

# Telecare to 2012

## An Action Plan for Scotland

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ISBN 978-1-78045-064-3

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Produced for the Scottish Government by APS Group Scotland Ltd DPPAS11256 (03/11)

Published by the Scottish Government, March 2011

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## 1.0 INTRODUCTION

This Action Plan has been developed by the national Telecare Programme Board and builds directly upon the 2008-10 Telecare Strategy. It provides continuing strategic direction and support for Local Partnerships and other key stakeholders in the development and implementation of their telecare programmes.

Alongside this, a more co-ordinated approach with telehealth will be progressed, and this Action Plan is specifically designed to be complementary and provide additional impetus to actions within the “Strategic Framework for Telehealth” published by the Scottish Centre for Telehealth/NHS 24 (April 2010).

## 2.0 CONTEXT

The way in which health, housing and social care services are delivered in Scotland is undergoing considerable change.

Since 2006, the Scottish Government has prioritised ‘*shifting the balance of care*’ to do more to prevent problems arising, and to address them early on, so that wherever possible health and care services are provided in people’s own homes and local communities, rather than in care homes and hospitals. The Scottish Government has progressed a new *Healthcare Quality Strategy*<sup>1</sup> (May 2010) which is designed to make Scotland a world leader in the delivery of high quality healthcare services, but also provides an overarching context for partnership working with local government and other key stakeholders. Three quality ambitions are outlined which aim to ensure all our care services are **person centred, safe and effective**.

The Quality Strategy provides the basis “for us all to focus our combined efforts on what is required to address current and future challenges”. This approach should ensure greater coherence and alignment of objectives, and assist to drive forward specific areas of activity, including;

- *Reshaping Care for Older People*<sup>2</sup> has been launched with national and community based discussions progressing on the best approach to address the needs of our ageing population.
- In June 2010 a national *Dementia Strategy*<sup>3</sup> identified dementia as a national priority, and intended to lead to a fundamental reshaping of dementia care in Scotland.
- *Caring Together and Getting It Right for Young Carers* was published on 26 July 2010, to give better support to the many thousands of unpaid carers in Scotland, without whom the formal health and care service providers could not deliver an effective service<sup>4</sup>.
- A statement of aims and ambitions in relation to the digital economy *A Digital Ambition for Scotland*<sup>5</sup>, was published in October 2010, with a full strategy and action plan anticipated in early 2011.
- *Wider planning for an Ageing Population* has been published to reflect the housing dimension of addressing the needs of our changing population.

1 <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/Q/EditMode/on/ForceUpdate/on>

2 <http://www.scotland.gov.uk/Topics/Health/care/reshaping>

3 <http://www.scotland.gov.uk/Topics/Health/health/mental-health/servicespolicy/Strategy>

4 <http://www.Scotland.gov.uk/Publications/2010/07/23153304/0>

5 <http://www.scotland.gov.uk/Topics/ArtsCultureSport/arts/DigitalAmbition/DigitalAmbitionScotland>

The Healthcare Quality Strategy will be implemented through a range of existing and new programmes of work (including all of the above), recognising the potential role that technology enabled services can play in supporting the delivery of Scottish health, housing and social care priorities.

Significant progress has been made by the Scottish Government on telecare and telehealth developments since 2006, with increasing convergence between these previously separate areas of activity over the past 18 months. Very real benefits have resulted from collaborative and integrated working at both a national and local level, and the term 'telehealthcare' has been used to describe the coming together of these activities.

In the current financial and demographic climate, the need for bold transformational change has never been greater. The role that telecare and telehealth can play in support of such change is significant and positive. This Action Plan seeks to further realise that potential, and support local partnerships to utilise telecare as a key element of fundamental service redesign. This will be part of the wider approach to pursuing our aims for person centred, safe and effective care.

Local Partnerships are urged to seize the opportunity afforded by the recently announced Scottish Government Change Fund (£70 million for 2011/12) to implement technology enabled care redesign **at scale** to deliver sustainable, personalised health and care services to meet the needs of the people of Scotland.

### 3.0 'TELE' TERMINOLOGY

The terminology surrounding telecare and telehealth can be confusing, with different terms used interchangeably both at a Scottish, UK and international level. However, it is also acknowledged that having a recognised 'branding' during the development phase of any initiative can be useful to support its implementation and expansion. The following definitions have been used for the purpose of this document, however it is recognised that the language used requires to be simplified, and this action plan includes activities to address this.

#### Definitions:

**Telehealth** is the provision of health services at a distance using a range of digital technologies. Examples of telehealth include video consultations to support diagnosis and management, clinical networks and health professional education.

**Telecare** is the remote or enhanced delivery of care services to people in their own home or in a community setting by means of telecommunications and computerised services. Telecare usually refers to sensors and alerts which provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle changes using information and communications technologies (ICT) to trigger human responses or shut down equipment to prevent hazards.

**Telehealthcare** is the convergence of telecare and telehealth to provide a technology-enabled and integrated approach to the delivery of effective, high quality health and care services. It can be used to describe a range of care options available remotely by telephone, mobile, broadband and videoconferencing.

## 4.0 TECHNOLOGICAL DEVELOPMENTS

The convergence of telecare and telehealth is also an important evolution from a technological perspective as instead of a variety of closed point solutions, future systems should:

- Be **smaller, cheaper** and **easier to fit** in to our homes (this includes the use of **wireless** where appropriate)
- Enable or support both **health and well being** management simultaneously
- Exploit both **mainstream** devices such as digital TV, laptops, smart phones and the internet as well as **specialised monitoring and measurement** devices where appropriate
- Support greater service user **independence**, whilst maintaining **reassurance** of access to health care services
- Be **multimodal/multisensory** providing a greater number of users with access to the system via novel interaction methods such as speech, gesture and tactile and auditory output
- Be **configurable** at a user interaction and systems level making them **personalisable** over time both by the individual and by others as care needs change
- Empower the user and promote **self management** of care
- Continue to **link with a wider context** both technologically (for example personalised health records PHRs) and socially (peer supported behaviour modification and social networking support)
- Enable swift and appropriate **transfer and management of complex data** i.e. the right information to the right person at the right time

All of which present significant opportunities and challenges for health, housing and care providers, and the way in which services can be accessed, configured and delivered.

## 5.0 THE VISION

The Telecare Programme Board will promote technology enabled care as an essential means;

***To support as many people as possible to live at home for as long as they want to, in comfort and safety, with the best possible health and quality of life.***

## 6.0 OUTCOMES

### Quality Ambitions

The Healthcare Quality Strategy outlines 3 Quality Ambitions to focus activity in support of the aim of delivering the best quality care to the people of Scotland, these are;

- Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
- There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

- The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

Discussions are progressing with COSLA (Convention of Scottish Local Authorities) to develop a wider partnership approach to these care ambitions for Scotland. For telecare service delivery, the Telecare Programme Board fully endorse the overarching principles of person centred, safe and effective care.

It is acknowledged that further work requires to be undertaken over this coming period at a national level to more closely align telecare's contributions to the priorities and outcomes identified within Local authority Single Outcome Agreements and the developing Quality Outcomes Measures (being developed as part of the Healthcare Quality Strategy). This is a necessary and valuable piece of work, as it will ensure that telecare becomes appropriately integrated and recognised within mainstream monitoring and performance reporting processes.

As the generic funding provided to all local partnerships by the Telecare Development Programme is due to conclude at the end of March 2011, the current programme monitoring (which is undertaken on a quarterly basis and facilitated by the Joint Improvement Team) will also cease at this time. However, local partnerships are encouraged to continue to evidence and report on telecare's contribution to the following objectives at a local level;

- Reduce the number of avoidable emergency admissions and readmissions to hospital
- Increase the speed of discharge from hospital once clinical need is met
- Reduce the use of care homes
- Improve the quality of life of users of telecare services
- Reduce the pressure on unpaid carers
- Extend the range of people assisted by telecare services in Scotland
- Achieve efficiencies (cash releasing or time releasing) from telecare investment

### 7.0 WHERE WE ARE AT PRESENT

#### Telecare

Progress with telecare service development has been assisted through £20 million of Telecare Development Programme (TDP) funding<sup>6</sup>, and wider support under the telecare strategy 2008-10<sup>7</sup>.

An independent assessment of telecare progress to March 2010<sup>8</sup> found that:

- Over 29,000 people had received a telecare service using TDP funding since the programme began in 2006.
- Over 2,000 of these people are known to have been diagnosed with dementia, but the true number of people with dementia is likely to be higher.

<sup>6</sup> This funding began in 2006, and will come to an end in March 2011.

<sup>7</sup> <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>

<sup>8</sup> Newhaven (2010) The development of Telecare in Scotland 2006-10 (forthcoming)

- As a result of actual TDP (plus match funding) expenditure incurred by March 2010<sup>9</sup>, efficiencies were secured (principally in the form of care home and hospital bed days saved/avoided admissions) with an overall gross value of around £48 million.
- Good progress has also been made in wider terms, such as the development of recognised standards for telecare services, and a Telehealthcare Education and Training Strategy in partnership with the Scottish Centre for Telehealth (SCT).

Separate research commissioned by Carers Scotland also shows a wide range of positive effects of telecare on caring roles and circumstances, including high levels of confidence in the quality of services, and increases in quality of life for both carers and for the person they care for<sup>10</sup>.

### Telehealth

A range of telehealth pilots, trials and service developments have been pursued since 2006, supported by the establishment of the Scottish Centre for Telehealth (at an investment cost of approximately £1 million per annum). Full details of all telehealth initiatives known to SCT are available on their website<sup>11</sup>.

A review of the activities and impact of the SCT was completed in 2009. This established SCT within NHS24 from 1 April 2010, and put in place a strategic framework to drive and deliver national telehealth solutions across 4 clinical areas – Stroke, Paediatrics, COPD and Mental Health. The review also stressed the importance of working in partnership with the Telecare Development Programme to provide a comprehensive and integrated approach across health and care services.

### Telehealthcare

At local partnership level, all parts of Scotland are making progress with the introduction of more integrated, telehealthcare services. It is evident that some parts of the country are progressing faster than others.

The 32 local partnerships within Scotland report<sup>12</sup>:

- A significant level of innovation.
- Increasing emphasis on health monitoring at home, with projects being trialled or developed in about two thirds of partnership areas. This includes:
  - Use of medication dispensers (Aberdeen, Falkirk, Fife and Renfrewshire).
  - Falls management programmes (East Ayrshire, Edinburgh, Falkirk, Fife, Perth & Kinross and South Ayrshire).
  - Chronic Obstructive Pulmonary Disease (COPD) projects (Inverclyde, Moray, North Lanarkshire, Renfrewshire, Stirling and West Lothian).
  - Home pod units (Argyll & Bute).
  - Diabetes monitoring (Edinburgh).
  - Childhood obesity management (West Lothian).
  - Fitness in older people (Moray).

9 Approximately £13 million.

10 Jarrold, K., and Yeandle, S (2009) 'A weight off my mind', Glasgow: Carers Scotland

11 <http://www.sct.scot.nhs.uk/projects.html>

12 Sergeant, E (2009) Summary of Telecare Services in Scotland (December)

However, partnerships also report that a number of issues are hampering the development of such services within their localities:

- Most advise that engaging all relevant partner organisations is difficult.
- Many report limited commitment from senior management.
- In some areas the potential impact of integrating telecare and telehealth seems poorly understood.
- Many health, housing and social care workers have little knowledge or understanding of telecare, telehealth and telehealthcare.

Linked to these issues is a generally conservative approach at a strategic level to the redistribution of existing resources.

### 8.0 THE SIZE OF THE TASK AHEAD

Compared with most other countries, Scotland is currently performing well in the development and implementation of telehealth and telecare services for its citizens. Around 19% of those aged 65 and over use community alarm systems, 3.5% enjoy more sophisticated social care packages and 1% benefit from a bespoke telehealth package<sup>13</sup>. This is something to welcome and celebrate, and in overall terms we consider this to be solid progress - however there is much still to do.

We believe this next phase of development should focus primarily on actions which expand telecare as a mainstreamed service and integrate it with other provision and processes. This will;

- enable greater access to telecare services for users and carers,
- expand the awareness, confidence and proficiency of the health, housing and care workforce,
- and provide a more robust platform from which more innovative technologies and services can spring.

While there is no explicit definition of what a mainstream service is, intuitively it is where telecare is simply seen as a routine option for helping people meet their care needs. Using this as a yardstick, we have some considerable way yet to go. In only a minority of local partnerships can telecare be considered mainstreamed, and no partnership has yet achieved this with regard to telehealth.

This action plan identifies the specific activities the national Telecare Programme Board will undertake to help to bring this about, and outlines some priority areas we consider opportune for expansion and integration at a local level.

### 9.0 THE WAY FORWARD

The key challenge facing Telecare in Scotland now, building upon achievements to date, is **to secure mainstreamed and integrated telecare service provision**, and thereby support the independence and wellbeing of as large a number of potential users as possible.

This is likely to be achieved through a mixed economy of care, with some provided by the public sector, some direct by the private market and some purchased directly by or on behalf of service users e.g. via Self

<sup>13</sup> Empirica/WRC (2008) ICT & Ageing: European Study on Users, Markets and Technologies  
[http://www.ict-ageing.eu/ict-ageing-website/wp-content/uploads/2008/11/ictageing\\_vienna\\_handout\\_final2.pdf](http://www.ict-ageing.eu/ict-ageing-website/wp-content/uploads/2008/11/ictageing_vienna_handout_final2.pdf)

Directed Support. Local partnerships should lead on developing a strategic response to this challenge and should take forward delivery where this involves the public sector, funding this from a redistribution of existing health and care budgets.

**Expansion of existing Telecare Services**

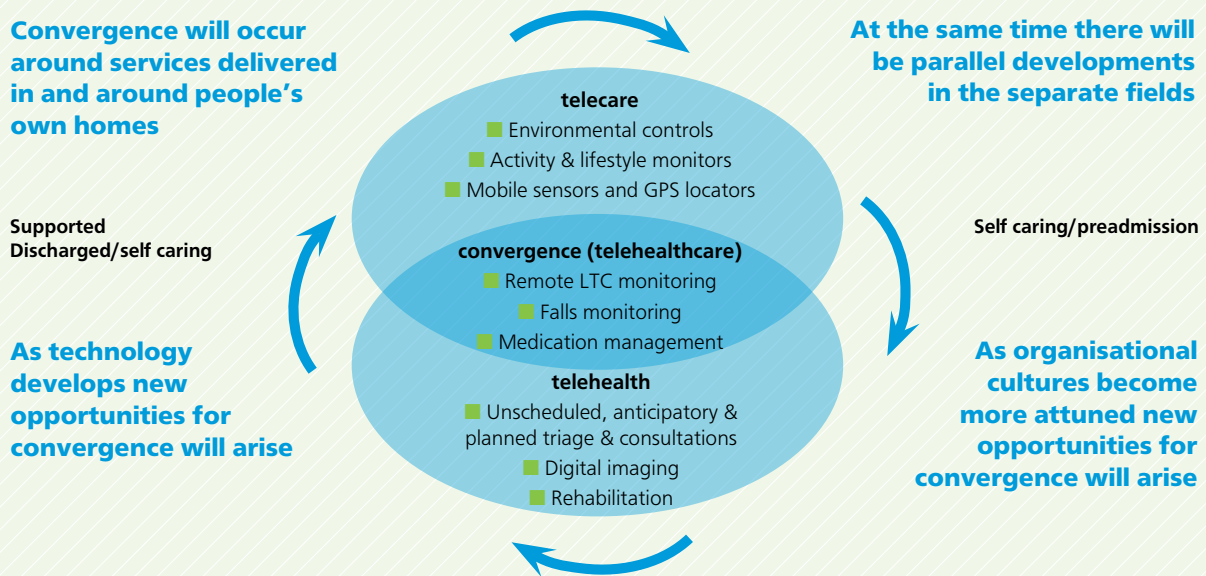
Local partnerships are urged to regard telecare as one of the key ‘tools’ they should deploy in support of local transformational change plans. It is therefore anticipated that the expansion of telecare will feature as an important element of local Change Fund activities and Community Planning priorities, with ‘roll out’ targets established.

Experience has demonstrated that the ability to secure the benefits offered by telecare, are dependent upon ensuring robust assessment, referral, financial and asset management processes are in place at a local level. In addition, the analysis and integration of telecare data with other IT systems will become more important in support of a preventative and personalised approach to ‘upstream’ care management. Local partnerships should therefore ensure that the supportive infrastructure for telecare expansion is either progressing or in place. The Telecare Programme will continue to offer advice or assistance with this on an individual basis if requested.

**Integration with Telehealth**

The following diagram illustrates our view of how and where telehealth and telecare are likely to come closer together over the next five years.

**TELEHEALTHCARE - areas of Telehealth & Telecare convergence, 2010-15**



**Collaborative Working Priorities:** The Strategic Framework for Telehealth identifies a number of ‘underpinning infrastructure’ challenges that would benefit from collaboration across the national telecare and telehealth programmes in support of local activity, e.g. Education & Training. There is also a need to improve the standards and technical infrastructure available to support the expansion and reliability of telecare e.g. broadband, mobile and technical interoperability between different suppliers of equipment. The Telecare Programme Board will continue to work with NHS 24, SCT and others to progress these.

**Service Delivery Priorities:** Building upon the experience from within Scotland and other areas, the priority areas for the integration of telecare and telehealth at a service level over the next two years are;

### 1. Supporting the prevention, self management and monitoring of long term conditions at home (e.g. Chronic Obstructive Pulmonary Disease, Dementia, Heart Failure).

#### Case study Example:

Argyll and Bute Partnership have developed a Telehealth Project, which evolved from their existing telecare service. The project set out to;

- expand the use of technology to support long term conditions (LTC);
- develop expertise in local staff to use remote monitoring as part of patient care;
- link the work on monitoring long term conditions to the reduction in crisis admissions to hospital for this patient group;
- and assist patients to manage their health more effectively.

Three types of technology approaches were trialled: home telehealth pods for people with COPD; surgery telehealth pods for more general health monitoring; and telehealth pods placed within community facilities. The touch screen pods are designed to enable patients to measure and record a range of key variables, including their weight, body mass index (BMI), oxygen saturation, pulse and blood pressure without clinical supervision. Information which is gathered from the person's home pod is sent by wireless or broadband to a secure server (maintained by a third party and behind the NHS firewall). Nominated community nursing teams check this website daily and are alerted to any changes in the patient's condition, enabling appropriate follow up communication and action to be taken where necessary. The surgery pods are configured to transfer patient data instantaneously into the electronic patient record system. The community pods, which are being mainly used for people with hypertension, have been designed to gather information specific to each individual's health needs, with data transferred onto a secure, NHS firewalled website for health professionals to review.

An evaluation of the project was undertaken by UHI, Argyll & Bute Council, University of Aberdeen and NHS Highland and a report was published in May 2010. This included user satisfaction, with users being generally older people (range 62- 102 years). The overall findings of the evaluation are positive and support continuation of the telehealth scheme. The home pods have been well received and effective. The reduction in hospital admissions observed for people with COPD was sufficient to support a continuation and expansion of the scheme within the wider Highland area.

A full copy of the report and its conclusions/recommendations can be accessed via the JIT website <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/learning-network/health-monitoring-at-home/>

## 2. Developing ways to anticipate and respond quickly to vulnerable people who are at high risk of falling.

### Case Study Example;

Over the past 18 months, Perth & Kinross Council Community Alarm and P&K CHP Falls Service have been working together with other key stakeholders on a project exploring the potential role and benefits of telecare within the management of falls and fractures in older people. Two other partnership areas (Falkirk/NHS Forth Valley and South Ayrshire/NHS Ayrshire & Arran) are involved in complementary approaches. Learning and progress is shared on a collaborative basis within quarterly workshops which are open to all local partnership areas.

Each of the 3 partnerships have identified planned improvements for their services, as part of the overarching 'Up and About – Pathways for the Prevention & Management of Falls' approach. Perth & Kinross are trialling a 'falls screening service' to enable repeat fallers from the community alarm service to be referred directly to the falls service. This would allow the early identification of fallers, and enable appropriate falls assessment and interventions to take place which aim to reduce future falls risk and allow clients to remain at home for longer.

A part time falls screener post became operational at end August 2010 and a training programme and appropriate documentation/processes have been developed. Initially the Community Alarm Falls Screener concentrated on clients with the largest amount of falls within a 6 month period. These were clients with multiple, complex health/social problems. Many were already known to health/ social care services therefore limited further intervention could be provided. Advice was however offered to these clients on environmental issues, alcohol advice, use of mobility aids etc.

Having completed a review of clients with a history of multiple falls, the Community Alarm Falls Screener is now concentrating on identifying and visiting clients as soon as possible after their second fall. Initial findings are positive, but as the project is in early development phase it is difficult as yet to publish any specific conclusions. The project aims to develop a business case to demonstrate quality of life and cost effectiveness as a direct result of investment in preventative services. Further work on a multi partnership basis is progressing to capture progress, share learning and expertise as it proceeds. Significant peer support is offered to develop robust solutions.

### 3. Providing help at home to support people to improve their use and management of prescribed medication and therapies.

#### Case Study Example:

Pill dispensers are used in a number of local partnership areas to assist in the management of medication. The dispenser is programmed with dosage and times. An alarm sounds to prompt the user to take their medication and the dispenser will only allow the tablets for that specific dose to be available. If the medication has not been taken, then the dispenser reminds the user that a dose is due. An alert will be sounded if the medication is not accessed within the following hour. Where the pill dispensing equipment is linked to a call handling and monitoring service, the alert allows appropriate follow up action to be taken. Some services are also using text alerts to mobile phones as a medication prompt.

Local examples of positive experiences in Renfrewshire include;

- One service user who previously had numerous hospital admissions due to overdoses, has been maintained at home for a lengthy period without any admissions to hospital.
- Two service users within the same household, who constantly confused their medication (both with mild dementia along with other underlying health conditions) were allocated their own individual pill dispensers. This ensured the correct medication was dispensed to each user at the right time.

In addition to service user benefits, Renfrewshire Partnership identified that a project around medication management also improved communications between the telecare provider, community pharmacists and responder teams. This demonstrated the benefits for all stakeholders through joint working. Patients require to be assessed appropriately from both a pharmaceutical care and telecare/home care perspective. It also highlighted that service users with early onset of dementia were able to understand the prompts from the device and managed this process, whilst those with more severe symptoms appeared unable to cope.

Further work on medication management options is being progressed by Falkirk/Forth Valley to increase awareness and assess costs/effectiveness.

#### 4. More systematic monitoring and analysis of data from telecare and telehealth systems to enable an integrated approach to preventative, anticipatory care.

##### Case Study Example:

Mr E is 79 and has dementia. He lives alone with the support of his daughters and attends a local day centre. He started to have falls in his home but was not able to use his community alarm to call for help. His daughters were very concerned at the risk of further falls and worried that he was possibly increasing this risk by getting up in the night. A telecare 'memo-minder' (a device that plays pre-recorded messages when it senses movement) was installed with a message from his daughter telling him to go back to bed, but this made him think she was in the house and go looking for her, so it was removed. Lifestyle monitoring was then suggested to Mr E and his daughter, and they were keen to try it. Mr E's records showed a great deal of night time activity in and out of the bathroom, bedroom and kitchen as well as around the front door. Mr E's daughter took copies of these reports to her father's next consultation with his geriatrician and this information enabled the consultant to prescribe medication to reduce anxiety and give Mr E a good night's sleep. Within a few days Mr E's night time activity was reduced to a couple of bathroom visits. He was still going to the front door a great deal during the day – 128 occasions on one day – so the consultant, who had been planning to reduce his medication, was able to use this data to reconsider. Unfortunately Mr E suffered a major stroke in March. The lifestyle monitoring system detected lack of movement in the morning and activated a red alert, enabling a response to be sent to his home.

Local Partnerships are encouraged to progress development activities around these areas of service delivery, and explore opportunities for greater integration across health, social care and housing. The Telecare Programme Board will work with the Scottish Centre for Telehealth and others to provide support, develop good practice and transfer knowledge of progress across Scotland.

### 10.0 NATIONAL TELECARE SUPPORT ACTIVITIES

The Telecare Programme Board will play a number of important roles to assist local partnerships meet the challenges outlined.

#### 1. We will provide strategic leadership.

**Governance:** We will work with other key stakeholders to put in place a more comprehensive governance and strategic framework at a national level to further support integrated, technology enabled working across health and care services.

**Terminology:** We will seek to improve the language used in this area, as a way of encouraging faster take up. 'Telecare, telehealth, and telehealthcare' are not familiar terms for the people they benefit - an overarching, more user friendly and intuitive term is needed.

**Funding Collaborations:** We will work with organisations applying to the Technology Strategy Board (TSB) and other funding bodies to secure additional resources to support the expansion of telecare in Scotland. This will ensure a more collaborative and comprehensive approach<sup>14</sup>.

**Cost Modelling:** We will link with work progressing on the 'Integrated Resource Framework'<sup>15</sup> to help local partnerships be clearer on the cost and quality implications of different forms of care provision.

**Measuring Impact:** Process and outcome information will continue to be essential for reviewing progress (particularly with respect to shifting the balance of care) and planning future telecare and telehealth services. We will identify ways in which the outcomes from telecare can be evidenced in support of the Healthcare Quality Ambitions and local authority Single Outcome Agreements. We will continue our work assembling and disseminating evidence on the efficiency and effectiveness of telecare.

**Research:** We will act as a conduit between industry, practice and academia to encourage market opportunities around product and service development, support collaboration and help to inform the research agenda so that it can better address the needs of our population.

**Awareness Raising:** Whilst good progress has been made on raising general levels of awareness of telecare, this requires to be accelerated as part of an ongoing Communications Strategy. This will be reviewed on an annual basis.

#### 2. We will help develop the service infrastructure needed to ensure high quality telecare is delivered.

##### *Training and Education*

Good progress has been made on this activity area over the past year. We will continue to work with SCT/ NHS 24 to ensure that an appropriate range of training and education opportunities is developed for senior managers across the health, social care and housing sectors, and for those involved in the operational delivery of telehealthcare - assessors, equipment installers, call handlers and responders (including support workers, home carers, unpaid carers and volunteers). Where appropriate this training will be independently validated and lead to the achievement of accredited standards. We will work with NHS Education Services (NES) and others to identify how training needs can best be supported.

<sup>14</sup> <http://www.innovateuk.org/assets/pdf/competition-documents/briefs/assistedlivingmodelscomp.pdf>

<sup>15</sup> <http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>

A national framework for improving telehealthcare training and education in Scotland has been developed<sup>16</sup> and we will drive the implementation of this framework forward.

*Champions/Learning Networks:*

We will continue to resource champions/learning networks to facilitate the sharing of information and best practice. We will also explore ways of providing these in a more cost effective way and in support of collaborative working.

**Standards:**

*Service Standards:* It is fundamentally important that service standards remain fit for purpose as the range of technology supported care packages widen. We are aware that there are others interested in standards development, and we will seek to work with them where our interests coincide.

While service standards for telecare have been established and promoted, there is a need to ensure that these remain reflective of an ever changing environment. We will keep telecare standards under review and assist the development of a code of practice for telehealth in order to ensure a complementary and joined up approach.

*Regulation & Inspection:* We will further engage with health, social care and housing regulator bodies to support faster and more effective adoption of telecare and highlight the progress that has been made on telecare service standards.

*Technical Standards:* As the range of sensors, devices and applications continue to expand, there is a need to ensure these connect and work together within and outwith the home environment where necessary. We will work with others across the UK on technical standards, to ensure that Scotland is able to optimise the benefits of the range of equipment available.

*Digital & Mobile Communications Infrastructure:* Without the availability of a reliable and suitable communications infrastructure (broadband & mobile phone network coverage), realising much of the potential of next generation telecare will be difficult. This is an issue which is not exclusive to remote and rural areas. We will contribute to the wider 'digital' agenda and explore the benefits of mobile technology, to support people outwith their homes and enable participation in wider community activities.

**3. We will continue to identify efficiencies in the delivery of telehealthcare services:**

*Procurement:*

UK wide responsibility for streamlined telehealthcare procurement transferred from *NHS PASA* to *Buying Solutions* on 1 October 2009. We will encourage future telecare purchasing activity through this route where appropriate.

We will also work with Scotland Excel to pursue the possibilities for further innovation in telecare procurement (such as using procurement to deliver sustainable benefits in addition to financial efficiencies). Streamlined procurement processes, with clear requirement definitions and outcomes will reduce the risks and speed up the deployment of solutions. An early engagement with industry on requirements is planned to enable progress to be made on the necessary planning on business modelling/changes in the market place. It is also anticipated that a clear specification of requirements will assist SME's (Small and Medium

<sup>16</sup> <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>

Enterprise Companies) to contribute as part of a more integrated network.

### *Rationalise Responder services*

Current arrangements for handling calls/alerts and responding to emergency situations identified through telecare services require further exploration and development.

- Some parts of Scotland have more capacity to handle calls than is necessary, while others have too little.
- Some areas have well developed response services, while in others the effective use of telecare is being held back by under developed response arrangements. This includes technical deficiencies such as lack of broadband or mobile phone connectivity.

We will establish a working group to lead on rationalising and improving response services for the future, as an important part of the shared services agenda.

### *Asset Management*

There is a need for more robust asset management of telecare equipment at a local level. We will encourage telecare asset management to be embedded within mainstream installation, repair and maintenance approaches to ensure reliability, responsiveness and cost efficiency e.g as part of joint community equipment stores, ongoing repair, upgrade and maintenance programmes.

## **4. We will explore opportunities for service innovation and data integration**

The information that telecare generates – for example on how a vulnerable person’s pattern of daily activity is changing over time – holds enormous potential for finding new, better ways to assist them in future. The information generated by telecare can also challenge current ways of working and the assumptions that form the basis of existing care pathways. While this information must and will at all times be treated with absolute respect in terms of confidentiality and people’s privacy, we will explore innovative ways in which the data can be used to develop a better and more pro-active health and care service for the people of Scotland.

## **5. We will keep all aspects of the telecare policy framework under review, to ensure it is responsive to a quickly changing environment and continues to support wider Government priorities.**

### *Exploring new roles for the public and private sectors*

Peoples experience and expectations of technology and its role in providing care are changing very rapidly. People will increasingly expect to be offered and be able to access technology enabled care solutions. Indeed, they and their families may choose to buy telecare equipment off the shelf as part of a stand alone solution to changing circumstances. However, those currently at risk of missing out on the potential of technology are those who are also most at risk of social exclusion (older people, people with disabilities, people living in remote and rural locations, people with sensory impairments, and people with long term health conditions) and these people are likely to create the most significant demand on community based health and social care services.

These factors need to be carefully considered, and the whole question of which services might be provided by the market, and which should be provided by the public sector remains to be properly addressed. A functioning private market may help drive up demand, leading to higher sales volumes and lowering of prices. While the market can in principle deal with the needs of many of those with low level needs and generate wider awareness to support further public sector service change, the implications of this need to be thought through and we will take the lead on this.

### *Service Charges*

Recent studies<sup>17</sup> have recommended that charging for telecare service provision should be made more transparent and equitable.

We will work with others to investigate ways in which a more consistent approach to charging for telecare may be achieved across Scotland, however it is acknowledged that this requires to be progressed within the framework of local decision making for local circumstances.

## **11.0 WORKING TOGETHER**

The SSAC forum on telehealthcare for assisted living in October 2009<sup>18</sup>, made the case for greater collaboration between the public and voluntary sectors, industry and academia. This recognises the need to work collectively with the entire health and care ecosystem to deliver mainstream telehealthcare services in Scotland.

The Telecare Programme Board will work with the Scottish Centre for Telehealth/NHS 24 to explore ways of supporting greater collaboration and joint working across this wider partnership environment.

## **12.0 NOW IS THE TIME FOR ACTION**

This is a critical period for telecare in Scotland, as local authorities and the NHS will be making key decisions on future service structures.

These decisions must be truly transformational, and the extent to which telecare can play a key part in improving services must be clearly and widely understood by Chief Executives, Finance Directors and senior officers within the local authority, voluntary and health sectors.

We will be making strong representations to these leaders, to ensure telecare becomes a key element of future local service provision.

Telecare offers the immediate possibility of delivering better services at lower cost for the people of Scotland and of stimulating new commercial opportunities for Scottish companies in an expanding global market. We must not miss it.

<sup>17</sup> For example, Jarrold, K., and Yeandle, S (2009) 'A weight off my mind', Glasgow: Carers Scotland <http://www.sct.scot.nhs.uk/projects.html>

<sup>18</sup> "Telehealthcare: A Time for Action" – SSAC Report from one day forum on Telehealthcare technologies for assisted living (2009)

**APPENDIX ONE:**

**TELECARE PROGRAMME BOARD: IMPLEMENTATION PLAN 2011/12**

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
<b>1. STRATEGIC LEADERSHIP</b>					
<b>A comprehensive governance and strategic framework which supports integrated working across telecare &amp; telehealth</b>	Assist establish high level Advisory Board to drive telecare & telehealth, reporting to Scottish Ministers	Identify appropriate governance, structure, remit and membership for Advisory Board and links with other relevant bodies e.g. Life Sciences Industry Advisory Board.  Explore ways of supporting greater collaboration and joint working across the wider telehealthcare environment e.g. academia, industry, vol sector.	July 2011  Ongoing to Mar 2012	JIT/SCT	Opportunity to streamline strategic planning across telecare and telehealth at a national level and develop a more joined up approach with key stakeholders.
<b>Improved and simplified terminology</b>	Develop more user friendly language	Undertake 'competition' to suggest a better, more user friendly terminology whilst raising awareness.  Promote use of new language via media coverage of 'good news' stories	Summer 2011  Ongoing to Mar 2012	JIT/SCT	Communications Strategy to reflect.
<b>Additional resources to support telecare expansion</b>	Identify funding opportunities	Monitor potential funding opportunities on relevant websites  Develop EU contact network  Attend EU funding events as necessary  Work with the Technology Strategy Board to identify potential funding opportunities	Ongoing to Mar 2012  Ongoing to Mar 2012	JIT/Board Members  JIT/SCT	Strengthen international links to raise awareness of progress made in Scotland and identify potential partners for future European bids.
	Work with others to prepare appropriate, collaborative funding submissions	Facilitate funding submission (s) to appropriate Technology Strategy Board competitions.  Promote telehealthcare activities within funding opportunities available via Scottish Government.	Comp. timescales  As requ.	JIT/SCT	Next round of TSB Assisted Living Competition is anticipated to be launched early in 2011.
<b>Business models which support technology enabled service redesign</b>	Work with local partnerships and others to develop appropriate business models	Identify partners, specify requirements and approach  Establish links with Integrated Resource Framework  Business process mapping (including cost identification), to inform cost models for telecare supported service redesign opportunities	Mar 2011  Mar 2011  Oct 2011	JIT	Discussions on additional suitable resources progressing.

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
<b>Telecare Impact Measures</b>	Secure agreement to suitable impact measures within wider reporting & monitoring framework	<p>Develop additional/alternative outcome and performance measures that reflect telecare impacts</p> <p>Engage Health Directorate colleagues/ASD/ISD and establish links to Single Outcome Agreements/Healthcare Quality Strategy Quality Measurement Framework</p> <p>Consult with local partnerships</p> <p>Business remodelling with costings in a number of geographic/ application areas</p>	<p>Sept 2011</p> <p>April 2011</p> <p>Dec 2011</p>	<p>JIT</p> <p>JIT/SCT</p>	<p>Opportunity to develop a comprehensive framework across telecare and telehealth</p> <p>Discussions on identifying suitable additional resources progressing</p>
	Continue to expand information on progress and effectiveness	<p>Update evaluation of TDP to March 2011</p> <p>Develop a framework that can be used to record ways in which telecare is facilitating budgetary reallocation to support service redesign and which will inform development of outcome measures</p>	<p>June 2011</p> <p>Apr 2011</p>	NR	Existing contract in place with Newhaven Research
<b>Individual Partnership support Programme</b>	Respond to individual partnership support requests	Complete Joint Telecare Review with Glasgow Partnership	Feb 2011	JIT	
<b>Collaborative research approach to inform product and service development</b>	Explore potential of Telehealthcare Research Advisory Group	<p>Identify and liaise with Scottish research interests engaged in this area of activity</p> <p>Agree best mechanisms to support inclusive, collaborative working and information sharing</p> <p>Establish Telehealthcare Research Advisory Group model if appropriate</p>	Oct 2011	JIT	Good links with Scottish Science Advisory Council could assist progress this activity area.

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
<b>Greater general awareness of telecare</b>	Annual review of Communications Strategy	Review communications strategy Confirm events/activities for 2011/12	Mar 2011 Apr 2011		Communications Strategy important for effective resource management.
<b>2. SERVICE INFRASTRUCTURE DEVELOPMENT</b>					
<b>Suitable education and training opportunities for both management and operational staff</b>	Implement the 7 workstreams identified within the Telehealthcare Education & Training Strategy in partnership with SCT/NES/NHS24/CEC	Develop a Knowledge & Skills Framework Ethical framework & common principles established Work with HEI's to embed telehealthcare within core curriculum for pre-registration courses Work with partners & HEI's to develop a wide range of CPD modular programmes for qualified staff Review existing qualifications and work with appropriate awarding bodies to develop accredited awards in telehealthcare Develop a model induction programme for telehealthcare installation and responder staff Work with key carer organisations to improve awareness and provide training on the benefits of telehealthcare for carers Identify and address the telehealthcare training needs of acute health sector staff and strategic managers in local authorities, health and voluntary sector.	Feb 2011 Jan 2011 Mar 2012 Mar 2012 Mar 2011 Sept 2011 Mar 2012 Mar 2012	JIT/SCT	Existing resources in place to support.
<b>Shared information and best practice</b>	Establish & support an integrated network of telecare & telehealth champions across Scotland	Programme of Integrated Telecare & Telehealth Network Events for 2011	Mar 2011	JIT/SCT	

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
	Develop further Good Practice Guides illustrating application and promoting effective use of technology	3 further areas for Practice Guides/Briefing Notes identified: <ul style="list-style-type: none"> <li>■ Falls Management,</li> <li>■ Mental Health</li> </ul>	Published and launched by March 2011	JIT	Working with SCT to develop integrated approach and examples
	Develop & disseminate good practice on falls prevention and management	Review progress of current facilitated workshop approach with Falls Lead in Scottish Government to further develop and support good practice	March 2011	JIT	
	Develop & disseminate good practice on managing Long Term Conditions at Home	Work with local partnerships to identify best way of supporting current activities around Long Term Conditions management. Provide support to Dementia Pathway Demonstrator	May 2011 As requ	JIT/SCT	
	Develop and disseminate good practice on Medication management	Work with local partnerships to consider existing range of approaches to improve medication management through telehealthcare and identify good practice models	Dec 2011	JIT	
	Disseminate the wider lessons from the 2008-10 Housing & Care Demonstrators	Share experiences from Housing & Care Demonstrators	Mar 2011	JIT	Final reports from all 3 demonstrators to be disseminated at CIH in Scotland Annual Conference.
<b>All aspects of telecare provision delivered to recognised service and technical standards</b>	Code of Practice for Telecare	Review progress and experience of telecare service accreditation, and identify recommendations for improvement  Finalise link between Care Commission process and Telecare Code of Practice	Summer 2011 Mar 2011	JIT	A number of local partnerships are currently progressing accreditation to telecare service standards.
	Code of Practice for Telehealth	Support development of telehealth code of practice		SCT	The codes of practice for telecare and telehealth should support integrated working.

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
	Re-engage with regulators to agree effective regulation of telecare	Programme of meetings with regulator bodies to discuss proposals and agree the way forward	Sept 2011	JIT	Scrutiny approach should be proportionate and reflect wider environment.
	Ensure Technical Standards support expansion of choice and opportunity	Work with others on technical standards, to ensure that Scotland is able to optimise the benefits of the range of equipment available	Ongoing to Mar 2012		There are a number of interests across the UK and Europe progressing work on technical standards which we will link into.
<b>Increased awareness of Digital &amp; Mobile Communications Issues/Options</b>	Identify and engage with other relevant interests	Engage in wider communications infrastructure agenda and explore the benefits of mobile technology. Highlight dependencies between digital and telecare activities.	Ongoing to Mar 2012	JIT/SCT	A Digital Strategy for Scotland will be published in 2011, which will be relevant to progressing and supporting expansion.
<b>3. IDENTIFY EFFICIENCIES</b>					
<b>More effective procurement arrangements</b>	Identify and implement options for more effective procurement of equipment and services	Undertake options appraisal identifying recommendations for more effective procurement approach and progress preferred approach.	March 2012	JIT	Working in partnership with Scotland Excel
<b>Rationalised and improved response services</b>	Rationalisation of current response services	Establish a working group involving JIT/SCT/ADSW as well as Local Partnership and housing sector representation  Report with recommendations to Board	Autumn 2011 Feb 2012	JIT	Board member to chair the working group

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
<b>Robust Asset Management of telecare equipment</b>		Identify good practice examples of asset management approaches and discuss opportunities for expansion/improvement via learning networks	Mar 2012	JIT	
<b>4. SERVICE INNOVATION AND INTEGRATION</b>					
<b>Use of telecare generated data to improve the delivery of health and care services</b>		Work with others to explore innovative ways in which telehealthcare data can be utilised in support of preventative and anticipatory care.	Ongoing to Mar 2012	JIT	
<b>5. POLICY REVIEW</b>					
<b>Clarity on the respective roles of the public and private sectors</b>	Initiate a widespread discussion on how these should develop over the next 10 years	Work with other interests to develop a position/discussion paper for consultation Review consultation responses Recommendations to Board Recommendations to Scottish Ministers	Oct 2011 Dec 2011 Feb 2012 April 2012	JIT	
<b>Review of Charging for Telecare Services</b>	Develop an agreed way forward on service charging in the public sector	Scope out the existing position and current future intentions more systematically. Develop options and consult with care providers Make recommendations to Board Make recommendations to Scottish Ministers (if appropriate)	Nov 2011 Feb 2012 Apr 2012	JIT	Should cover both care and health service provision.





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ISBN 978-1-78045-064-3

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APS Group Scotland Ltd DPPAS11256 (03/11)

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