e.g. daughter, friend)?

.....

.

10. People have Telecare equipment in their homes for many different reasons. Sometimes additional equipment is provided because of their changing needs. Please tick the box for the statement that most closely reflects the situation of your friend/relative:

A new user of Telecare equipment, which has been installed in their home for the first time.	
An existing user, whose Telecare equipment in their home has recently been upgraded and improved.	
Someone who has moved into accommodation (e.g. Sheltered Housing) which already included Telecare equipment.	

11. Many carers can find it stressful caring for relatives and friends (however much they love them!). At present, do *you* find caring for your relative/friend (please tick your choice):

Very stressful	
Quite stressful	
No difference	
Not really stressful	
Not at all stressful	

12. Thinking back to the time before their (most recent) Telecare equipment was installed, would you say that *you* now feel (please tick your choice):

Much less stressed than before	
A bit less stressed than before	
No difference	
A bit more stressed than before	
Much more stressed than before	

13. What are the main reasons for *you* feeling less/more stressed?

.....

14. Thinking about the amount of time you spend with the person for whom you are a carer, since their (most recent) Telecare equipment was installed has this (please tick your choice):

Increased greatly	
Increased slightly	
Stayed about the same	
Decreased slightly	
Decreased greatly	

15. What do *you* like most about the Telecare equipment (e.g. It gives me peace of mind; I don't have to check that s/he is okay several times a day)?

.....

16. What do *you* like least about the Telecare equipment (e.g. I am contacted much more often than I'd expected)?

.....

17. Please describe any other ways that the Telecare equipment has affected *your* quality of life:

.....

Thank you for taking the time to complete this questionnaire.

Path & Filename

Typist's initials & date

APPENDIX G

Aggregate Progress against Outcome and Efficiency Targets

The data in Table G.1 show the aggregate targets for outcomes and efficiencies in 2007/08 identified by the Partnerships and the aggregate progress against these targets during the year. The targets are those presented in the TDP's Review of Progress & Business Case Update from October 2007²⁷ (see also Appendix A.4) and the information on progress is drawn from the Quarterly Returns.

Table G.1: Aggregate progress against outcome and efficiency targets

	Target for 2007/08	Progress against target (to end Q4 incl YHEC ests)	Percentage
Outcomes			
Reduction in delayed discharges from hospital	437	517	118.3%
Reduction in number of unplanned hospital admissions	1,704	1,220	71.6%
Reduction in number of care home admissions	391	518	132.5%
Number of persons able to maintain themselves at home through receipt of a telecare service (with support)	3,848	5,513	143.3%
Total	6,380	7,768	121.8%
Efficiencies			
Number of hospital bed days saved due to reduction in number of delayed discharges	24,793	5,668	22.9%
Number of hospital bed days saved due to reduction in number of unplanned hospital admissions.	15,111	13,870	91.8%
Reduction in number of care home bed days purchased	76,535	61,993	81.0%
Number of nights sleepover care saved	12,876	11,707	90.9%
Number of home check visits saved	261,506	314,463	120.3%
Total	390,821	407,701	104.3%

²⁷ Available from <http://www.jitscotland.org.uk/downloads/1208777227-1196098447-Telecare%20Programme%20Board%2016%20Nov%202007%20Progress%20Review%20and%20Business%20Case%20Update.doc> (accessed November 2008).

APPENDIX H

Guidance Issued to Partnerships to Support Completion of Questionnaires

Before the first quarterly questionnaires were distributed YHEC issued a document to all Partnerships to provide guidance in completion of the questionnaires. After analysis of the Quarter 1 and Quarter 2 returns it was decided that further guidance was necessary and a document providing instructions for calculating outcomes and efficiencies was issued. The Background Information and Stage 2 forms contained some guidance notes within them (please see Appendix F).

H.1 INSTRUCTIONS ON HOW TO COMPLETE QUARTERLY RETURNS

EVALUATION OF TELCARE DEVELOPMENT PROGRAMME

Instructions for Completing Quarterly Return

The Quarterly Returns need to capture information from all of the Partnerships receiving Telecare Development Programme funding. Each Partnership has identified how it plans to spend its allocation in the Stage 1 and Stage 2 forms. These revealed that the Partnerships are developing a wide range of Telecare services for a range of client groups. As the TDP evaluators, we at York Health Economics Consortium need to collect information to determine the extent to which the broad objectives of the TDP are being met, including meeting core outcomes and delivering core efficiencies. We have tried to make these forms as simple as possible and to pre-enter specific information for your Partnership where possible. Nevertheless, some of the questions may not be relevant to your particular situation – please indicate where this is the case.

When completing the Return, you should also have to hand copies of:

- Your Stage 1 Funding Application Form;
- Your Stage 2 Funding Application Form;
- Your Pre-Return Questionnaire (June 2007);
- Previous versions of this Return (if relevant).

This Quarterly Return comprises five sections: A - D and E. Sections A – D should be completed for each initiative (as specified in you Pre-Return Questionnaire from June 2007). These questions should therefore be completed by someone who is familiar with the initiative. Section E, which covers your local programme as a whole, only needs to be completed once each quarter (preferably by the Project Manager or by someone else with a good understanding of the whole local Telecare programme). When information is being provided about a specific initiative, please ensure the name of this initiative is included in the box above Section A. However, if your local programme comprises only one initiative, Sections A – D only need to be completed once, plus Section E.

If you have any queries about how any of the questions should be completed please contact YHEC by phone (01904 433620) or by e-mail (yhec@york.ac.uk). We will respond to your queries within 2 working days.

Please remember to include copies of any other relevant documents prepared for local use (e.g. Progress Reports; papers from Partnership Committees) with your completed form. Please return the completed questionnaire to YHEC by 17 August 2007. Hard copies can be sent to:

[YHEC address]

NOTE:

The information collected in Sections A – E of this form is of great importance to the Joint Improvement Team (JIT) and will be shared with them. **The information collected in Section F will be considered confidential and will not be shared with JIT.**

SECTION A: THE RANGE OF PEOPLE ASSISTED BY TELECARE SERVICES

This Section focuses on the numbers of people starting to use TDP-funded services during the quarter and their characteristics. If your TDP funds have been pooled with other funds for purchasing telecare equipment and services, please adjust your local numbers to reflect the proportion of funds from the TDP (e.g. if 75% of your local telecare equipment is purchased with TDP funds and 25% with money from other sources, please provide data for 75% of local activity. You could do this by providing information on 3 of every 4 people in your local database. Care should be taken to ensure that the sample is as representative as possible of the population receiving telecare. If you have any concerns regarding generating this sample please contact a member of the research team).

9. Please provide the following information, which should include the aspects described in your funding application(s)

1a. Client Numbers

We are interesting in knowing how many people receiving equipment funded by the TDP were already using telecare equipment (e.g. they may have had a basic telecare package upgraded to reflect their changing needs). We also need to know how many users of TDP-funded equipment have ceased to use it during the quarter (e.g. it may have been allocated for a limited time for monitoring purposes, or the user may have had to move into a Care Home).

1b. Characteristics of New Clients (please enter *numbers* in relevant boxes)

We need to know the characteristics of the new clients so that we can determine the extent to which the use of telecare equipment is spreading to different client groups. Each client should be allocated to one client group only. The total for ethnicity should be the same as the total for Male plus Female and as the total for the three age bands. This total should also be the same as the number in the first box under Question 1a.

1c. Reasons for Receiving Telecare Equipment

People receive telecare equipment for many reasons and we need to get an overview of the two main reasons for its installation. We would also like to know what is the main longer-term anticipated benefit from the equipment (e.g. someone may have had the equipment installed to assess their longer-term needs, with the longer-term aim of preventing permanent admission to a care home). Please use your own judgement when completing this question (and we suggest that you do not spend too long deliberating over your answers). The totals in the bottom row should be the same for each column. These totals should be the same as that in the first box under Question 1a.

1d. Please use this space for other relevant information about TDP-related activity during the quarter (e.g. numbers/types of homes fitted with generic alarm packages; summary of developmental work undertaken by staff funded with TDP allocation)

We recognise that some partnerships are using their TDP funds for other activities, such as running workshops to promote the use of telecare equipment or equipping a Smart house for demonstration purposes. Please use this box to report any such activities, including, for example, the numbers of people attending workshops or viewing the smart house. (If the smart house was equipped during a previous quarter, the numbers viewing it during the quarter in question should be included.)

SECTION B: CHANGING RESOURCE USE AND ACHIEVING EFFICIENCIES

This Section focuses on the local progress you are making towards achieving your stated Core Outcomes and Efficiencies (as specified in your Stage 2 return, plus any revisions made in your Pre-Return Questionnaire). Please note that, where this information is being provided for a specific initiative, we want to know about the target for this initiative (as specified in the Pre-Return Questionnaire) rather than for your entire local programme. This will enable us to do some comparative work across different types of initiative.

If a specific outcome or efficiency is not relevant for this initiative in your Partnership area, please tick the small box on the right above each grid and proceed to the next question. If it is relevant, please complete the required information. *Please state if data are quarter-specific or cumulative.*

If you have local information on costs (e.g. relating to hospital stays; costs per Care Home week; costs per sleepover), please can you provide this. This will not only help us to determine the overall financial impact of the TDP, but it will also be useful for each Partnership as it will help them determine the local impact of the funds on resource use and service delivery.

This question focuses on the following potential savings:

- 2a.** Impact of TDP on delayed discharges from hospital;
- 2b.** Impact of TDP on unplanned hospital admissions;
- 2c.** Impact of TDP on use of care homes;
- 2d.** Impact of TDP on promoting independent living;
- 2e.** Impact of TDP on use of other resources - Number of nights sleepover care saved;
- 2f.** Impact of TDP on use of other resources - Number of home check visits saved;
- 2g.** Performance against other locally-identified outcomes in Stage 2 form;
- 2h.** Performance against other locally-identified efficiency savings in Stage 2 form.

Please ensure that you provide information about progress against all of the Core Outcomes and Efficiencies identified in your Stage 2 return.

SECTION C: IMPACT OF TELECARE ON SERVICE USERS AND CARERS

The Pre-Return Questionnaire asked you to describe how you intend to obtain feedback from service users and carers to meet YHEC's requirements. This question, which may not be relevant for all Partnerships, asks you to summarise any information that you have collected locally from users and/or carers (e.g. via questionnaires or focus groups). Copies of any local analysis or reports will be very welcome. This information will help to provide a richer picture of the impact of telecare than will be obtained simply from the responses to our specified questions.

SECTION D: OTHER INITIATIVE-SPECIFIC ASPECTS

This “catch-all” box should be used to provide any other information about the initiative that informs the evaluation. For example, it may be promoting closer inter-agency working or leading to other service developments. We want to capture as many benefits as possible, including any that may not have been covered in Question 2. You should also use this box to record any negative or adverse aspects associated with the initiative (e.g. problems with staff recruitment).

SECTION E: TO BE COMPLETED BY THE PROJECT MANAGER

This Section is intended to provide an overview of the progress being made by each Partnership during the quarter under consideration. It should be completed by the Project Manager (or by someone else with a good understanding of the whole local Telecare programme). Some of the information – such as that on procurement and the experience of working with PASA – may need to be provided by someone within the Partnership with specific responsibilities for such activities. It is the responsibility of the Project Manager to ensure that this information is included in the return to YHEC.

1. Has information been provided for each initiative within your Partnership?

This question is self-explanatory.

2. Please summarise your aggregate progress against your Core Outcome Statements for 2007/08 (as stated in your Stage 2 form and presented in Question 2 above) by client group

This question requires some thought and analysis! For each of your specified Core Outcomes, we need you to sub-divide your aggregated progress to date against each Core Outcome across the different client groups. Therefore the total at the bottom of each column should be same as the number entered under Progress to Date. For example, your Partnership may have specified a target of preventing 50 Care Home Admissions during 2007/08 due to the impact of the TDP funds. By the end of the quarter under consideration, you may estimate that 40 such admissions have been avoided, and furthermore that 25 were of older people and 15 of people with dementia. This information will show us where the various impacts of telecare are arising.

3. Please summarise your aggregate progress against your Core Efficiencies Statements for 2007/08 (as stated in your Stage 2 form and presented in Question 2 above) by client group

This question also requires some thought and analysis! It leads on from the Core Efficiencies stated in your Stage 2 return – plus the estimated number of hospital bed day saved by through preventing unplanned admissions (as requested in the Pre-Return Questionnaire). As in the question above, it asks you to show both aggregate progress to date against your specified targets and to break this down for each Core Efficiency across the various client groups. For example, your Partnership may have

specified a target of saving 1,000 nights of sleepover care during 2007/08 due to the impact of the TDP funds. By the end of the quarter under consideration, you may estimate that 800 such nights have been avoided, and furthermore that all of these were for clients with a learning disability. The total at the bottom of each column should be same as the number entered under Progress to Date.

4. Use of TDP funds

This question asks you to specify (in £) how much of your TDP allocation was spent during the quarter. This may be from your 2007/08 allocation or from any funds carried over from 2006/07. You should also provide a summary of how these funds were spent (e.g. types of equipment for home installation; upgrading Call Centre equipment; equipment for use by multiple clients).

5. Procurement and experience of using the PASA national framework

We are interested to know about the Partnerships' experiences (good and bad) of procuring Telecare equipment and whether or not they used the PASA national framework for this. The questions are self-explanatory.

6. Does the information provided capture all of the activity and achievements of the quarter?

7. Have you included copies of all relevant reports (e.g. on progress, expenditure and efficiency savings) prepared for your local Joint Future Older People's Group and/or other relevant Groups/Committees?

We welcome copies of any relevant locally-produced reports. You can send these to us electronically or by post.

8. Please use this space to provide any additional information about the use of your TDP allocation

These last two questions are intended to provide you with an opportunity to share any other information about activity and achievements with us. The information that you provide in these two questions will be considered confidential.

**Finally, thank you very much for your help with this!
Please don't hesitate to contact us if you have any queries.**

H.2 GUIDANCE ON CALCULATING CORE OUTCOMES AND EFFICIENCIES

Evaluation of the Telecare Development Programme

Calculating Outcomes and Efficiencies

Our initial analysis of the returns from Quarters 1 and 2 shows that a number of Partnerships seem to be struggling to quantify and place a financial saving on some of the local impacts of their TDP funds. This information is needed by the national evaluation team to enable us to estimate the total financial impact of the monies invested through the TDP. Local information is also likely to be of considerable interest within each Partnership as it will help to inform future local decisions about the use of resources (including possible further investment in telecare services) in the light of expected cost savings for different services.

Undertaking these calculations requires local information about the costs of services. The main source for NHS costs is the *Costs Book*, published annually by Information and Statistics Division (ISD) Scotland. The latest version is *Costs Book 2007* and all of the information in it can be downloaded from the ISD website. Information is available at various levels of aggregation – from specific specialities in each hospital to Scotland as a whole. Table 1 overleaf presents information at Health Board level for 2006/07 for what we think are the three most likely acute specialities where savings can be made in the use of hospital inpatient beds (i.e. general medicine; rehabilitation medicine; geriatric assessment). The table also includes less detailed information on the costs associated with geriatric long stay facilities. Anyone wanting this information for other specialties and/or specific hospitals can find it in the Excel spreadsheet R040 (specialty costs and activity – inpatients in acute specialities, by hospital) and R040LS (specialty group costs – inpatients in long stay specialties, by hospital). These can be accessed from www.isdscotland.org/isd/4434.html#Downloads.

Table 2 shows the average gross weekly charges in care homes for older people as of 31 March 2006. These are shown for each Local Authority for places in Local Authority and Independent Sector Care Homes, along with a total average gross weekly charge across the two types. This information is taken from Care Home Census information published in the Care Homes for Older People section of the Scottish Government's web site.

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/CareHomesOlder>

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/DataCHCharge>

You may be able to find more up-to-date information locally or on other web sites.

Table 1: Selected Cost and Activity Information for Selected Specialities, Scotland 2006-07, by Health Board

NHS Board	General Medicine			Rehabilitation Medicine			Geriatric Assessment			Geriatric Long Stay
	Average Length of Stay (days)	Average Cost per Case £	Average Cost per Day* £	Average Length of Stay (days)	Average Cost per Case £	Average Cost per Day* £	Average Length of Stay (days)	Average Cost per Case £	Average Cost per Day* £	Average Cost per Inpatient Week £
Ayrshire & Arran	4.9	1,541	315	21.3	7,270	342	23.1	5,254	227	1,387
Borders	4.8	1,470	306	-	-	-	30.0	4,886	163	1,294
Fife	4.6	1,593	349	-	-	-	22.8	3,551	156	1,740
Greater Glasgow & Clyde	5.2	1,595	307	24.2	5,630	233	24.9	4,952	199	985
Highland	5.0	1,743	346	37.1	10,093	272	25.6	5,638	220	1,624
Lanarkshire	4.6	1,376	302	-	-	-	15.8	4,404	279	1,206
Grampian	5.6	1,631	292	51.8	12,255	237	22.0	4,030	183	1,455
Orkney	-	-	-	20.6	8,015	390	-	-	-	3,108
Lothian	3.6	1,309	368	59.7	11,357	190	29.5	6,571	223	1,098
Tayside	4.9	1,525	313	60.8	7,519	124	28.9	5,755	199	1,545
Forth Valley	4.3	1,613	377	96.3	9,498	99	11.5	4,643	403	1,105
Western Isles	10.2	2,871	283	-	-	-				
Dumfries & Galloway	4.7	1,798	385	28.1	6,873	245	12.1	2,895	238	2,081
Shetland	5.9	3,251	552	8.1	4,754	589	-	-	-	1,694
Scotland	4.8	1,543	322	31.9	7,144	224	22.4	4,988	223	1,324

* calculated by YHEC by dividing average cost per case by average length of stay

Source: Costs Book 2007

Table 2: Average Gross Weekly Charges (£) in Care Homes for Older People – 31 March 2006

Local Authority	Local Authority	Independent	Total
Aberdeen City	440	477	472
Aberdeenshire	473	460	462
Angus	555	452	462
Argyll & Bute	740	439	485
Clackmannanshire	501	478	482
Dumfries & Galloway	-	393	393
Dundee City	634	439	470
East Ayrshire	364	419	415
East Dunbartonshire	-	511	511
East Lothian	517	500	503
East Renfrewshire	390	482	476
Edinburgh, City of	523	567	557
Eilean Siar	684	-	585
Falkirk	524	437	450
Fife	631	454	477
Glasgow City	453	448	449
Highland	612	442	471
Inverclyde	-	447	447
Midlothian	406	464	451
Moray	-	437	437
North Ayrshire	375	442	438
North Lanarkshire	472	475	474
Orkney Islands	704	-	662
Perth & Kinross	446	435	436
Renfrewshire	465	459	460
Scottish Borders	416	431	427
Shetland islands	1,051	-	1,051
South Ayrshire	451	456	456
South Lanarkshire	276	449	432
Stirling	553	452	452
West Dunbartonshire	448	452	451
West Lothian	374	465	460
Scotland	512	459	467

Source: Scottish Government website – Care Homes for Older People

Impact of TDP on Delayed Discharges from Hospital

You (and other Partnership staff) will need to use local knowledge to estimate the number of delayed discharges that have been prevented during the Quarter due to the use of the TDP funds. You will also need to estimate the numbers of days of hospital care avoided/prevented for each of these clients. For the sake of simplicity, we suggest that you just focus on new TDP clients recruited from hospital during the Quarter. For example, you (and staff at the hospital) may estimate that 3 patients were each able to be discharged a week sooner than they would otherwise have been discharged in the absence of the TDP funds. This would give a total saving of 3 week (or 21 days). We realise that this estimate will always require a degree of guesswork, but you are the best placed people to make an estimate of the associated savings due to telecare.

The costs shown in Table 1 (or taken from other files in the Costs Book 2007) can be used to estimate the value of these associated savings. For example, if you estimate that one client has avoided an additional week in a general medicine bed at £350 per day, another has avoided a week in rehabilitation medicine at £250 per day, and another has avoided a week in a geriatric long stay bed at £1,600 per week, then the associated saving is £5,800 (i.e. $7 \times £350 + 7 \times £250 + £1,600$). If you think that all of the savings are related to less use of general medicine beds at £350 per day, then the associated saving would be £7,350 (i.e. $21 \times £350$).

Impact of TDP on Unplanned Hospital Admissions

The costs shown in Table 1 (or taken from other files in the Costs Book 2007) can be used to estimate the local average cost of a hospital admission. You (and other Partnership staff) will need to use local knowledge to estimate the number of unplanned hospital admissions that have been saved during the Quarter due to the use of the TDP funds. It is important that you estimate this not only for new TDP-funded clients but also for TDP-funded clients recruited during previous quarters. For example, if you estimate that 10 admissions have been prevented for new clients and 20 for existing clients, then your calculations would relate to a total of 30 prevented unplanned admissions. If a local admission costs an average of £1,800, then an estimated total of £54,000 (i.e. $30 \times £1,800$) would have been saved during the Quarter under consideration.

Impact of TDP on Use of Care Homes

You should be able to get information on local costs for a place in a care home from within your Local Authority. This may be quoted as a cost per day, though it is more likely to be quoted as a weekly cost. Wherever possible, you should use local cost data for the relevant time period. However, if you cannot find out local costs, you can use the values shown in Table 2 (you will need to decide which of the 3 quoted values for your Local Authority is the most appropriate).

You (and other Partnership staff) will need to use local knowledge to estimate the numbers of care home admissions (and the associated numbers of days) that have been saved during the Quarter due to the use of the TDP funds. It is important that you estimate this not only for new TDP-funded clients but also for TDP-funded clients recruited during previous quarters. For example, if you estimate that 5 admissions (and a total of, say, 40 weeks of care) have been prevented for new clients and 15 existing clients would otherwise have spent the entire quarter in a care home (for a total of $15 \times 13 = 195$ weeks), then your calculations would relate to a total of 235 prevented care home weeks. If the average weekly cost of a care home admission is £450, then an estimated total of £105,750 (i.e. $235 \times £450$) would have been saved during the Quarter under consideration.

Impact of TDP on Number of Nights Sleepover Care Saved

You (and other Partnership staff) will need to use local knowledge to estimate the numbers of nights of sleepover care that have been saved during the Quarter due to the use of the TDP funds. It is important that you estimate this not only for new TDP-funded clients but also for TDP-funded clients recruited during previous quarters. You will also need to find out the local average cost of a sleepover to estimate the saving in such costs during the Quarter under consideration.

Impact of TDP on Number of Home Check Visits Saved

You (and other Partnership staff) will need to use local knowledge to estimate the numbers of home check visits that have been saved during the Quarter due to the use of the TDP funds. It is important that you estimate this not only for new TDP-funded clients but also for TDP-funded clients recruited during previous quarters. You will also need to find out the local average cost of a home check visit to estimate the saving in such costs during the Quarter under consideration.

Diana Sanderson and Sophie Beale
21 January 2008

APPENDIX I

Feedback from User Surveys

I.1 OVERVIEW

The users' questionnaire (see Section 7 of the main Report) finished with three open questions, which explored what they liked most and least about their telecare equipment and if there were any other ways that they felt it had affected their lives. This Appendix summarises and illustrates the main themes to emerge from these questions. When reading it, it is important to remember that a wide variety of telecare equipment is used by the Partnerships and that the services are provided in different ways. Nevertheless, the responses raise many interesting points which may be relevant to other providers and potential providers of telecare services.

I.2 WHAT SERVICE USERS LIKE MOST ABOUT TELECARE

The first of these questions asked service users what they like most about the telecare equipment. Two examples were given in the question – “I know I can contact someone easily if I need to” and “It’s easy to use”²⁸. Respondents gave a variety of replies, which are summarised in Box I.1. Because of the heterogeneous nature of both the respondents and the types of telecare services being received, no statistical analysis has been undertaken of the responses. Many raise similar points but in slightly different ways and many of the responses echo those exploring the impact of the equipment on people’s quality of life. Although many of the responses seem to be from older people, some are likely to be from adults with physical or other disabilities who no longer need to have their carers with them at all times. Many users expressed their gratitude for the service.

Box I.1: What users like most about their telecare equipment

- Easy to use (e.g. touch of a button);
- Knowing can contact someone easily in an emergency;
- Makes me feel much safer;
- Peace of mind;
- Sense of comfort that it’s there;
- Gives me confidence;
- Feel more confident when I am on my own;
- Less concerned about being on my own;
- Independence (for users and carers);
- More time to self;
- Security (e.g. from bogus caller; night-time entry to home);
- Reassurance;
- Ability to get instant help in an emergency;
- Gives family less concern;
- Don’t have to worry;
- Less worried about possibility of a fire;
- Less worried about falls;
- Staff – pleasant, caring, efficient;
- Reminder to take medicine;
- Equipment very reliable;
- Less pressure on support workers;
- Feel more relaxed and sleep better.

²⁸ Although these were intended to help respondents by illustrating the types of answers that they may give, significant numbers just gave responses such as “Agree with above” or “Yes”.

In addition, many respondents stated that they have “never had cause to use it”.

Ease of Use

Many respondents thought that its ease of use was the feature of their telecare equipment that they liked the most. They particularly liked help being available “*at the push of a button*”:

“It is reassuring to know that should the need arise I need simply press a button, and be in contact with someone who can and will help.”

“I am happier to know as long as I wear my contact I know help is available at the touch of a button. It is a godsend to my age group.”

They also generally found the equipment easy to use:

“Contacting support workers is easier than before. The people who support me are far less anxious about leaving me as they are confident that I can call for help if I need it at any time.”

“Easy contact if I fall (a frequent occurrence).”

“It is easy to use and I know someone will respond quickly. The door entry system is a great help and very safe because of the viewing screen.”

“When necessary, it is easy to contact someone, even during an electricity fault.”

With respect to this last comment, it is interesting to note (see below) that some users found that their systems did not work during a power cut (and highlighted this as a feature that they disliked).

Reassurance

Respondents used a variety of terms to describe the beneficial aspects of their equipment. Many referred to finding it reassuring (or “*a comfort*”):

“Having no relatives living near us we find the telecare equipment very reassuring as we can get help any time of the day or night. My husband has had to use it twice when I have been ill during the night.”

“Its presence alone is reassuring – not bulky, directions easy to follow. I set off alarm (pendant) accidentally by leaning on it and the response team contacted me immediately – very reassuring. The installation of system was carried out quickly, efficiently and politely – not a speck of dust to clear up.”

“Reassurance and security.”

“Unobtrusive. Quick Response. Reassurance. Very friendly and helpful service.”

“I live alone and am elderly and must expect minor heart attacks so the excellent little red button hanging around my neck is a great comfort.”

“It is another source of help should the need arise.”

“Haven’t needed to use it in an emergency. Just the feeling of being supported in an understanding way.”

Feel Safer and More Secure

Others referred to feeling safer or more secure because of the equipment. It is clear that some people have been living (often alone) with fear and anxiety, and that the equipment has helped to reduce such feelings. Some also refer to feeling more independent and confident as a consequence of feeling safer and more secure:

“I feel safer knowing someone will come soon in an emergency. Very helpful staff on the other end.”

“I get it mainly because of my husband’s disability after having a stroke and his dementia. Now he is in hospital long-term and I am alone in the house I feel much safer. So in both cases it has been a boon and I can’t thank the local Council enough.”

“Very easy to use and staff are all very helpful and polite. Since being very ill I now feel much safer knowing help is available if needed. Thank you all very much.”

“I live alone and this equipment is a security. I am not frightened anymore.”

“Because of the security it gives me. I feel if something happens, there’s a “person” there, albeit invisible. I don’t have to wait ‘til people come home. If I fall in the kitchen or outside in the garden, I only need to press the button. It gives security and comfort. It improves the quality of life when it takes away the fear. Before, I was in such a state when I fell. I waited at least four hours before help came.”

“I can contact someone easily and quietly and don’t need to open my door if I don’t want to.” [linked to bogus caller alarm]

“I no longer feel nervous about being alone, because I know someone will be with me soon, if I need help in an emergency.”

“Independence, increased confidence, happy to have it, feel safe – could not sleep – now can (due to equipment).”

“I like it a lot – it makes me feel safe, especially at night. I like the colour and it is very easy to use.”

“I feel that I am accounted for at all times. I can contact someone easily if I need to. I am nearly 80, but in reasonable health. I feel that the telecare system will be of more use as I grow older and less able.”

Feel Less Lonely/Isolated

Several respondents clearly felt lonely, isolated and vulnerable. This may be due to their age, living alone, specific disabilities or some combination of these. Some found that their telecare equipment reduced these feelings:

"I don't feel I am on my own."

"It's nice to know someone cares."

"I live alone and I am 85 years. This is the only contact I have with the outside world directly in an emergency."

"I like the fact that someone is there at the end of the phone for me. The smoke and gas detectors give me peace of mind because I don't have a sense of smell and am deaf."

"I don't feel isolated."

Feel More Independent and Confident

Many respondents commented that the service made them feel more independent and more confident. Some also feel that the equipment that they have should be readily available to all older people (this is also raised elsewhere in this Appendix):

"I feel very privileged to have the telecare service. It enables me to have more independence now that I am getting on and my health is not as good. The alarm (pendant) and smoke alarm and also the blue/white press are excellent. I only wish that all senior citizens could have this installed."

"I feel much more confident to attempt simple tasks using step ladders e.g. changing light bulbs. I can alert the service easily if I need help unexpectedly."

"It gives me a degree of confidence that I didn't have before. If something happens, I know it will get me help in an emergency."

"I know there is someone there, if anything should happen, so I am more independent and not afraid of trying to do things. I have confidence."

Worries about Fire

Some respondents clearly worry about fires, as already indicated by some of the above comments (e.g. users with no sense of smell). A few had direct experience of how the telecare equipment could help in the event of a fire:

"I feel that there is always someone I can get help from. I had a pot which went dry and began to smoke while I was outside my home. The Fire Department were there to help me because of telecare."

"My telecare equipment has been a godsend to me as I live alone and am 84 years old. The latest equipment I received was the fire alarm which goes straight to the alarm office. I now have six smoke alarms! This is wonderful for old people living alone."

"The fact that should a fire or flood arise whilst not at home it will be detected."

Positive User Experience

Several respondents reported on positive experiences associated with using their telecare equipment. Some of their responses (and others included in this Appendix) show how vulnerable many users are, especially to falls:

"I can ask for assistance and know someone will help me i.e. recently they contact NHS24 and I was admitted to hospital – your service was excellent."

"Help arrives quickly when I fall, which is often."

"I like it because they answer very quickly. You don't have to wait long if you require help."

"We feel we have friends at the other end as they are so pleasant and helpful if you need them."

Users with Concerns

However, some users are also aware of its potential limitations:

"I do feel more secure, but I feel if I had another blackout, I won't be able to press that little red button because I had no warning the last time I blacked out."

"Should be alright provided I get time to press the button before landing unconscious on the floor or wherever."

"Yes I can contact someone, but they are too slow to get me to the toilet on time."

"Easy to use, but useless during power strikes."

Reduced Stress for Family/Friends/Carers

Many users commented that they felt that the equipment reduced the stress for their family, friends and (probably professional) carers, which in turn also gave them some time to themselves and reduced their own stress levels:

"Contacting support workers is easier than before. The people who support me are far less anxious about leaving me as they are confident that I can call for help if I need it at any time."

"Giving wife more freedom and allowing client to be alone for a while."

"My wife can now take more time doing shopping, visiting etc, relieving a lot of stress for us both."

"Puts my mind at rest. My daughter's too. And she doesn't need to phone me all the time when she is out."

"I know that there is help without disturbing the family in the first instance. The person at the end of the help line can assure me there is nothing to be alarmed about. I know I only need to press the pendant and not fumble and mis-dial for a member of the family and that is assuring."

Other Comments

Some respondents found their medication reminders useful:

“Very good – know when to take pills.”

“Great – works really well. Reminds me to take medicine. Can’t overdose – just take one pill at a time.”

A few did not feel that they needed the equipment:

“I basically do not understand the need for the telecare equipment because I am very independent before my stroke (sic).”

“My wife and I already have the benefits of the Local Authority’s warden service, which is situated in our complex. At this point in time we have found no obvious benefits from telecare.”

Another respondent commented that costs had been reduced due to the telecare equipment:

“Reduced sleepover to zero. Reduced care cost.”

Finally, the following quotation shows how the equipment can simultaneously influence several dimensions of a user’s life:

“1) I know if I need urgent assistance someone will know. I am a nocturnal epileptic and am unaware when I have a seizure but the sensor pad on my bed will trigger and get me help. 2) Care call means I can live alone in my own home independently. 3) My family can be secure in the knowledge I am safe and monitored. It has relieved a lot of stress from their lives.”

I.3 WHAT SERVICE USERS LIKE LEAST ABOUT TELECARE

The second of these questions asked service users what they like least about the telecare equipment. Two examples were given – “It goes off too easily” and “I don’t like wearing the pendant alarm”. Respondents gave a variety of replies, which are summarised in Box I.2. Because of the heterogeneous nature of both the respondents and the types of telecare services being received, no statistical analysis has been undertaken of the responses. Many raise similar points but in slightly different ways and many of the responses echo those exploring the impact of the equipment on people’s quality of life.

Box I.2: What users like least about their telecare equipment

- Many negative comments about neck pendants (and a few about wrist/bracelet pendants);
- Wearing the pendant all the time (some respondents do not seem to wear them at all);
- Worried that it can easily go off accidentally;
- Goes off too easily;
- Impact of power cuts;
- Equipment can be noisy;
- Can feel “silly” testing the alarm;
- Equipment can be over-sensitive (e.g. falls monitors);
- People with hearing problems cannot hear what is being said;
- Can be very confusing for those with dementia (e.g. when the box “speaks”);
- Equipment not always reliable;
- Response can be slow when equipment activated.

In addition, many respondents stated that they had not experienced any problems.

Dislike Wearing Pendant

The greatest number of comments related to wearing the neck pendant, and the following quotations illustrate some of the frustrations associated with this piece of equipment:

“I don’t like wearing the pendant alarm as it goes in the water at the sink when I am doing the dishes.”

“Wearing the pendant when I have my meals – for instance, if I am taking soup the pendant tends to go into the soup bowl, so I have to be careful.”

“It goes off if you’re wearing the pendant if you accidentally touch against anything – for example if opening and closing window. It’s costing quite a bit in my phone bill, but it really makes me feel safe. But I don’t like wearing the pendant.”

“I drop my book on it. I didn’t want to wear the alarm. It seems a long time to answer the call and a bit quiet to hear.”

“Pendant sometimes irritates my neck – but the benefits of wearing it far outweigh the irritation.”

“The nylon strap irritates me.”

“I don’t like wearing the pendant – it is old fashioned.”

“It is hung around my neck. It goes off easily. I like to read but worry about pressing the button when in that position. When I get up, I could press the button accidentally. If I had it on my wrist I’m less likely to bump into it. Neck pendants dangle over what I’m doing so that I need to swing the cord to the back.”

Several people raised issues associated with the night-time use of their pendant:

“The fact that I cannot wear it around my neck at night.”

“I don’t like wearing the pendant alarm when in bed.”

“I like the system – only fault is I just wish that perhaps the pendant could be in some way lit, I keep mine at bedside at night when I take it off. If the pendant could be made to light at night it could be easily found in the dark.”

As a result of disliking their pendant, some users refuse to wear them (though some claim to have theirs with them at all times):

“I don’t like wearing the pendant but I keep it beside me all the time.”

“I don’t wear my pendant alarm.”

Some users have had their neck pendant replaced with a wrist alarm – given the frustrations many people seem to experience with the neck pendants, it is perhaps surprising the wrist alarms are not supplied more widely:

“I do not like to wear the pendant alarm. I like the wrist alarm best. I also find the fall monitor alarm useful.”

“Nothing really. I don’t like wearing the pendant, but it was arranged for me to have a bracelet instead. This was arranged without fuss. It is more easily set off by mistake, but I was assured this did not matter as long as I was alright.”

However, as the above comments suggests, wrist alarms also have their limitations, and may not always be a suitable alternative:

“I was wearing the alarm button around my wrist and have set it off unintentionally a couple of times – now I wear it round my neck.”

For some users wearing their alarm has become part of their daily routine:

“Nothing – when I dress in the morning pendant goes on under cardigan, comes off at night, stays on bedside cabinet till morning, goes on as I dress – becomes a habit!”

A few respondents disliked the way that wearing a pendant made them feel:

“The neck pendant feels bulky around the neck. My grandchildren are curious and I keep telling them “don’t touch”. I feel like a dog with it around my neck.”

“Security – I do not like wearing the pendant as this lets everyone know I’m in need of help.”

“I don’t like wearing the pendant as I feel very aware of it and it makes me feel hemmed in.”

Reduces Independence

On a similar theme, although many users feel that their telecare equipment makes them more independent, some feel that their independence is reduced:

“I feel I’m being tagged and my independence compromised. Even though I have the wrist pendant on 24 hours faithfully.”

“It interferes with my independence.”

“I feel that I have lost my independence as I press the away button I sometimes forget and feel I have been a nuisance when the response/control centre phone a family member to enquire if I am alright.”

Users with Impairments

Although telecare equipment is often used by people with mental and physical impairments, they can sometimes find it problematic:

“I am completing this evaluation on behalf of my mother, who has dementia. My mother is unaware and does not understand how to use the equipment. If she sets the alarm off accidentally, this causes her great distress.”

“I’m deaf and in the event that I have to use it I have no idea what the person on the other side of the phone is saying to me.”

“I am hearing impaired. The equipment is in a downstairs back room. If I press the pendant while upstairs in (say) bathroom, I cannot hear any response. I am not supposed to use my hearing aids during sleep.”

“Wearing the alarm is not ideal, but better than no alarm. I’ve not always reset the alarm quickly enough on entry, thus creating an unnecessary call. However, I’ve asked for it to be adjusted to avoid such false alarms – I can’t speed up!”

Problems with the Equipment

Many respondents had experienced problems with their equipment. Some had found it to be very sensitive and activated too easily, whilst others found that that it was not sufficiently sensitive for their needs:

“I think it breaks down too much.”

“I can only wear the pendant as the other alarm for wearing on my trousers was too sensitive.”

“Bed monitor never works ... and slow response from Community Alarm Service (and can never get them on a Saturday) – and screeching noise from emergency button on box upsets the kids.”

“Telecare equipment has caused me a lot of stress and anxiety because it was activating on a daily basis. At this moment considering having all equipment apart from base unit and one pendant taken away. All telecare equipment uninstalled at the moment. Also felt I wasn’t understanding how the equipment worked as it wasn’t explained on installation.”

“Equipment wasn’t sensitive enough to pick up my fits.”

“Very sensitive. As I have bad arthritis the gentleman who installed it kindly put a plastic cover over the red button to enable me to use it easier, but it is very quick to operate. I don’t like wearing it, but it is always to hand.”

“I’m worried that it may go off in the late evening or night time as I would be very frightened by the noise.”

One respondent provided some practical advice:

“Just don’t dust it.”

Another had some problems with a medication dispenser:

“Lids break easily – easily comes undone, lose pills.”

Some users raised other issues about the equipment:

“Actual unit is so big and ugly-looking. Don’t hear people from care line if I am in another room other than where the unit is fitted.”

“I haven’t found anything too drastic, except when you are putting the alarm off I find the buttons are very small to press on the machine.”

“The sensors are fixed to the ceiling with double-sided tape. Both have fallen off the ceiling.”

“There was a mess with all the wires. Took a while to sort them out and conceal them.”

Problems Associated with Power Cuts

Several respondents from a relatively rural area had experienced problems during power cuts:

“Annoying when I have a power cut, seems to make a lot of noise. No instructions on what to do in event of power cut. I am blind so difficult to use when it has to be reset after power cut.”

“We were surprised when it spoke and told us we had no mains electricity. We have quite a lot of power failures in our area so are used to it now.”

“It makes noises and speaks when there is a power cut (actually this bothered me only the first time it happened – it was spooky and mystifying).”

“Power cuts – we have had quite a few this winter. This makes the battery low signal sound and an automatic dial up after so many hours which gave us an even greater disturbed sleep.”

Need for Information

Several respondents would have liked to have been provided with more information about how the system worked:

“Told nothing on installation – a brief account of how the system worked would have been useful.”

“A more detailed card explaining all the features and use of the system to show to the family.”

Another felt that their equipment (including the speed of response) did not perform as expected:

“Telecare equipment is mostly very sensitive. I consider that necessary and positive. I am concerned about the pace of response to ‘pressure mats’ and to the verbal response which does not correspond to that agreed at point of ‘order’ of equipment.”

Concerns about Being a Nuisance

A number of respondents were clearly anxious about setting their equipment off unintentionally, sometimes to such an extent that it affected what they did:

“I feel I can’t have a sleep in the afternoon or have a really early night in case I am called as there has been no movement. Should I press the away button in such circumstances? If I sit in the garden, again I would worry in case I was called for no movement.”

“My smoke detector goes off too easily. I know it’s for my own good, but I cannot fry anything.”

“Some visitors get anxious about stepping on it and thus making the alarm go off. Sometimes feel like you are a nuisance when the alert centre calls for non-emergency situations.”

However, many users also commented on the friendliness and helpfulness of the staff at the call centres, so it is probable that users were concerned about being seen to be a nuisance rather than having been made to feel that they were a nuisance.

Concerns about Key Holding and Responders

Some users raised concerns about their local key holder situation and/or the type of responder service:

“I don’t like having to rely on friends/relatives to help me. The telecare system needs to be backed up with a team to provide help and assistance – not rely on key holders.”

“Nothing I dislike about it. Key holder situation is what I don’t like. I’d prefer to have a safe box for the key if this means someone coming out from the contact centre to help me.”

"I thought when my husband fell at the bathroom door and I pressed the button for help, someone would come to help. Instead, they phoned my daughter, who had to get her child in the care and come through. I could have phoned my daughter myself. I was told that wasn't what it was installed for, they phone the keyholder."

One user clearly thought that the alarm system would work over an extended area:

"It does not work outside, if I go more than 50 yards from the house. This means that if I visit a friend, go out for a walk (we live in the country) or go for a trip in the car (shopping, beach etc) the alarm system does not work. This is a major and surprising defect in the age of the mobile phone."

Other Comments

Several other topics were also raised. Relatively few users commented on the costs, even though many of the Partnerships are levying small weekly charges (see Appendix N):

"Having to remember to wear it and paying for it!"

"The additional cost added to those already in place because of multiple health problems e.g. hearing and appliance provision."

Other comments included:

"Children love to press the red button and see the light come on."

"The new telecare equipment is of little use."

"I don't like having to be put through to Galashiels and I hope you may have a call centre nearer soon." (Scottish Borders resident)

The following comment echoes a point made by some other respondents who live in accommodation on two floors:

"Cannot speak or hear the telecare if I am upstairs. Could do with it upstairs as well."

The final comment in this sub-section probably summarises the main worry of many users:

"The fact that I may need it."

I.4 OTHER POINTS RAISED BY SERVICE USERS

The final open question on the users' questionnaire asked respondents to describe any other ways that the telecare equipment has affected their quality of life. Many respondents repeated points that they, or others, had raised when asked about what they like best. The main types of response are summarised in Box I.3. Most of the supporting quotations are included because they provide a valuable insight into the lives of many telecare users. Some also show how grateful many users are for the service.

Box I.3: Other impacts on quality of life

- Feel more secure;
- Feel safer;
- Feel less afraid;
- Boosts confidence;
- People involved are very pleasant and helpful;
- Potential lifesaver;
- Can provide reassurance for those who have experienced domestic violence.

Potentially Life-Saving

More than one respondent felt that the equipment may have saved their life:

“I think it probably saved my life as I had collapsed and could not get up. I would have been lying on the floor all night until someone would call. I was seen to very promptly and had to go to hospital for a few days. I really feel much safer now with the telecare equipment.”

“I left a pot on in the kitchen and it boiled dry. Without the alarm I may have lost my life.”

Reassurance to Service User

Several stressed that the equipment provided them with reassurance. Those users with home/away systems said that they provided them with peace of mind when they were out of the house.

“I feel a lot safer as we have some dodgy neighbours and I know I can contact someone right away.”

“I feel when people know the telecare equipment is installed it acts as a deterrent and people will not be so keen to do damage.”

“I feel less cautious at all times, especially during the night. My sister who lives with me is very happy with it also.”

“Feel more secure and can go about my own home.”

“I do feel safer knowing that it’s just the touch of a button that can bring help. It is also easy to use and with the wrist band button I cannot really set it off accidentally.”

“The door entry system is a great benefit and very easy to use. The home/away button is an excellent idea and provides peace of mind when away. The pendant is an easy and quick way to summon help when needed. I have nothing but praise for the system, which was quickly and efficiently installed and I am very grateful to have it.”

“If I don’t feel well and don’t move about for a while someone comes on the machine to see if I am alright, which makes me feel safe and that someone

really cares enough to ask about me. My sons live in New Zealand and I have one sister who lives quite near me but doesn't keep well. So I am really grateful for this service."

Reassurance to Family/Carers

Several respondents commented that they felt that their family, friends and carers also appreciated the telecare system:

"My wife always worried about leaving me in the house alone as I am blind but now she can go out for the day with peace of mind that any problem I have – medical or general accident – that I cannot see to solve myself, I can get help."

"Equipment has given me reassurance that I can obtain assistance at any time as needed whilst remaining in my own home in the community and to maintain my independence. Equipment also provides reassurance to my family who do not reside locally."

"I think my neighbours feel more relaxed when they know I can contact someone. I also feel safer at night time in case of burglars."

"Myself and my supporters are less anxious when I am alone or at night. My equipment has meant that I can have time to myself and am still able to summon assistance when I need it. The equipment has meant peace of mind for myself, my family and those who support me. I have more freedom in my every day life."

"It has helped me to be more independent – I am not depending on my family and friends to run to my assistance. The staff are so pleasant and understanding and seem to take your age and requirements into consideration at all times."

"Made me feel more secure. Carer went to church for first time last week for some time."

Able to Stay Living in Own House

Several users felt that their equipment had enabled them to stay living in their own home:

"It has let me stay in my own house on my own at times when I don't think I would be able to without it"

Increased Independence, Confidence and Feelings of Safety

Many respondents stressed that the telecare equipment had increased their independence and/or their confidence and some clearly feel safer because of it:

"Glad increased independence. No more staff sleepover – got place to herself. Very good service."

“The fact that I have help, around the clock, at the push of a button is a tremendous boost to me and gives me the confidence to regain my independence to a greater degree than I have had in years. It is wonderful just knowing that if I am out of the house, it is being monitored and on my return, with the push of a button, my safety net is back in operation. Thank you.”

“I was losing confidence in myself – the equipment added to the return of some of that confidence.”

“I am confident enough to cook healthy meals instead of only sandwiches.”

“Quality of life improved. Got confidence because it is there. Can contact people straight away. No need to contact NHS24 anymore.”

“It has made me more independent and I know if I fall, I can get help. I feel secure in the house, even though it is an invisible “person” from the box. I can press the button and knowing I’m not alone. I get quite panicky if I’m alone.”

“If I get confused and wander out, I know someone will be called, and therefore I feel safe. However, sometimes nervous about opening or locking my door as I know it will set off the alarm.”

“I do feel safer. Without it I would live in fear. All well for last six months, but I may need it some time in the future.”

“I have peace of mind now since I got the alarm and my family are very pleased. I can go into the garden and feel safer.”

“It has given me more confidence and feel more relaxed. Going out more to the local shops – e.g. being more independent.”

“1) I know if I feel vulnerable such as answering the door to strangers that I can trigger care call to listen in for my safety 2) It has provided me with the ability to live independently 3) It means that the people who attend me during or after a seizure have more experience of such circumstances than my family and can remain emotionally detached.”

Negative Experiences when Not Had/Used Telecare

Several respondents provided powerful examples of situations they had experienced before and/or since becoming a telecare user. Some of these clearly illustrate how vulnerable many people are, especially if they live on their own:

“My relations are all in England and this makes them feel easier. I fell in my bedroom and lay for three days before my cousin found me and that was when I got the alarm.”

“After having been burgled twice and a con man under the pretence of being a Council worker came into my house and stole my money and jewellery, I feel confident with my alarm, knowing I can speak to someone immediately when these problems arise.”

"I am really glad I have my telecare. I am happy to know there is help at hand. I was on holiday and my husband was at home and he fell and cracked his spine, which damaged his spine. He lay for six hours before help came but he died before he was found – we had no telecare. That is why I am grateful for it now."

"It is a fantastic invention for people that live on their own and have mobility issues. I have had a number of serious falls in the past and have been unable to get back on my feet. I know that I can press a button for help so have less of a fear in doing things around the house."

"Once I called the help line when I had severe pain. They advised me to go to the hospital and offered to call an ambulance or a friend to take me. When I reached the hospital my notes were in A&E – I was very impressed."

"I have fallen a few times in the bathroom and the alarm has enabled me to get quick help. I fell and broke my arm and when the carers have been misled about timing I got help by using my pendant. It is the best thing since 'sliced bread'. Thank you."

"Have not used it previously though I now realise how foolish I was not to do so when I fell – will do so in future."

"I feel that I'm more secure as a result of telecare. I seem to have trouble with my back as was crawling around on the floor for over an hour because I couldn't reach the phone. I fall now and then and I don't seem to have the energy to get up again, so it helps a lot that way."

"I have recently had major surgery and felt secure on my return home knowing I had full support 24 hours per day."

"After the doctors were fighting for my life in February 2007, I feel safe and secure that someone is always at the end of the line and that in itself makes me more confident. A very big thank you to all staff."

"It has given me a better feeling of safety knowing that when I press the pendant, things will happen quickly. I have pressed the button inadvertently, but everyone has been so polite and I didn't feel like a fool because of it."

Can Help With Some Age-Related Problems

Several respondents raised problems associated with growing older. Views were mixed, however, on the extent to which telecare would improve their quality of life:

"At the moment I am still fit enough, so my life is not affected too much. I am sometimes worried at night, in bed, about my breathing or my pulse. The equipment is very reassuring. When I am out I also feel more secure that there is this watch in my home. I imagine that getting older it will give me more of a feeling of security."

"The alarm system provides an increased level of confidence and helps to alleviate some of the effects of age and disability. I see it as a positive use of technology to the benefit of my wellbeing and lifestyle. I'm grateful for its presence."

“The Community Alarm does not have any effect on the quality of my life – age and my state of health do that.”

Dislike Arrangements for Keyholding

Some respondents clearly dislike having to rely on their keyholders:

“This makes me dependent on the keyholder. I am more obliged to my neighbour who holds my key. I would prefer for my key to be in the charge of the call centre.”

“It has improved my quality of life. Feel more secure now I have the alarm. Not happy only because of the key situation. Last time I got my keyholders out of bed to come in here to help me.”

Value for Money

Some users resent needing to pay for their services, whilst others see it as providing good value for money:

“None other than that as you age your medication, eye testing and other medical interventions are all supplied free of charge. This also happens if you are in receipt of disability living allowance. Likewise all mobility equipment (sticks, elbow crutches, zimmer frames and wheelchairs). Yet pendant alarms are £4 per week (£208 per annum) despite limited fixed income.”

“It is a wonderful thing. It is worth the money just to know that help is near.”

Other Comments

The following comments have been included because they raise a number of specific points, some of which may be relevant to those thinking of investing in or extending telecare services:

“What I had before is very good – the new addition is a waste.”

“Want the old unit and button back.”

“It hasn’t made the slightest difference.”

“Very poor/non-existent back-up compared with previous local authority – technical back-up fine.”

“It reminds me to go to bed at night.”

“It helps me to go to bed early so therefore I get more sleep. This helps me during the day because I am not so tired and am able to stay awake and get out and about.”

“As I have brain damage, it is sometimes difficult for me to remember telephone numbers that I may need in an emergency. I know I have got to press the button and I will be linked to help should an emergency arise.”

“It has helped when my wife goes out for a short time – if I was to fall I could press the pendant alarm and help would come, so I feel less anxious with it installed. However, it would be of no use if anything happened to my wife, who will be a pensioner soon, I could not live alone as I am too frail and my balance is bad. To benefit from telecare equipment you have to have reasonable mobility.”

“Given me peace of mind. Not easy to use when I get an attack of sickness/giddiness.”

“I feel it would help me better if the machine was upstairs.”

“I do wear my pendant if I go out in the garden – I could fall on the steps – but I keep going indoors so that the sensors pick up movement and this worries me at times. I am also an ME sufferer and have to occasionally spend a day in bed and I feel I don’t get the proper rest as I get up to make sure the sensor picks up movement. I was told to phone in and say I was spending the day in bed but if it is a bad bout I can be quite felled.”

APPENDIX J

Feedback from Informal Carers

J.1 OVERVIEW

This Appendix comprises a sample of the comments made by carers in the YHEC carers' questionnaire (see Section 8 of the main Report). This questionnaire finished with four open questions. The first of these asked the carers for the main reasons why they felt more stressed or less stressed. The final three questions mirrored those asked of users, and explored what the respondent liked most and least about the telecare equipment and if there were any other ways that they felt it had affected the quality of their own lives.

Respondents gave a variety of answers to these open questions, and the included quotes are intended to provide examples of the topics that they raised. Because of the heterogeneous nature of both the respondents and the types of telecare services being received, no statistical analysis has been undertaken of the responses. Many raised similar points but in slightly different ways. When considered together, they provide a rich insight into the lives of many carers. They also show how demanding and stressful a carer's role can be.

J.2 REASONS FOR CARERS FEELING MORE/LESS STRESSED

Having been asked whether the telecare equipment had resulted in them feeling more stressed or less stressed, they were asked for the reasons behind their answer. These are summarised below.

Know Help will be Available Quickly and Easily

Many carers felt less stressed because they knew that help would be provided quickly if necessary and that it would be easy for the user to request:

"Since telecare equipment was installed life is much less stressful knowing help is at hand should she require it."

"Next time mother falls help will be summoned much quicker."

"I know my friend can easily get help if necessary."

"Before installation of equipment I worried more because I live a distance away – now I know someone is at the end of a phone for him should my dad need it."

"Just knowing that with a press of a button there is help. People do not always manage to dial a phone number."

"Knowing my mother can raise the alarm should she fall and require assistance is a great relief as she lives on her own. I know she won't lie for hours before help is summoned and I know as soon as anything happens."

"[NAME] has had falls and lay 'til someone came to see him and it could have been a few hours. Also he has collapsed with heart problems and had to cry out of the toilet window till someone heard him and called an ambulance. Now I know he can just press his wrist band and he has contact with someone instantly, which is a big weight off my shoulders."

“Knowing my husband can call for help – always assuming he hasn’t fallen or whatever and bumped his head or is unable to push the button – weakness in his hands/fingers and balance could mean not able to use in emergency.”

“My mother is on her own overnight and prone to falling. Sometimes she lies on the floor for hours if she can’t press the community alarm button. The telecare system installed in her bed has been triggered once and the team were out within the hour. I feel relieved at this. I feel she is less vulnerable, so I am less worried.”

“She knows what to do should she fall or have an accident. She’s very happy with it and we have peace of mind, especially at night – I think it’s a good piece of equipment.”

Help Always Available

Other carers particularly liked the service being available at all times:

“It is comforting to know that there is someone at the end of the alarm who can initiate action on a 24 hour 7day/week basis. I cannot provide that, nor can the rest of the family. We do our best to ensure our availability but the service provides the only comprehensive solution.”

“Knowing my family have 24 hour monitoring if any problem arises. It is comforting to receive a call to ask if my parents are OK when they can’t detect activity in the house.”

“Just knowing help is on hand 24 hours a day. The call team are very helpful and friendly.”

Carers Feeling Supported and Reassured

Other reasons for carers feeling less stressed included feeling supported and knowing that help will be provided (or that they will be alerted) if necessary:

“I now know that there is someone besides me involved in looking after my mother.”

“I don’t have to keep on checking her out every five minutes.”

“My friend can call if in distress as she lives alone and is a very private person. She also has problems with her mental health apart from other mobility and alcohol problems.”

“I now know that a close neighbour of my mother may reach her first if I am at work and can’t get to her quickly.”

“The range of products is amazing and it’s great to know what is available to keep people in their own homes for as long as possible.”

“Peace of mind, more time to myself, less stress, not intrusive.”

Taking a Break from Caring

The quotes below illustrate how demanding and tiring it can be to be a carer, and how much they appreciate being able to take a short break from time to time:

“I can leave my husband very occasionally for a short period (normally 1 – 1¼ hours) to go to the shops or for a cup of coffee with a friend.”

“Can now go out for an hour or two knowing my daughter just has to ‘push a button’ if she is in any difficulty.”

“My mother is full-time carer for my father so the stress is mainly on her shoulders. The family as a whole, I think, feel less stressed as my mother can get a break for a short time knowing my father has the alarm should he have a fall.”

Knowing the User’s Whereabouts

Several carers look after users who tend to wander, which can be very stressful for the carers. They find it very reassuring that the telecare equipment can be used to alert them if this happens:

“Mother’s general health has improved. She now has carers three times a day. The care call system helps to give peace of mind that if she does wander out at night I’m alerted at once.”

“We now get contacted when wandering alarm is activated, thus we can respond. Prior to this, we were unable to know when Gran was outside and at risk.”

“I feel less stressed because I know when he gets out of bed.”

“My daughter would go outside without my knowledge and she would put herself at risk. Now the door makes a noise so I am aware when she goes out.”

“The system has given myself and my brother a bit of peace of mind and enabled my mum to stay at home longer. We are now desperate to use the awaited satellite tag system on her. My mum will not use the pendant and I would strongly recommend a watch type pendant be developed to ensure it’s always available for use.”

People with Dementia

Although telecare equipment can be used to help some people with dementia remain living in the community, they can find it difficult to operate and/or understand. However, some types of equipment – such as smoke detectors and extreme heat sensors – can be particularly helpful for people with dementia:

“I feel my mother is quite frightened by the equipment. She does not know how to operate it and finds it difficult to understand.”

“As my husband’s dementia symptoms progress I am increasingly concerned about his safe use of electrical/gas appliances in the house. I am satisfied that the warning devices linked to telecare will both alert him and emergency services as appropriate.”

Worries about Fires

Several carers expressed anxieties about fires, and felt that telecare users will be safer because the equipment will ensure that the relevant services are alerted quickly:

“Knowing that if whom I care for sets the house on fire again, help will arrive more quickly than it otherwise would without the telecare equipment.”

“Knowing that my mum’s alarm will be activated if there is a fire or if she leaves her gas cooker on.”

Promotes Independence of User

Parents (or other carers) of young people or adults with learning disabilities have found that telecare equipment can safely give these users greater independence:

“Our son is able to be left unsupervised in his own environment more, promoting his independence and the family’s ability to step back more.”

“The knowledge my daughter has the independence she craves whilst knowing that she has the means to summon assistance.”

Helps Carer to Continue to Work

Carers may be able to continue to work because of the telecare service (this point was also raised in other responses in the carers’ questionnaire):

“Because of the fact that I do shift work, including sleepovers, I know now that should my mother fall or require emergency response, the service will be there. Really, it gives me peace of mind when she’s on her own, which is most of the time.”

Users May be Reluctant to Use It

A consistent theme throughout some of the responses to the carers’ questionnaire was the frustration felt by some carers (generally sons and daughters) because their parents would not use the telecare equipment with which they had been provided:

“My parents won’t use it and did not tell me or my brother that the equipment had been supplied. My father had another hospital admission that might have been avoided if they had used this equipment instead of phoning 999.”

However, sometimes the user’s resistance ceased over time:

“After an initial reluctance to accept help from strangers my mother now makes use of the service with confidence.”

Some Negatives

Some carers, however, felt frustration and/or anxiety because of difficulties getting the telecare equipment or because of the demands of caring for relatives requiring frequent support. It was also mentioned that not knowing what they would find when they reached the user's home having been alerted that there was a problem was also stressful:

"The difficulty in getting support in the community and the extremely extensive lead-in times for any type of care! We were quoted a 25-week lead-in time for assessment of a 90 year old. We are as carers saving you thousands of pounds on a day-to-day basis."

"As my sister falls quite a lot, the stress is very worrying, especially during the night, when we have to go to her not knowing what we are going to find if she has had a bad fall."

"My father is 83 years. He has spells of lack of oxygen to the brain and he does not know where he is. He phones me 30 times a day."

J.3 WHAT CARERS LIKE MOST ABOUT TELECARE

Peace of Mind

Many carers felt that the telecare equipment gave them peace of mind (possibly because this phrase was included as an example within the question). Their responses show that their peace of mind has been improved for many reasons, but some also suggest that caring can remain stressful:

"It gives me and my family more peace of mind. When we are all in bed at bedtime I now put on the equipment and sleep better knowing that she is safer and if she goes outside or opens the door I would know."

"It gives the family a bit more peace of mind – however, caring is always stressful."

"Gives peace of mind and has given him a new lease of life. Going out more now."

"What I like about telecare is that I don't have to phone her as much."

"Peace of mind knowing if there is no movement in the house somebody would contact me right away."

"It does give me peace of mind because I will be alerted should she have an accident. I don't have to worry about her setting the house on fire and burning down her neighbours' houses too. It allows her to live in her own house so I don't have the unpleasant task of trying to persuade her to move house and/or find her accommodation in a more formal setting."

"My dad is deaf without his hearing aid and has lost his sense of smell. Now he has a vibrating smoke alarm and gas detector it gives me more peace of mind."

“Gives me peace of mind but it also gives him a great confidence boost as he feels safer and not so scared to be alone (especially at night).”

“It gives me a certain amount of peace of mind knowing that she can call for help if she suffered a fall etc, but obviously other worries are still present e.g. stroke, heart attack, where physically she could not contact someone if losing consciousness.”

“It gives me peace of mind. Especially after my final evening visit. I know my mum just has to press her pendant and the wheels are set in motion. The team are helpful and friendly. My mum got a phone call from them when it was her birthday. Now that’s nice!”

“As well as giving us peace of mind, it allows my mother to remain independent, which to her is very important. She felt she was a burden (not true) and hated us coming in all the time as we had done when she was first poorly.”

Acceptability to User

The telecare equipment is only as good as the users let it be. Clearly some are resistant, but some of them seem to have accepted that their equipment is intended to improve their lives:

“It is a very good concept – but ensuring the person wears it is another story altogether.”

“It could help if they would use it.”

“I am hoping that if she does fall or needs help she will use the equipment to seek help. I cannot phone her regularly as this often results in angry exchanges. Telecare is the first form of support she has been willing to accept.”

“It’s knowing that she can call you and also the telephone link. She knows that she has to answer calls now, as before she would not answer the phone. It has also given her confidence and self-esteem knowing she’s not alone and she has not been admitted to hospital since she got connected – less strain on NHS services.

Less Need to Keep Checking User

Many carers felt that the telecare equipment meant that they needed to check the user less frequently, for a variety of reasons. This could be of benefit to the users and the carers:

“It’s good to know that if she needs assistance she just has to press the button and I’ll be there in a few minutes, so that I don’t have to keep checking.”

“It makes my neighbour safer and more secure and allows her to live in her own home on her own terms. It means I don’t have to keep popping in to check on her, which allows us both more freedom!”

“I don’t have to check as regularly as before the equipment was installed – this enables me to concentrate much more on my work.”

“I do not have to check constantly that my father is still in bed. The alarm system installed lets me know within a few minutes which gives me great peace of mind.”

Helps Keep Person in Own Home

Some carers feel that the telecare equipment has helped the user remain living in their own home (a point that is also raised elsewhere):

“The operators have my mobile phone number so that even if I am away I could give advice and alert the necessary services in the case of a problem. My relative has no other family nearby and it has allowed her to remain in her own home, which is very valuable to her.”

Service User Feels Safer

A few carers (possibly professional carers) liked the fact that the equipment helped the user to feel safe:

“The service user said she feels happier in her flat knowing she will be alerted in the event of a fire. She has previously had a house fire and is quite nervous.”

“The thing I like most about the telecare equipment is that it keeps tenants safe. It also has given us a truer picture of how many seizures the tenant we support is having. We have found that s/he has seizures during the night – this was not something we were aware of before we had the equipment.”

An Emergency Service

Another carer felt that the service would only make a real difference to them if an emergency occurred:

“I view it as an emergency service, therefore day-to-day it makes no difference really. I suspect in an emergency it’s that extra chance of contacting someone and it is manned 24/7. Appears reliable and service good.”

Carer Able to Do Other Things

Many carers liked the fact that the telecare equipment could give them more time to themselves or more freedom within their own home:

“I am quickly aware of her movements about the house. Since the movement sensor is portable, I can place it in the room with her and be alerted to her movements instantly, even though I am somewhere else in the house or nearby garage etc.”

“I know someone will call if there are any problems. I can therefore have some time to myself and she can continue to have her independence.”

“It means I do not have to go in and remind him to go to bed; he hears the instruction from the voice machine and goes to bed. We hope in the future this will give the tenant a better quality of life because he won’t be so tired during the day.”

“As long as husband wears and can operate equipment it means I can be away a little more – gives a little bit more physical and mental freedom.”

Other Comments

Carers also gave several other reasons for liking the telecare equipment:

“I still phone and visit dad as I did before, but it is comforting to know there’s back-up for him.”

“Local alert team seem well trained to respond and the equipment isn’t too complicated.”

“That it was a way of contacting help without having to remember family members’ phone numbers.”

J.4 WHAT CARERS LIKE LEAST ABOUT TELECARE

Although most carers were very positive about telecare, some raised a variety of problems and concerns:

Faults with System

“In the last few weeks it developed a fault meaning I was sent for when she was sound asleep. It has now been removed altogether. The pressure mat was also removed because she was getting up before the timer went off.”

Hard for Some Users to Use

Several carers felt that the users were unable to understand the system, or to use it effectively:

“Father is blind and sometimes equipment goes wrong when we have a power cut. Difficult for him to reset if necessary.”

“Mother suffers from dementia and when new telecare equipment installed she did not understand how to use it. After the new equipment was installed and the deterioration in mother’s dementia, I was contacted much more often.”

The user doesn’t understand what not to do – e.g. turns power off/mistakes it for a bedside light and switches it on in the middle of the night!”

Frequency of Contact

Varying views were expressed by carers regarding the frequency or times of contacts with them:

"I was contacted for minor things."

"Not contacted at all. So far he hasn't needed it. I thought they might have tried out my number to see if it worked, but so far they haven't."

"Not being contacted at all – I took my mother out and forgot to press the button. We were out for a few hours before I realised, but no call came to me. I pressed the red button myself to check it was working."

"I didn't expect to be contacted during the night. I thought your service provided this."

Problems Relating to Actual Equipment/Installation

A number of respondents raised some concerns about the equipment. Some may be easier to address than others:

"Only one key fob. I would like to be able to access using spare keys. Not an insurmountable problem, but there have been a couple of occasions where a second fob would have been handy."

"Inappropriate verbal response to the pressure mats and time for telephone call response to be made. My husband has ample time to unlock/open the door and escape before the telecare response is made."

"It's no help to me at all. I don't feel it's much help to her either – her hearing is not very good, she's a very heavy sleeper and doesn't always hear the voice on the box."

"It's noisy."

"Too many wires."

"Perhaps I should say that I don't know enough about the telecare system. It would be helpful to receive written information about it when it has been installed, with full details about services provided."

"The red tape and rigmarole to get it installed. You should be able to purchase it or have it installed due to personal request and not due to a lengthy assessment process."

"My mom is bedridden. She wears a wrist pendant but the machine is downstairs."

"Long wait after I requested it be installed. Worry that if anything happened to me, my husband would be assumed to be able to cope with it alone and that he'd be left with technology and no actual human daily contact."

Can Add to Carer Stress

A few comments showed how telecare could increase carer stress and anxiety:

"I always have to remember to bring my mobile and keep it close at night. I am anxious at meetings, lectures and performances when I have to switch it off."

"Father tends to take advantage – presses his alarm for trivial things like a drink etc."

"When I am called in the early hours I am fast asleep and don't answer the phone before it goes to message."

However, many carers said that there was nothing that they disliked about the system and that they felt very grateful for it:

"There is nothing I dislike about the equipment – I feel very lucky that we have it."

J.5 OTHER POINTS RAISED BY CARERS

The final question asked carers if there were any other ways that they felt telecare equipment had affected the quality of their own lives. Many of the answers build on the comments raised above. They also clearly illustrate some of the pressures faced by carers.

Carers Worry Less

Many carers thought that they worried less because of the equipment, with the reasons for worrying less generally being associated with the particular circumstances faced by the family:

"Having the equipment has "lightened the load". I know that if mother had an accident she wouldn't lie injured for hours before being found. Only carers know just how wearing this worry can be, so life is less stressful when there is a safety net."

"I worry a lot less, knowing she has this equipment. Previous panic situations are now less of a panic situation, like when she leaves the phone off the hook. I know there is less of a likelihood of her lying behind the door seeking help."

"As my husband's dementia symptoms progress I am increasingly concerned about his safe use of electrical/gas appliances in the house. I am satisfied that the warning devices linked to telecare will both alert him and emergency services as appropriate."

"On one occasion my mum used her alarm and was visited by someone who was able to contact the ambulance to take her to hospital. I certainly would not have been able to help her (living over 300 miles away) nor have been able to contact her. The worker was able to contact me and give me details. This was very helpful."

Carer Feels Supported

Many carers can feel quite isolated in their role as a carer, and several feel that the telecare equipment provides them with some support:

“It is knowing that I am not alone, there is telecare doing their bit as well. That reassures me so that I can almost have some quality time. If telecare was not installed in my mother’s home I feel that she would have to consider moving to sheltered housing. A big thank you and well done to all your staff.”

“It is comforting to know that there is someone else ‘looking after him’ – or should I say ‘looking out for him’.”

“Any effect of the equipment on my life has been positive. I no longer have to worry about ‘panic’ calls following falls or any other disaster. Should I receive any such call I know others will be there to help. I find that reassuring.”

Helped Keep User in Own Home

As illustrated by one of the above comments and by the ones below, some users have been enabled to remain in their own homes by the equipment:

“Just happy my mother is able continue living in her own home, with independence due to security of telecare and its reliability.”

“Again, it’s really the fact of it giving me peace of mind, as my mum lives by herself. Before it was installed she was thinking of moving to sheltered housing, and although I see sheltered housing as positive, the fact of her being able to live on in what was the family home is even more so.”

“The system has given myself and my brother a bit of peace of mind and enabled my mum to stay at home longer.”

Positive Impact on Family Life

Telecare equipment has had a positive effect on many aspects of the lives of carers, ranging from allowing them to sleep more, enabling them to go out occasionally, not to feel as rushed when they do go out, allowing some to continue to work, and improving relationships with family members:

“Before we had it I would never have been able to leave him at all. My occasional trips out do make a difference. He is physically completely dependent but has no mental impairment.”

“We can sleep easier at night. A better night’s sleep improves our quality of life.”

“We are both working full time with a family. We find it less stressful and with the worry being removed due to the installation of the telecare service we can get on with things and spend more quality time with our family and with our mother, and when we do visit she doesn’t feel we’re checking up on her constantly. I think it’s a wonderful service and one that should be provided for all seniors over 75 living alone.”

“It lets me take more time when I shop at supermarket, instead of always rushing.”

“I am now able to take the children away for the day without worrying about mum. I can leave her alone for longer periods of time.”

“Let’s say that I now can lie in bed at night knowing that when my father does get out of bed – and he does – I will be there before he harms himself by falling. This of course means I sleep more.”

“I’m able to enjoy a more sister-to-sister rather than carer-to-cared for type of relationship because we each have our own space.”

“It has given a degree of security to my father when my husband and I are at work. The equipment has also given me the reassurance that allows me to continue working. A vital and much appreciated service.”

Ability to Use Equipment

However, some carers are unsure that the user would be able to use the equipment if the need arose:

“It is there should the need arise. However, I am not sure that the user appreciates how the system works or would remember what to do if help was required during the day.”

Other Points

Several other points were mentioned, which again show how telecare services can impact on carers’ lives:

“The pressure mats were good but she often set it off by not checking the time properly. The community alarm is excellent – it was handy when she broke her hip last year. It is good to have a list of other equipment available in case we need it. My mother is a very independent woman. It is very frustrating that she won’t accept things that we try to do to make life easier.”

“Telecare equipment was installed at time of my father-in-law’s death. Without it I would need to visit more often each day than I do just now, but I am visiting and spending much more time [with her] than I did prior to his death.”

“It has involved at least two friends who have agreed to being emergency contacts – they are concerned that in my absence what happened in the event of them too being unavailable.”

“Just another thing to remember and more responsibility.”

APPENDIX K

Case Study Sites

This Appendix includes working documents developed during the course of the YHEC evaluation when selecting and working with the Case Study sites. The three working documents cover:

- K1: Selection of Case Study Sites (prepared in April 2007);
- K2: Interview Specification for Initial Telephone Interviews with Representatives from Telecare Case Study Sites (document prepared in September 2007);
- K3: Update on Experiences of Case Study Sites - November 2007 (document prepared in November 2007).

K.1 SELECTION OF CASE STUDY SITES

Introduction

The main data collection tools being used for the evaluation of the Telecare Development Programme will produce data that will be analysed at a “macro” level, in that data will generally be considered in aggregate for all of the participating Partnerships. Where feasible, data for similar types of initiative will be considered in aggregate. However, the emphasis will be on the impact at a national level, not at local levels (which will be the focus of any evaluations commissioned by specific Partnerships to address the local impact of their funding).

It is very clear from the first round of funding submissions made by the Partnerships that a wide variety of uses will be made of the funding. Although many applicants are proposing to spend most or all of their funding on purchasing and installing telecare equipment, some Partnerships feel that more work needs to be done locally to promote the concept of telecare and are using their initial funding to employ staff to run workshops and identify ways of increasing the use of telecare in their area. Therefore the local “state of preparedness” for introducing and/or expanding the use of telecare equipment has had a significant impact on how each Partnership proposes to use its funds.

However, even in those Partnerships that already provide fertile ground for extending the use of telecare to a wider range of people, the first round of applications show many different proposed approaches. The four broad possibilities are summarized below:

Single Client Group Single Type of Telecare	Multiple Client Groups Single Type of Telecare
Single Client Group Several Types of Telecare	Multiple Client Groups Multiple Types of Telecare

For example, a Partnership may be proposing to focus on a single client group (e.g. older people; adults with learning disabilities) or on several client groups. Some Partnerships are planning to expand their use of one specific type of technology (e.g. installing equipment that alerts a call centre if a problem arises; extending the use of assistive technology, which helps people live independently but is not linked to a call centre). Several Partnerships are planning to use their funding for increasing the use of several types of telecare and will work across two or more client groups.

To capture the richness and variety of these proposals, the evaluators stated in their proposal to the Joint Improvement Team that they would select 5-8 Partnerships as Case Study sites. More detailed information would be collected from these Partnerships (e.g.

through local visits, which would include a mixture of meetings, interviews and focus groups with a variety of stakeholders) and this information would be used to provide examples of the local impact of specific initiatives. Such information is expected to be of particular interest to other Partnerships considering developing similar initiatives in their area, as they will be able to learn from these experiences. In addition, “micro” level quantitative data from the Case Study sites will be used to illustrate specific performance against some of the centrally-defined objectives.

This Paper describes how the evaluators propose to select the Case Study sites. Selection is based on several criteria and some potential alternative sites have also been identified. This is because it will not be possible to “force” a Partnership to be a Case Study site and it is expected (based on experience from other projects, including the recent Review of Sheltered Housing for the Scottish Executive²⁹) that a period of discussion and negotiation will be required with each first choice site before they decide whether or not they are prepared to be included as a Case Study site in the evaluation.

Geographical and Urban/Rural Classifications

The researchers undertaking the Review of Sheltered Housing needed to classify the 32 Scottish Local Authorities by their geographical location and their mixture of urban and rural areas so that each Local Authority could be allocated to one of 6-8 categories (e.g. for sub-analysis of the data on the quantity and quality of their sheltered housing stock). Members of the project’s Research Advisory Group were unaware of any appropriate classification already in use within Scotland, so the researchers devised one for use in the Review of Sheltered Housing.

The Scottish Executive Urban Rural 8-Fold Classification 2005-06 comprises the following categories:

- Large Urban Areas (LUA);
- Other Urban Areas (OUA);
- Accessible Small Towns (AST);
- Remote Small Towns (RST);
- Very Remote Small Towns (VRST);
- Accessible Rural (AR);
- Remote Rural (RR);
- Very Remote Rural (VRR).

The Classification shows the percentage of the population living in each type of area for each Local Authority.

The researchers identified seven groupings for their Review of Sheltered Housing. These were based on three broad geographical areas (Northern Scotland; Central Scotland; and Southern Scotland) and four urban/rural groupings compiled from the 8-fold classification as follows:

Very Urban: LUA > 60%

Mainly Urban: LUA < 60% and LUA+OUA > 50%

Mainly Rural: AST+RST+VRST+AR+RR+VRR > 50% (i.e. LUA+OUA < 50%) and VRST+VRR < 100%

Very Remote: VRST+VRR = 100%

²⁹ One of the researchers contributing to this evaluation was also a member of the evaluation team from YHEC and the University of York’s Centre for Housing Policy that undertook the Review of Sheltered Housing.

Using these definitions, the following seven similar-sized groupings of Local Authorities were identified:

1. Northern Scotland

Very Urban and Mainly Urban	Mainly Rural	Very Remote
Aberdeen City Angus Dundee City Stirling	Aberdeenshire Argyll & Bute Highland Moray Perth & Kinross	Eilean Siar Orkney Islands Shetland Isles

2. Central Scotland

Very Urban	Mainly Urban
East Renfrewshire Edinburgh, City of Glasgow City North Lanarkshire Renfrewshire	Clackmannanshire East Dunbartonshire Falkirk Fife Inverclyde West Dunbartonshire West Lothian

3. Southern Scotland

Mainly Urban	Mainly Rural
Midlothian North Ayrshire South Ayrshire South Lanarkshire	Dumfries & Galloway East Ayrshire East Lothian Scottish Borders

Although inevitably arbitrary (as, indeed, are Local Authority boundaries), these seven categories nevertheless give a structured geographical basis to the selection of the Case Study sites and also take into account the mixture of urban and rural areas across Scotland.

The researchers propose to select one Case Study site from six of these categories. No very remote site will be selected, due to the highly specific characteristics of these communities, which makes them very different (e.g. in terms of transferable learning experiences) from the other Partnership areas. Due to their locations, visiting these very remote areas would also add significantly to the costs of undertaking the evaluation.

Other Criteria for Selection

Each Partnership includes features of interest and all (apart from the “island” ones, for the reasons given above) are potential candidates for case study sites in that their experiences could be of wider interest. However, as well as selecting the Case Study sites on the basis of their geographical location and urban/rural mix, several other specific criteria have been identified by the researchers, who intend to include Partnerships representing all of them. These criteria, which will be used to inform the selection process, are:

- The selected sites should encompass a range of client groups;
- The sites should include Partnerships with a single focus and Partnerships with several initiatives;
- Several of the selected sites should have a focus on specific outcomes, including preventing hospital admissions, facilitating hospital discharge, reducing the use of care homes, and the impact on carers;
- At least one site should include the use of telehealth equipment;
- At least one site should include the use of telecare equipment in a facility that will be used by multiple users (e.g. a step-down/intermediate care facility);
- The selected sites should include Local Authorities with small and large populations (and, therefore, small and large allocations of funds);
- One large city (i.e. either Edinburgh or Glasgow) should be included;
- The state of preparedness when making initial submission for funds should be taken into account, to make sure that the selected sites are likely to make good progress during 2007/08.

In addition, the extent of progress made during 2006/07 (as reflected in the second round funding applications) can also be considered if second choice sites need to be identified and approached.

K.2 INTERVIEW SPECIFICATION FOR INITIAL TELEPHONE INTERVIEWS WITH REPRESENTATIVES FROM TELECARE CASE STUDY SITES

This document provides an outline specification for each of the various types of stakeholder who are likely to be interviewed from the case study sites. We recognise that some of these positions are not relevant to all of the case study sites (e.g. the Key Contact may be responsible for procuring the telecare equipment). We have indicated under each heading the broad topics we expect to discuss during the interview, though interviewees can of course raise anything else they feel to be relevant (including topics listed for other stakeholders). As we need feedback on each of the headings below, we will expect the Key Contact for the evaluation to cover any areas of responsibility for which we do not talk to a specific person (e.g. if the Key Contact does not nominate someone with responsibility for procurement for interview we expect them to cover this aspect during their own interview).

We will undertake 5 – 6 interviews per case study site. We would also like to receive copies of any relevant local papers and documents (e.g. budgets; income and expenditure accounts; papers for local Committees and Boards; articles in newspapers).

We anticipate that most interviews will last for no more than 20 – 30 minutes, though those with the Key Contact may take longer.

Key Contact for Evaluation

This interview will, in part, be based around the information provided in the Background Information Questionnaire and the Quarter 1 Return.

- Confirm job title and length of time in post;
- Describe responsibilities relating to development of telecare locally;
- Outline other local roles and responsibilities of postholder and determine the proportion of their time that is dedicated to telecare in general and the use of TDP monies in particular;

- Explore the extent to which all current local telecare developments are funded by TDP funds (and identify other local sources of capital funding if relevant);
- Identify the extent to which the Partnership has allocated revenue funds to support the use of the TDP monies;
- Work through the Questionnaire and Return – include **all** local TDP-funded initiatives in this discussion (i.e. include those with little or no progress to end June 2007).

Local “Champion”

- Confirm job title, employer and length of time in post;
- Describe responsibilities relating to telecare locally, including extent of contribution to developing the initial submission for TDP monies;
- Outline the reasons for focussing on the specific client groups covered in this submission;
- Outline other current local initiatives which promote independent living and how these relate to the local TDP-funded telecare developments;
- To what extent do they think developing telecare will contribute to national objectives (e.g. to promote independent living and improve quality of life)?
- Discuss progress with the TDP-funded initiatives against expectations;
- Identify what is working well, and why;
- Identify what is not working well, and why;
- Identify any changes they feel need to be made locally, and why;
- Explore their views on the financial impact of developing telecare services locally;
- Identify any knock-on consequences of the TDP-funded developments for joint working by Partnership members.

Finance Manager

Copies of local budgets and income and expenditure accounts for 2006/07 and/or 2007/08 relating to telecare will be greatly appreciated.

- Confirm job title and length of time in post;
- Identify the extent of their knowledge of local telecare developments;
- Is there a specific local budget (and therefore specific local accounts):
 - For all local telecare developments?
 - For the use of the TDP funds?
 - If not, where is such expenditure recorded?
- Do they have to prepare specific reports on the use of the TDP funds – and if so, how often and for whom?
- Given that TDP monies are primarily intended for investment in equipment (and related costs), what arrangements have been made locally for the revenue-related expenditure (e.g. staff salaries; recruitment costs; training costs)?
- What are the annual revenue costs associated with developing telecare?
- Where do they think that the anticipated local savings due to telecare will be greatest (e.g. for the NHS; due to reduced use of long-term care; due to reduced need for other services, such as home care)?
- Are any additional local costs anticipated because of keeping more people living independently for longer – and if so, what are these?
- To what extent does the development of telecare offer opportunities for income generation (e.g. through charges) – and what proportion of costs might these cover?
- What are their views on the financial sustainability of developing telecare?

Person with Responsibility for Equipment Procurement/Installation

- Confirm job title and length of time in post;
- Describe their responsibilities relating to local development of telecare – e.g. are they also responsible for installation and/or maintenance of equipment?
- Outline the local arrangements for procuring telecare equipment (and its installation and maintenance, if relevant) – e.g. do they use PASA?
- Why were these arrangements selected?
- How satisfied are they with them?
- What changes (if any) would they like to see, and why?

Call Centre Manager

- Confirm job title and length of time in post;
- Describe responsibilities of Call Centre relating to local development of telecare;
- Describe the local Responder service;
- How has the extension of telecare impacted upon the Call Centre:
 - Equipment (e.g. computer hardware and software);
 - Additional call handling requirements;
 - Staffing levels at the Call Centre;
- How has the extension of telecare impacted upon the Responder service:
 - Additional visits;
 - Staffing levels;
- How have these additional demands and requirements been financed?
- What changes (if any) would they like to see, and why?

Managers/Leads of Specific Initiatives

Some Partnerships have two or more local initiatives which are using TDP monies. Each such initiative may have its own manager or lead. Where this is so, we would like to interview at least one of these managers/leads.

It will be very helpful if those being interviewed have a copy of the relevant information for their initiative submitted as part of the Quarter 1 Return. However, we are also interested in learning more about any initiatives that have been slow to progress (e.g. did not include any user-related data in the Quarter 1 Return).

- Confirm job title and length of time in post;
 - Describe responsibilities relating to development of telecare locally;
 - Outline other local roles and responsibilities of postholder and determine the proportion of their time that is dedicated to the TDP-funded initiative;
 - Briefly describe the initiative (especially any changes from original intentions);
 - Explore progress to date against locally identified outcomes and efficiencies;
 - Explore what is working well – and why;
 - Explore what is not working well – and why;
 - How do they think the situation could be improved?
 - Discuss any feedback from users, carers and or other professionals working with the telecare clients;
 - Identify any knock-on consequences of the telecare developments for local partnership working (e.g. development of other joint initiatives).
-

K.3 UPDATE ON EXPERIENCES OF CASE STUDY SITES - NOVEMBER 2007

- We are currently working in depth with 5 local authorities:
 - Clackmannanshire;
 - Dumfries & Galloway;
 - Glasgow City;
 - Moray;
 - West Dunbartonshire.
- A sixth site may be added when we have analysed the Quarter 2 returns (July – September), which should reflect significantly increased activity in most of the Scottish local authority areas.
- To date telephone interviews have been held with the 5 project managers (or equivalent) and with a number of local staff identified by the project managers, such as:
 - A local ‘Telecare Champion’;
 - One or more representatives from other partner agencies (e.g. from the NHS or Social Services);
 - A representative from finance;
 - A representative from procurement;
 - The manager of the local call centre/response service.
- We intend to undertake 4 – 6 such interviews (using a semi-structured format) within each case study site, which will be completed by Christmas.
- A short report will then be prepared based on the findings from these interviews.
- Site visits will be undertaken in the spring of 2008, when we will also be able to meet some service users and their carers.

- Several key messages have emerged to date:
 - Even in areas where progress has been relatively fast (when compared with the other local authorities), staff feel that they are only moving forward slowly;
 - Projects with a dedicated local Project Manager (who may only work part-time) tend to be progressing faster than those without such a person;
 - Those without such a person wished (in hindsight) that they had had a dedicated Project Manager in place from the outset;
 - Projects hoping to introduce telecare into more than one service area have generally made progress in one area, but not necessarily in all of them;
 - In some places this is because other recent local developments have been introduced since the telecare bid was compiled;
 - A local ‘champion’ can provide support and encouragement to Project Managers as well promoting the benefits of telecare widely;
 - The local authorities that were already interested in developing (or further developing) telecare services locally were more likely to ‘hit the ground running’;
 - These areas tended to have already established good joint working between health and social care (in one area these are totally integrated, apart from the budgets, which are aligned);
 - Several areas are incorporating the possible use of telecare into various assessments (e.g. at hospital discharge) so that it is seen as part of a possible package of integrated services, rather than as a stand-alone add-on;
 - Areas with one or more smart houses for demonstration purposes have found these facilities extremely useful, both for ‘selling’ the concept to a wide variety of staff working ‘on the ground’ with clients (e.g. home care staff, OTs, social workers, sheltered housing wardens, housing managers and support workers) and for showing potential users (and their carers) the available equipment;

- One area has put telecare equipment in its five step-up/step-down flats (mostly used by clients leaving hospital), which has reduced the need for checks by the Warden service; this area also has four mobile assessment kits that they are about to start using (these will be installed for a period of four weeks);
 - To date a great deal of time has been spent ‘winning hearts and minds’ and promoting telecare equipment as part of the local culture of care and support;
 - Although some potential clients are very keen, others say that they cannot see the need for some of the possible pieces of equipment (even some of the relatively ‘basic’ ones), though smoke detectors are popular and heat sensors work well and are generally acceptable;
 - Falls detectors can be uncomfortable and floor-located flood detectors (as well as ‘looking like an air freshener’) are only activated when water spillage has occurred (although one client with Parkinson’s kept setting his off whenever he washed his hands);
 - One Project Manager in a rural area was finding primary care staff particularly hard to convince; many of them could not see the need for or benefits of such equipment;
 - Service managers are aware that some users may feel socially isolated if their telecare equipment reduces their regular contact with professional staff, but stressed that this should be addressed by putting them in contact with suitable social activities (“Home Care staff should not be used to provide ‘comfort visits’”);
 - In some places local staff (especially social workers) seem to have a ‘cultural barrier’ around telecare, and raise ‘ethical issues’ about it increasing isolation;
 - In another area some staff had raised concerns that telecare was a way of “*spying on people*” and therefore it infringed on their rights;
 - One authority has found that the Northern Housing Consortium is more competitively priced than PASA;
 - A specific problem raised in rural authorities is the difficulty of providing a suitable response service to telecare users with no local family or friends;
 - In some places it is possible to contract for such a service with a local private or voluntary provider (e.g. one authority is considering the possibility of working with the local Red Cross);
 - At least one manager raised the problems caused by local factors such as major service reconfigurations (including redundancies), vacant posts (including senior management posts) and key staff being on extended sick leave;
 - All of these put the remaining staff under considerable pressures and can make it very difficult to make decisions and to progress new developments;
 - However, despite these practical difficulties, those interviewed to date are positive about telecare;
 - However, they have realised not to be too ambitious and to set realistic targets – they feel that failure would be very damaging locally.
-

APPENDIX L

Partnership Case Studies

Several of the Partnerships submitted case studies and similar material of their own to the YHEC Evaluation Team. These are presented in this Appendix.

L.1 DUMFRIES & GALLOWAY CASE STUDY REPORT

Following a demonstration to the Community Learning Disability Team on the possibilities of telecare equipment, a care co-ordinator arranged for a client with Downs Syndrome, visual impairment and dementia to have some telecare equipment installed in his family home. While this was largely to provide a safer environment for the client, it was recognised that it would make a huge difference to the family carers.

The carers were at a loss in trying to keep this service user safe from harm due to him rising from his bed during the night then trying to access the toilet upstairs. Due to his visual impairment he often became disorientated and they feared he might take a tumble down the stairs. The carers were losing sleep and as they had their own health problems this was causing them distress.

It was decided that a bed sensor would be the most appropriate piece of equipment to offer a safer way of working.

The carers found the installation very beneficial to their lives. They could sleep easy knowing their relative was safe downstairs and the equipment identified through the Care Call system when they were needed through the night, thereby giving them peace of mind and enabling their relative to stay within the home for longer.

L.2 DUMFRIES & GALLOWAY: QUOTES FROM SMART FLAT ATTENDEES

“Excellent benefits for many independent living clients. I was unaware of much of the technology.”

“Really good ideas - I'm very impressed.”

“Very interesting. Was unaware of a lot of the facilities available.”

“Good to see some of the equipment and ask questions.”

“Assistive Technology will be used in our work - very impressed.”

“Good to see the equipment in use and the range of equipment available.”

“Good to visualise equipment, will be able to pass info onto carers.”

“Thought provoking. Makes me think more about risk management.”

“Helpful to see the range of equipment and how it works.”

“Very informative.”

“I will take the newly gained knowledge on into my future placements and career. Thank you.”

“Very helpful.”

“Very informative day.”

“Very interesting - good presentation.”

L.3 NORTH LANARKSHIRE CASE STUDIES

Mr A

Background

Mr A was having difficulty finding the bathroom at night; this resulted in him making his way to the living room when he needed to urinate and often resulted in him urinating on the sofa.

Intervention

A Passive Infra Red (PIR) beam was fitted between his bed and the bedroom door about 12 inches from the ground. If he passed this beam a single zone receiver fitted in his carer's bedroom next door buzzed. The carer then arose and guided him to the bathroom.

Outcomes

Mr A could sleep more peacefully knowing that if he needed to go to the bathroom his carer would know and be able to assist him. His carer could sleep knowing that she would be alerted if Mr A arose during the night. Household items were no longer being destroyed and both individuals experienced an improvement in their quality of life.

Mrs W

Background

Mrs W lived alone and had been subject to several bogus callers who had taken cash and valuables from her home. Mrs W's daughter decided to move in with her as she was worried about her mum's safety. However, once she had done this she found that she could no longer go out of the house as Mrs W may let someone in again when she was out.

Intervention

A door entry system was fitted and this was diverted to her landline phone, this in turn had a divert facility and could be hashed to Mrs W's daughter's mobile.

Outcome

Mrs W's door bell no longer rang when her daughter was not in the house therefore Mrs W did not open the door to strangers. Mrs W's daughter could answer the phone (doorbell) wherever she was and ask the caller to call back later at a more suitable time. The caller was unaware that Mrs W was in the house alone, as he/she had just spoken to her daughter over the intercom. Both continue to live safely and with less distress in the community.

Mr B

Background

Mr B's carer was going away on holiday for six weeks. Arrangements were made for Mr B to move into respite care for the duration of the holiday. Mr B became very distressed and

wanted to stay at home but there were concerns as Mr B had, on several occasions, gone out during the night and had also nearly set fire to his kitchen in the past. One of Mr B's neighbours was willing to assist, but could not stay in the house or call regularly during the night to check on him.

Intervention

A PIR was fitted on the stairs and linked into the community alarm service. This ensured that Mr B could walk around the top floor of the house and access the bathroom, which he usually did safely, but if he came downstairs, the community alarm service would call his neighbour who would then check on him.

Outcomes

Mr B was able to remain in his own home, despite previous concerns, his neighbour was called out only once in the six week period. Mr B's carer would be happy to use the PIR again if required and now feels confident in having regular, small breaks away from home.

L.4 RENFREWSHIRE CARE 24 CASE STUDIES

Mr McC

Mr McC is an 84 year old man who was admitted to the Royal Alexandra Hospital on 15/3/07. Mrs McC had passed away on 12/1/07. The loss of his wife left Mr McC in a severe depression resulting in his admission. Prior to his wife's death she had reported to family members that Mr McC would get lost trying to find his way home when he went out. Mr McC would often refer to his previous home in Clydebank.

Mr and Mrs McC had both been Community Alarm Service Users since 3/10/02.

A referral was received by the Telecare Project regarding the possibility of using smart / telecare technology to enable a safe and secure home environment to allow Mr McC to be discharged from hospital.

A joint visit was carried out with the Telecare Assessor, Hospital Social Worker, Mr McC's daughter and a day pass was arranged for Mr McC to leave hospital.

A discussion regarding how we could ensure a safe home environment to allow Mr McC his much wanted return home resulted in an upgrade to the Community Alarm system which was in situ with a tailor made package to suit Mr McC's requirements. Mr McC was heading for residential care according to his Social Worker and this was seen as his last chance of maintaining his independence in his own home.

By using door sensors linked through his Community Alarm, we installed sensors to Mr McC's front and back door, and manual key switches were located outside the doors to allow a nightly Welfare Check to be carried out by Community Alarm Responders. Responders check that Mr McC is safe and well in the house and encourage him to get ready for bed. On leaving the property the house doors are secured and the door sensors activated allowing any door opening movements to be detected by the sensors creating a call through the Community Alarm resulting in a Responder visit.

Mr McC was discharged on Thursday 19 July 2007; the installation date was arranged for the next day - Friday 20 July 2007.

To date Mr McC has been maintained with support and telecare in his own home, much to his and his family's delight.

The following excerpts are taken from letters from doctors, support workers, and psychiatric nurses working with the patients.

Miss K

Client Miss K has had a Community Alarm since Jan '04 and door contacts since August '06. Miss K is a vulnerable lady with dementia who had begun to leave her house to walk her dog at any time of the day or night and on a number of occasions become lost and had to be brought back by strangers.

The systems provided by the Telecare Assessor helped to sustain Miss K with a level of security, safety and minimum intervention to enable her to remain in her own home until October '07, when a physical condition made living at home no longer sustainable. Miss K is now in 24-hour nursing care. Without the alarm system provided to Miss K, 24-hour care or even hospital admission would have been instigated more than a year ago on an ongoing process.

Mrs J

Mrs J had a Community Alarm from Jan '01. This proved to be a huge lifeline for her as she suffered from a heart condition and made use of the system on a few occasions when she became unwell. Mrs J also used the alarm to get help if she had fallen.

More recently, Mrs J developed a dementia and due to this had started to leave her home at all hours of the day and night, making her more vulnerable. A door contact system was put in place in May 2007 and activated on a regular basis, quite often on a number of occasions in the same night. Without these systems in situ Mrs J would probably have had to have been in 24-hour care long ago. As it was, she was maintained at home until October '07. Five days later she passed away peacefully whilst in care.

Mr S

Mr S had door contacts fitted to his front door during July '06 after reports from both police and homecare workers that he was leaving the building during the night due to his disorientation in time secondary to his vascular dementia.

Over the next 15 months, thanks to the door contacts, Mr S was intercepted outside his house on a number of occasions before he came to any harm. It was necessary to place Mr S in 24-hour care during Dec '07. The reason for this was unrelated to his nocturnal activities.

Mr S would have been placed in 24-hour care significantly earlier than December '07 if door contacts had not been an option. Their presence allowed Mr S to remain in the familiar surroundings of his home, allayed the fears of his family to a great degree and avoided premature placement in 24-hour care.

Mr McA

I am writing to let you know the value of the dementia alarm system which was put in place for my client Mr McA in April '07.

This has undoubtedly been very significant in keeping this person at home in a safe environment. Since instalment it has been activated on at least 50 occasions and thus prevented my client from finding himself in a risky situation. Without this backup, permanent care or hospital admission would probably have been instigated.

APPENDIX M

**Information Relating to Continuation of Telecare Projects after
2006-08**

M.1 INFORMATION FROM QUARTER 4 RETURNS

Continuation of Current Projects

All but one of the Partnerships (96.9%) reported that they would be continuing at least one of their projects into 2008/09. One Partnership did not report whether they would be continuing their project or not.

Thirty-five projects (68.6%) were reported as continuing into 2008/09, one project (2.0%) was reported as not continuing into 2008/09 and 15 projects (29.4%) did not have a response to this question. The reason for the one project not being continued was reported as follows:

“The final testing of the system has been completed and data migrated onto the upgraded systems. Our new disaster recovery system is now in place and staff training is almost complete. We will be able to transfer operation onto upgraded system in the next few weeks.”

Plans to Roll Out Telecare Further

All but one of the Partnerships (96.9%) reported that they planned further roll out of at least one of their projects into 2008/09. One Partnership did not report whether they would be rolling out their project further or not.

Partnerships reported that there were plans for further roll out of 32 projects (62.7%). It was also reported that there were no plans for further roll out of one project (2.0%), and no indication was provided with respect to a further 18 projects (35.3%).

Details of the plans to roll out telecare further are included in Table M.1.

Table M.1: Details of planned further roll out of telecare in Scottish Partnerships*

Details
We have plans to continue to work towards our key outcomes and efficiency targets, focussing on the reduction of delayed discharge and avoidance of admission to hospital, support for carers and independent living solutions. We also plan to support independent living solutions for people with learning disabilities and/or mental health problems. We plan to investigate medication management solutions and implement appropriately for all client groups. We are keen to develop a telehealth hub.
Appointment of project manager to mainstream telecare provision across client groups and service areas.
The Council had established a telecare service prior to TDP and it has always been the intention to utilise advances in technology to contribute to the achievement of corporate objectives. Telecare contributes to the shift in the balance of care and helps people to feel safer at home. The focus is on older people but initiatives being developed include domestic abuse and homeless client support.
This year we are planning to be less specific in our targets and will seek to widen the availability and range of alerts to more people of all ages in the community
The development work is only just beginning. A significant need is to progress with assessing residents of sheltered accommodation.
The continuing focus is on further establishing the project proposals and rolling them out on a more extended basis now that there is inter-agency confidence in the use of the technology and related processes and procedures.
<ul style="list-style-type: none"> • Increase innovative support to Older People with dementia; • Extended focus of programme to other client groups; • Learning Disability – Supporting Complex Care packages – reducing interference – increasing independence; • Young Disabled People in transition – supporting employment coaching; • Additional response mobile team to service increased activity with implementation of telecare.

Table M.1 Continued
We are continuing to develop plans for comprehensive service redesign which includes a 24 hour response capacity. This will enable us to provide telecare to people who cannot rely on family, friends or neighbours to respond to telecare alerts. In the interim we are going to undertake a small scale project to address the lack of progress we have made so far.
We see telecare as becoming an increasingly core component of Community Care provision which will require ongoing training and development work with front line staff and work to develop initiatives with services such as Housing and intermediate care.
<ul style="list-style-type: none"> • There is an intention to trial a telehealth project initially for around 10 people with long term health conditions from a mixed age group. • It is also proposed to commence and expand a project in relation to bogus callers with a specific alert system almost entirely for older people who live alone. • We propose to continue to fix environmental control systems for a mixed age group to support people with complex care needs to remain at home and Ablelink and similar technologies to provide reminders for people with cognitive impairment. • We also intend to upgrade older community alarm equipment to that able to support a telecare interface.
<ul style="list-style-type: none"> • Children with disabilities – 10 packages; • Young Adults / transitions – 10 packages; • Support to victims of domestic abuse – 10 packages; • Remote health monitoring – 10 packages.
Telecare is planned to be an integral part of mainstream Community Support Services.
<ul style="list-style-type: none"> • Continue provision to individual clients on assessed-need basis - estimate similar numbers, around 10 each quarter; • Look specifically at how home care teams can use telecare; • Further use of Lifestyle monitoring by Old-Age Psychiatry team.
Possibilities include targeting clients with Dementia. Assess and install equipment including: property exit sensors, bed occupancy sensors, PIRs, X10 controllers and lamp modules, and new wandering equipment with ethical protocols where appropriate. This would enable individuals to live at home more independently in a safer environment if this is both their choice, and within appropriate risk levels. This could be done in conjunction with the opening of the councils 14 bedded dementia respite resource in the Autumn, following a review of their existing care package.
The next quarter will focus on installation of equipment and evaluation of the projects. Subject to this a plan of extending the telecare initiative will be developed.
Focus on dementia monitoring systems for 2008/09.
<ul style="list-style-type: none"> • Joint Telecare/Telehealth project targeting a small group of people with Chronic Obstructive Pulmonary Disease. 20 individuals plus three GP surgery pods to monitor vital signs, reduce presentations to A & E, and prevent inappropriate hospital admission; • Telemedicine project with two local pharmacies, hospital interface pharmacist and community alarm service. Initially ten individuals will be selected to monitor capability of equipment use etc. If successful will be rolled out to a wider audience.
<ul style="list-style-type: none"> • To consolidate 2nd generation telecare solutions with policies and procedures and raise awareness of solutions ensuring this is embedded into the assessment process. Also to consider mainstreaming the service to ensure effective and efficient delivery, maintenance and uplift of the solutions; • To look at the use of the just checking system with individuals with dementia and analyse the impact it has on hospital beds and care home beds.
Recommendations of telecare project report are to be implemented during the course of this year.
Telehealth pilot and further awareness raising sessions for staff in the mental health area of work.
With regard to our current initiatives, we expect significantly greater numbers of service users to receive a service. The success of this will influence how we wish to progress the use of telecare. A number of other areas that might be targeted are being looked at, however, no decisions will be made until more substantive data are available.
Plan to do a few small pilots in Telemedicine and with Learning Disability clients and people who have Dementia.

Table M.1 Continued

Continuing roll out telecare to older people.

Working with the learning disability services in relation to the roll out of telecare into shared client houses, which also involves working with external providers of learning disability supports.

We would also wish to continue to roll out to other client groups.

- Our Careline call centre PNC4 equipment will be upgraded to PNC5 to give improved capacity and versatility of use;
- We plan to introduce Home Care detection in 600 most vulnerable service users homes which would require the upgrade of existing telecare equipment or initial installation of higher specification units for new service users. This would monitor Home Carers' attendance for vulnerable service users as scheduled. (*sic*).

We have invited bids from social and health care professionals across [the Partnership]. We will then allocate funding on the merits of each application considering the expected efficiencies and outcomes.

* *Source: YHEC's Quarter 4 Return for 2007/08*

M.2 Information from JIT³⁰**Partnership Progress during Quarter 1 of 2008/09**

For quarter 1 of 2008/09 (i.e. as at end June 2008), returns from 28 partnerships identified:

- TDP funding has helped prevent 67 delayed discharges (with an estimated 798 hospital bed days saved);
- 476 unplanned hospital admissions are estimated to have been avoided this quarter due to TDP funded telecare (with 2,026 estimated hospital bed days saved);
- 182 otherwise required care home admissions have been estimated to be avoided this quarter due to TDP funded telecare (with an associated avoidance of 13,312 care home bed days utilised);
- 7,150 people able to maintain themselves independently at home due at least in part to TDP funding;
- 2,470 estimated nights of sleepover care/wakened nights for individuals made unnecessary this quarter as a result of TDP funding;
- 11,676 home check visits were made unnecessary;
- 105 respite care support packages were estimated to have been reduced or replaced appropriately by the use of TDP funded services;
- 459 carers were identified for whom telecare was estimated to make a significant, identifiable impact on their quality of life.

Other Activities That Have Been Progressed by the Telecare Programme Board During 2008/9

- A national Telecare Strategy (2008-2010) was completed in May 2008, and was endorsed by the Minister for Public Health. It contains an Action Plan with specific tasks, responsibilities and timescales;
- A Telecare Review framework was produced in July 2008 to analyse the barriers and enablers more effectively at a local level (to inform the overall programme). This has enabled specific and targeted support to be provided to the nine partnership areas that were regarded as making slow progress. All nine telecare reviews are currently progressing, with anticipated phased completion by February 2009;

³⁰ Joint Improvement Team. *Progress Report: National Telecare Development Programme*. 18 November 2008 (subsequently updated).

- A standards framework for telecare services was completed in November 2008 that is considered suitable for the needs of Scotland;
- An awareness raising DVD, and a library of digital stories have been commissioned to capture the experiences of real people involved in the Telecare Development Programme. These media are considered to often have a greater impact than statistical analysis, and will be completed by December 2008;
- Ongoing support and funding is being provided to three telehealth projects being taken forward by NHS Lothian, Lanarkshire, Greater Glasgow & Clyde (Argyll & Bute CHP) to enhance innovation and promote telecare/telehealth convergence.

APPENDIX N

Telecare Programme Charging Note



Telecare Development Programme Board

Charging Note (for information) – August 2007

1. This information note is primarily designed for partnerships who may be reviewing current charging arrangements for Telecare services. It should also interest any who are concerned to increase the take-up of telecare services, and are concerned about the possible deterrent effect of charges.
2. The information is taken from the “Stage 2 information requirements” questionnaire which was completed by Partnerships in April 2007. The spreadsheet attached summarises the answers from the 32 Partnerships. (No attempt has been made to verify the answers in the questionnaires or seek additional information.)
3. The spreadsheet indicates a wide variety of policies. 12 partnerships (37.5%) make no charge for any aspect. Six (19%) make a flat rate weekly charge, with no means test, ranging from £1- £4.00 per week. The remaining 14 partnerships (44.5%) have a means tested charge, sometimes as part of a charging arrangement for all domiciliary services, or for housing support, sometimes for the response service (but not the equipment), or ‘just’ for the community alarm service.
4. In at least four partnerships charges have been reviewed in the recent past. West Lothian and Falkirk have abolished charges, while Glasgow and Inverclyde introduced charging following their reviews. Fife and Midlothian indicated that they plan to review their charging policy.
5. Because of the range of policies (and the complexity of some) it is difficult to assess income levels and the extent to which these contribute to the revenue costs of the service; however, these could be potentially significant. A large authority in the North East, with 6000 Community alarm service users, and a flat rate charge of £1 per week, will attract over £300,000 per year of income to support its service. Another, in the West, with a charge of £4, currently attracts over £400,000, at current levels of service.
6. **Issues worth considering if a Review is proposed:**
 - a) *The deterrent effect*

Experienced Telecare managers report that potential users can be put off as soon as any charge is mentioned. This is particularly important where the focus of the service is preventative and supportive; i.e. designed to maintain independence and a feeling of security. Faced with having to pay a fixed charge or a means test, it is reported that many will say that they ‘prefer to wait a little longer’ before accepting assistance. It may also be argued, if living

as a tenant, that the cost of any equipment and even elements of the response service should be included in the rent, along with other management/service charges.

b) *Income maximisation*

In some areas, advice on benefits and help with means tests, particularly for more vulnerable people, is a major part of the local anti-poverty strategy. Application of a means tested charging policy is used as a good opportunity for an individual review of entitlements and income levels, and so income and benefit advisers play a significant role in charging arrangements.

c) *'Free Personal Care'*

There is no specific reference to Telecare, assistive equipment, or Community Alarm services in the definition of 'personal care' in the guidance for the Free Personal Care policy, when the care is provided at home. As Telecare develops in sophistication, (for example for people with dementia) it may cross the boundaries of what is free, and what can be charged for. Obviously, if no charge is made for any Telecare service, then these difficulties and complexities are avoided.

d) *Charging for Health Care*

Likewise, Telecare offers support and risk reduction for needs that do not easily fall within traditional definitions of health and social care. Joint developments of Telehealth and Telecare services, where precise definitions of these terms are unimportant are strongly encouraged. Health Care cannot be subject to any charge, so where there is a charge for existing Telecare/Community Alarm services by a local authority, it may inhibit these kinds of seamless joint developments.

e) *Collection Costs*

It is sometimes argued that the cost of collecting small charges exceeds the level of income. This could be the case where there are levels of arrears which have to be pursued, where charge cards and direct debit arrangements are not appropriate or available. The client group may not easily distinguish different charges for installation, a response service, and a call centre, so a lot of advice and support may be required. However it is unlikely that staff deployed to collect such income and support its collection will have that as their only job, so that savings from abandoning charging are unlikely to be substantial.

**Summary of Partnership Approaches to Charging for Telecare Services
(as at April 2007)**

Partnership	Charging	Charging Details
Aberdeen City	x	
Aberdeenshire	✓	£1 per week for the Community Alarm Service
Angus	x	
Argyll and Bute	✓	Standard charge of £4 per week for all service users regardless of the telecare package which they require
Clackmannanshire	x	
Dumfries and Galloway	✓	£2.59 per week for the 'response service' centre
Dundee	✓	£1 per week
East Ayrshire	✓	£3.50 (max) per week
East Dunbartonshire	✓	£3.26 per week for Hourcare 24 Alarm
East Lothian	✓	£1.28 per week
East Renfrewshire	✓	£1.15 per week
Edinburgh	✓	£4.50 for Community Alarm Service; £6.50 for Alarm with Assistive Technology; Housing Support & Inclusion Service: Minimum Range (up to 1 hour) - £8.00 Medium Range (2-3 hours) - £16.00 Extended Range (over 4-5 hours) - £20.00 Enhanced Range (5 hours) - £30.00
Eilean Siar	✓	£1.25 per week
Falkirk	x	
Fife	x	Under review
Glasgow	✓	Charge applied from 1 April 2007 to reflect Cosla guidance on Non Residential Care Charging Policy for Supporting People funded services.
Highland	✓	£2.13 per week
Inverclyde	✓	£1 per week for the Community Alarm Service
Midlothian	x	
Moray	x	
North Ayrshire	✓	£3 per week
North Lanarkshire	x	
Orkney Islands	x	
Perth and Kinross	x	
Renfrewshire	✓	£1.62 per week
Scottish Borders	✓	£2 per week
South Ayrshire	✓	£2.60 per week
South Lanarkshire	✓	£1.54 per week
Shetland	x	
Stirling	✓	£1 per week
West Dunbartonshire	✓	£2.31 per week (2 weeks free per year) for those in private housing
West Lothian	x	



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