MORAY COMMUNITY HEALTH AND SOCIAL CARE PARTNERSHIP

Moray Telehealthcare Strategy 2010 – 2013 (Draft)

Using technology to help maintain people's independence and well-being safely

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This document sets out the Partnership's three-year strategy for further embedding the use of Telecare and Assistive Technology as a mainstream service package in Moray to help keep people independent and safe at home for longer; and to support their carers and family members.

Section One: Introduction

1.1 Geographical context

Moray occupies approximately 860 square metres of mainly rural landscape. The current population is 86, 750, with the highest populations being spread amongst the main towns of Elgin, Lossiemouth, Buckie, Forres and Keith.

1.2 Demographic context

The Moray Community Health and Social Care Partnership ("MCHSCP") was established in 2004 with a vision to better unite health and social care services. The Partnership's main focus since its inception has been to look for ways to modernise the delivery of health and social care services in Moray, including shifting the balance of care towards home based provision.

1.3 Within the MCHSCP boundary 4.9% of older people (aged 65+) are receiving free personal care at home of which 26.6% are classed as having intensive care needs delivered at home. In addition, 2.7% of the population are providing unpaid care in excess of 20 hours per week.
(Source - Scottish Public Health Observatory – Moray CHP Health and Well-being Profiles 2008).
In addition, there are 273 people with a Learning Disability living in mainstream accommodation 138 of whom, do not have a family carer. *Source – Same as You)*

1.4 Demographic changes predicted over the next ten years suggest a significant increase in ratio between an ageing population and the working age population. This imbalance will undoubtedly put increased pressure on health and social care services. However, social commentators are now beginning to recognise the pivotal role applications such as Telecare can play in alleviating some of those pressures (Yeandle, 2009). In this context the use of Technology has the capability to perform functions relating to continual supervision, thereby freeing up resources to be deployed where they are most needed.

1.5 It should be noted however that the future pressures on health and social care services have in fact been born out of successes of the last century. These include the advent of the National Health Service and its impact on longevity, establishment of statutory rights and responsibilities for service users and a regulated workforce. We need to embrace those successes and look at new and innovative ways in which to deal with future demands on services.

1.6 In addition, the expectations of service users are likely to change. There are already more expressed aspirations to remain safely in their own surroundings for as long as possible. Moray's Single Outcome Agreement acknowledges those aspirations and has committed to further develop and mainstream Telecare services as a priority.

1.7 Telecare technologies are ideally placed to help to meet those aspirations as they provide the means to summon assistance instantly in an emergency, 24 hours a day, 7 days a week, 52 weeks of the year.

1.8 Telehealth and telemedicine technologies have the ability to complement independent living in safety by assisting people to stay well by learning to control and manage certain long-term conditions and speak remotely to medical experts where necessary. Whilst this represents the traditional model of the use of this technology – i.e. in the healthcare arena, we also see the potential to this model in social care settings such as for social workers undertaking routine reviews with service users.

1.9 Despite the evolution of more and more sophisticated technologies it is firmly acknowledged in Moray that technology cannot, and is not intended to, replace personal care where required; rather that it offers increased choice and additional reassurance for service users and carers.

1.10 The Scottish Telecare Development Programme

The Scottish Government recognises and has embraced the importance of Telecare and the pivotal role it can potentially play in the design and delivery of flexible and responsive services. In 2006, the Government invested £8m in local partnerships to develop Telecare services in support of the national vision. A further 8m has been invested since then. Outcomes from this investment have included considerable savings in relation to acute hospital and residential care bed days. In addition, thousands of service users and carers have been maintained in their home environment resulting in hospital and care admissions being delayed or avoided altogether (*Source – York Health Economics Consortium).*

1.11 Following this initial success and continued investment, Partnerships are being encouraged to look at continuing to develop services using interactive technologies to provide social and health care support. We need to consider where Telecare and Telehealth solutions can converge to for example, enable people leaving hospital to do so with confidence and reassurance.

1.12 Partners committed to taking forward this strategy in Moray include The Moray Council, NHS Grampian and the three main local emergency services.

Section Two: Definitions, key benefits and equipment

2.1 Telecare

The term 'Telecare' refers to a range of equipment and associated services which support and enhance safety for people living at home. Telecare equipment mainly consists of basic community alarms with pendants but also includes devices which automatically trigger a response from a third party where a risk to the service user is detected. Telecare can also be used to prompt actions from service users for example to take medication and can be used for the capture of information related to behavioural patterns as part of assessment and monitoring processes. Telecare equipment can be programmed to alert either a live-in or close-by carer or a 24 hour monitoring

centre whose trained operators then determine the best course of action following dialogue with the service user.
At present the basic Community alarm with pendant is the most established form of Telecare in use throughout Moray.

2.2 Telehealth

Telehealth is the remote electronic exchange of personal health data from a patient at home to healthcare staff at hospitals or similar sites to assist in diagnosis and monitoring. The main benefits are that long-term conditions such as high blood pressure, diabetes and chronic obstructive pulmonary disease can be monitored remotely without the need for the patient to attend traditional healthcare settings. The patient is taught to take their own regular health readings and feed them back to the surgery using existing ‘phone lines or wireless technology.

Telehealth can also include the use of general Information and Communications Technology to promote better management of long-term conditions through for example, prompting of care at times of risk of exacerbation.

In Moray, the use of Telehealth is currently being piloted in Dufftown for patients with high blood pressure. We also currently offer a winter Service of automated ‘phone calls to sufferers of Chronic Obstructive Pulmonary Disease in conjunction with the Met Office.

2.3 Telemedicine

Telemedicine refers to real-time consultation between a patient and a clinical adviser by way of video link, web cam or something similar. The benefits are that clinical decisions can be made quickly in situations where it would not be possible to get a patient to the clinician for example because of distance.

In Moray is the use of tele-conferencing for the remote diagnosis for thrombolysing stroke patients at Dr Grays Hospital has been in use since December 2008.

We seek to explore further ways in which this type of technology can support the delivery of both health and social care services which will not only help service users residing in the more remote areas of Moray, but will also contribute to national agendas relating to reducing carbon footprints.

2.4 Telehealthcare

Telecare and Telehealth are terms used to describe different types of support. However, the Scottish Government is committed to moving towards greater integration of Telecare and Telehealth solutions. Doing so will provide a Whole System approach to providing care whether the identified need is social, medical or both. 'Telehealthcare' is the new accepted term to describe either, or a mixture of both solutions.

Working in partnership with NHS Grampian through the well-established Community Health and Social Care Partnership is therefore an invaluable and integral part of us in Moray being able to support the Government in achieving those aims.

2.5 The key objectives from the application of Telehealthcare solutions are –

- For service users, an increase in confidence to maintain independence and allowing them to stay at home for longer safe in the knowledge that support is available in the event of a crisis, 24 hours a day, 7 days a week.

  From a health perspective, the ability to better manage long-term health conditions and therefore a positive contribution to better Public Health in the round
- For carers and family members, reassurance that they can be contacted quickly in the event of a problem
- For service providers, the ability to ensure that diminishing resources are deployed to the best advantage for all concerned

2.6 Many people and their carers express the view that they would prefer to live as independently as possible in a familiar setting. However, certain client groups may be at risk from dangers such as falls, fires, floods and wandering. Concern about these issues have traditionally resulted in people being admitted to residential care and other institutional settings as they are considered unsafe to live alone.

2.7 However tailored packages including the use of intensive home care and Telehealthcare solutions can help to overcome these crisis situations and contribute positively to the confidence building stage following a crisis. Telehealthcare therefore supports the overall strategic direction of social care and housing policies by providing additional service choice for service users such as older people and people with disabilities or long-term conditions at the same time enabling service providers with a more flexible approach to using finite resources.

2.8 The role of Telehealthcare in supporting people

Telehealthcare can support a range of people with a variety of needs as well as their carers and family members.

For example -

People	**Role of Telehealthcare**
People with increasing frailty	Enable independence for longer Increase home safety and security Manages risk of independent living
People at risk of falling	Enable independence for longer Increase home safety and security Manage risk of independent living Support development of falls management services
People with dementia	Enable independence for longer Increase home safety and security

	Manage risk of independent living Increase reassurance and peace of mind for carers and family members Support development of dementia support services
People with epilepsy	Manage risk of living alone
People receiving Intermediate Care Packages	Support rehabilitation process Manage risk of independent living
People with physical disabilities	Enable independence Increase home safety and security Manage risk of independent living
People with learning disabilities	Enable independence Increase home safety and security Manage risk of independent living
People with Mental Health conditions	Increase home safety and security Enable people to remain at home for extended periods Manage risk of independent living
People with sensory impairment	Increase home safety and security Manage risk of independent living
People with long term health conditions	Manage self care at home and allowing patients to stay in regular contact with health care professionals and carers remotely
Unpaid carers and family members	Provide reassurance and peace of mind, reducing anxiety and stress

2.9 In general terms Telehealthcare solutions can help to alleviate a sense of continuous dependence on others which can reduce anxiety levels on the part of both service users and carers. Remarkably, "... no study (of Telecare) has yet demonstrated any negative or adverse effects." (Williams, 2008).

2.10 Types of Telehealthcare Equipment

What is it?	What does it do?
 Lifeline Alarm Unit	The Lifeline Alarm unit raises an automatic phone call to the regional call centre in Aberdeen, when it is activated either by a person pressing their personal trigger, or by one of the Telecare sensors below. The call centre staff will attempt to make voice contact with the person. If they cannot do this, or if the person needs help, the call centre staff will ask a key-holder/responder to attend. If necessary, they will contact the emergency services, and in this case may ask a key-holder to attend to open the door.
 Radio smoke detector	The smoke detector works in the same way as a conventional one, sounding an alarm when it senses smoke. The difference is that this detector will also trigger the Lifeline Unit to send an alarm call to the call centre. Staff there will call the Fire Service if necessary and may ask a key-holder to attend to open the door.

 Temperature Extremes sensor	This sensor detects both high and low temperatures. It is often positioned near the cooker to raise an alarm if the heat is not switched off. It can also be placed low on the wall in living areas to raise an alarm if the temperature becomes dangerously low, particularly if the occupier of the house is at risk of hypothermia.
 Flood detector	The flood detector sits on the floor by the bath or sink, and detects if water has leaked or over-flowed onto the floor. It sends an alarm call to the call centre, where staff will respond as above.
 Fall detector	This sensor is worn by the person on a belt under the clothing. It senses if they fall down and do not get back up, and raises an alarm call.
 Bed occupancy sensor	The bed occupancy sensor has a timer in it which is set according to each individual's routine. It senses when the person has got out of bed during the night, and if they do not return within their usual time, due to a fall, or becoming unwell, an alarm call will be sent to the call centre.

 Movement sensor	The movement sensor may be used in two ways. The first is to detect lack of movement, which may indicate that the person is unwell or has fallen. The sensors will be set to send an alarm call if no movement is sensed in the house during a set period, for example 2 hours. Secondly, these sensors are sometimes used to alert a carer when someone moves into a dangerous area (e.g. near stairs).
 Gas sensor/carbon monoxide	The gas sensor detects the presence of natural gas in the air. In the event of it activating, the call centre staff will contact the fire service and may request a key-holder to provide access. A carbon monoxide sensor may also be fitted, with the same activation and response.
	A movement sensor can be used in conjunction with a magnetic door contact, to detect if a person goes out the door and does not come back in within a set time.
Property Exit Sensor	This sensor is used to alert family/key holders if the person goes out and is at risk being out on their own. It can be set for night time only, or for 24 hours.
Just Checking System	This is a simple, web based activity monitoring system used in the short-term as an assessment tool. It 'just checks' a person's normal routine in the short term to determine the most relevant and beneficial solution for their long-term care needs.

	See 4.1.9 for more in-depth description.
	Home blood pressure monitoring kit.

All above equipment except the Home Blood Pressure monitoring system is currently available throughout Moray subject to an assessment of need being carried out by a health or social care professional.

The Home Blood Pressure Monitoring system is currently being piloted by Dufftown Health Centre.

2.11 Just Checking systems

The Just Checking system is an assessment tool which is placed in the service user's home for a relatively short period of time of up to 6 weeks. The system uses movement sensors, which are installed in your home, to 'just check' a person's daily routine. This is done by the practitioner and family member for example, logging onto the website to check for example, that a person is up and about and that things are happening as expected. It can be particularly useful if there is a belief that the person is becoming forgetful or beginning to wander at inappropriate times.

There are no cameras and no wiring. The system simply plots movement between rooms in the house on a chart (*Fig 1).*

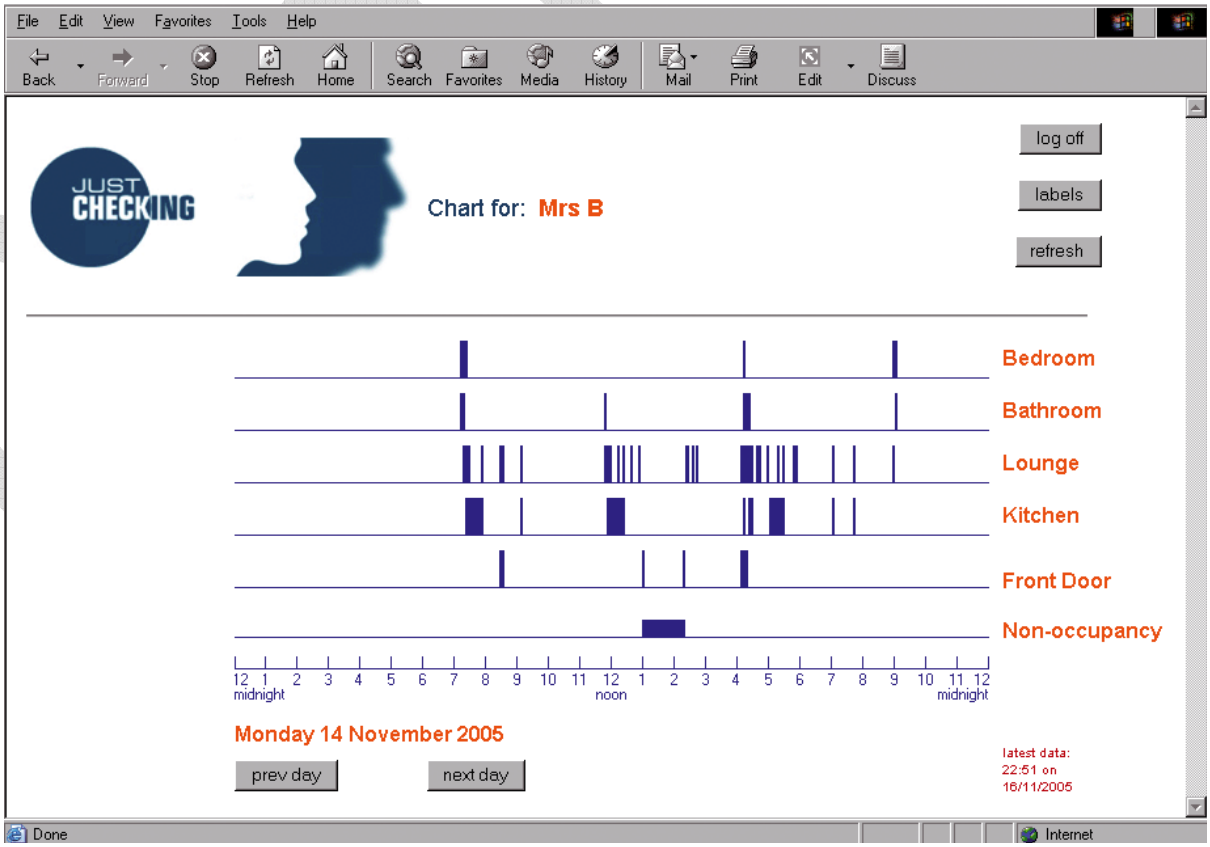


Fig 1 – Just Checking plotting chart

Moray currently use four of these systems which enable us to determine the best long-term solutions for a person and can even allow us to ensure that physical care packages are deployed at times suitable to a person's routine.

We have developed procedures and protocols for practitioners for accessing the service, including ethical guidelines and are in the process of gathering data to fully evaluate the use of the systems.

Section Three: Purpose of the Strategy

3.1 This strategy aims to ensure that the Moray Community Health and Social Care Partnership, in collaboration with key partners, will commit to work together seeking to maximise the potential from evolving Telehealthcare technologies in order to contribute to the modernisation of health and social care services.

3.2 Specifically, the strategy document sets out a framework for the continued development of dispersed Telecare services and areas for improvement in the use of Telehealth solutions in Moray for the next three years. The focus will be to ensure that all client groups and their carers have equal access to the potential benefits that Telehealthcare technologies can realise.

3.3 We are particularly committed to being proactive in enabling unpaid carers to feel more supported. It is well accepted that unpaid carers represent a massive community care resource without which public services would be placed under even more pressure. At present there are in excess of 10,000 unpaid carers in Moray. This number is approximate because by their very nature, unpaid carers tend to be invisible.

3.4 In 2009 Moray carers contributed to a broader evaluation undertaken by CIRCLE at the University of Leeds, commissioned by Carers Scotland of the impact of Telecare on their caring role *[Jarrold and Yeandle, 2009].* This will provide a basis on which to build on the positive achievements shown by that research and will also feature in the Moray Carer's Strategy which will be developed in 2010.

3.5 Telecare is an integral part of the Moray Partnership's wider agenda to support people's choices to live independently at home for longer, lessen the risk of multiple acute hospital admissions and support formal and unpaid carers. This Strategy sets out the priorities to strengthen and build on the long established basic Community Alarm service and the Telecare service development work which has been undertaken since 2006. It also takes account of the recommendations made following a review of our current service provision by the Scottish Government's Joint Improvement Team in 2009.

3.6 In summary, the development phase from 2006 to 2008 essentially comprised three parts –

- Consultation and background research
- Six month initial pilot in Keith and Speyside
- Roll-out of enhanced Telecare and smart technology services across Moray

The development period provided a fundamental role in identifying the potential for expansion in the opportunities arising from Telehealthcare solutions as technologies evolve and become more sophisticated. We recognise the need to develop and review long-term strategies to allow us to continue to deliver positive local outcomes in the face of demographic pressures and the shifting dynamics of social care models.

3.7 It is now well accepted that the majority of people, including those with complex care needs, can, and would prefer to remain in their own homes for as long as possible. This strategy takes account of the Moray Partnership's aim to provide efficient and responsive community and healthcare services to people living in the Moray community. Devising an integrated approach to implementing Telecare services within the wider care and support models is fundamental to achieving that aim.

3.8 Through its Telecare development to date, the Partnership recognises the potential benefits that ever-evolving technology can bring to vulnerable people who may have to overcome frailty, disability and sensory and cognitive challenges. Used appropriately, technology can support people to live independently and make a powerful contribution to shifting the balance of care from institutional to home and community settings. It can also be used to support people at risk from others such as victims of domestic abuse.

3.9 The strategy document incorporates an action plan which identifies the key priorities for Moray and sets clear timescales against which progress will be measured.

3.10 The strategy has been developed in consultation with the Moray Telecare Steering Group (latterly the Telehealthcare Strategy Group). The group is

made up of strategic managers across health and social care. In addition, service users and carers have been consulted about how they view the current service in order to inform this strategy. The forward strategy development and implementation will also be subject to ongoing consultation with all key stakeholders to ensure that changing priorities and expectations continue to be addressed.

Section Four: Aims, objectives and outcomes

4.1 The strategy aims to set out a plan for the continued integration of Telehealthcare technologies as a mainstreamed component of all community care services including social care, health and housing services, for all client groups. The ultimate aim is to support vulnerable people and their carers by offering them a real chance to continue to live at home in safety and security by-

- Developing sustainable, relevant and responsive Telehealthcare solutions which can be commissioned to meet assessed health and social care needs
- Integration of Telehealthcare solutions which contribute to wider health, housing and social care agendas and address stakeholder priorities
- Providing an equitable Telehealthcare service delivered by informed and skilled professionals underpinned by Best Value principles
- Integration of Telehealthcare solutions which complement other methods of support and preventative services
- Development of business cases in relation to Telehealthcare solutions to identify cost benefits and to inform cost share of proposed pooled health and social care budgets
- Continuing education and evaluation around technological capabilities which will inform future strategies.

4.2 Providing some specific direction to these overall aims, the main recommendations made by the Joint Improvement Team following their review of Moray's Telehealthcare service in 2009 were to-

- Establish a formal Terms of Reference document and review membership of the Steering Group for the next stage of service development
- Integrate Telecare effectively within mainstream service provision
- Develop a Communications Plan to meet the needs of all identified stakeholders
- Integrate commissioning and purchasing processes within mainstream Partnership processes
- Assess the financial requirements of mainstreaming Telecare services
- Establish systems and service standards to support installation, tracking and maintenance of equipment
- Consider ways in which access to Telehealthcare equipment can be further streamlined and integrated
- Establish clear monitoring and evaluation processes for both pilot projects and integrated services
- Develop robust performance management/monitoring arrangements and service standards
- Identify a model of call monitoring which meets the demands of an expanding service
- Scope demands on responder provision and identify appropriate local mechanisms to meet future demand

4.3 Taking account of the strategic objectives and recommendations outlined above, the immediate aims of this strategy are-

- **Aim 1:** Ensure alarm monitoring services are sufficient to meet the demands of an expanding Telehealthcare service
- **Aim 2:** Establish robust response services in relation to Telehealthcare equipment alerts
- **Aim 3:** Development of integrated policies, procedures and processes to enable ongoing integration of Telehealthcare services in Moray
- **Aim 4:** Establishment of robust mechanisms for procurement, maintenance, recycling and contracting of Telehealthcare
- **Aim 5:** Development of an integrated communications and training plan to support all stakeholder inclusion in Moray's Telehealthcare Programme
- **Aim 6:** Development of mechanisms to ensure performance management systems support pilot and mainstream service provision
- **Aim 7:** Exploration of innovative ways in which Telecare, Telehealth and Telemedicine systems can positively contribute to continuing modernisation of the delivery of health and social care services in Moray

4.4 The strategy seeks to support and contribute to the following key outcomes-

- Increased choice and independence for service users
- Reduced pressure and increased personal freedom for carers and family members of service users, which will allow them to continue in their caring role
- To improve or maintain the quality of life for a range of service users, across all client groups and their carers
- Reduced requirement for traditional institutionalised care
- Reduced emergency and acute hospital admissions
- Reduced accidents and falls in the home
- Facilitation of timely hospital discharge and intermediate care

- Supporting self-management of long-term conditions at home
- Contribution to preventative and anticipatory care services
- Supporting professionals to make accurate risk and care assessments
- Ensuring that health and social care resources are targeted where the need is greatest
- Helping those who wish to die at home do so with dignity.

Section Five: Policy Context

5.1 Telecare Development Programme

The Scottish Government launched the National Telecare Development Programme ("NTDP") in August 2006. This programme set out a direction for Telecare to become an integral part of community care services across Scotland which featured the following drivers for success-

- More awareness of Telecare and its benefits
- Increased use of Telecare within mainstream service provision

5.2 In June 2008 the National Telecare Strategy, ***Seizing the Opportunity: Telecare Strategy 2008-2010*** was published. The strategy sets out a role for Telecare in contributing to the Scottish Government's expectation with respect to:

- The achievement of personalised health and social care outcomes for individuals:
- Delivering wider national benefits in areas such as shifting the balance of care and the management of long-term health conditions.
- Mainstreaming Telecare within local service planning.

In addition, the national strategy identifies specific core areas for development to ensure that Telecare in Scotland realises its full potential. These include –

- Ensuring that service users, carers and service providers are aware of the role that Telecare can play in improving or at the very least maintaining, quality of life
- Ensuring that all aspects of Telecare services are appropriately resourced and delivered to a measurable high standard
- Breaking down cultural barriers to ensure effective and efficient partnership working amongst care service providers

Much has already been done to ensure that Moray has adhered to these principles in developing our Telecare service. However, we now want to ensure that the outcomes we achieve in these core areas are properly measured and reported on through the development of a local performance management framework.

5.3 National Community Care Outcomes

This framework identifies the following outcomes-

- Increased service user satisfaction
- Faster and more efficient access to services
- Increased support for carers
- Efficient ways of identifying people at risk
- Moving services closer to service users/patients
- Efficient partnership working and sharing of data

This strategy defines areas in which we seek to achieve these outcomes in the context of a Telehealthcare service.

5.4 Shifting the balance of care

Telehealthcare also features significantly in a number of other core national and local agendas which support the Scottish Government's drive to shift the balance of care including ***Better Outcomes for Older People*** and ***Building a Health Service Fit for the Future*** (developed from the ***Kerr Report – Delivering for Health***. This shift includes a focus on preventative care and support; supporting long term conditions; a shift in the location of services away from institutional setting to the community and shifting the control and choices about care to service users.
To this end, the Government has recently outlined a new care for elderly strategy which envisages that in the future, institutional care settings will only be used for specialist - such as dementia care - and respite services.

We have already seen in development how Telehealthcare can positively contribute to these strategic aims. We now wish to build on those past successes by focusing on using Telehealthcare solutions to bring care into a home setting where this is the preferred choice of the service user.

5.5 Long Term Conditions Management

The Scottish strategy document ***Gaun Yersel!,*** sets out national guidance for developing areas in which people can be empowered to keep well by better managing their long-term conditions. Self management is described as-

"... the successful outcome of the person and all appropriate individuals and services working together to support him or her to deal with the very real implications of living the rest of their life with one or more long term condition." (Scottish Government, 2008, p.12).

There are increasing numbers of technologies now entering the market which can monitor conditions such as diabetes, chronic obstructive pulmonary disorder and chronic heart failure. This means that Telehealthcare solutions

have a real place in long term condition management. However, simple prompts to self care such as the Met Office Healthy Forecasting service can provide just as effective a contribution without the need for specialist equipment.

5.6 Working in Partnership

Overall, Telehealthcare plays an important role within the Scottish Government's strategy to achieve an integrated approach to meeting National and Local outcomes including ensuring that:

- ***The people of Scotland live longer, healthier lives*** – using telehealth and telemedicine to promote self care and improved public health

- ***Inequalities in Scotland are tackled*** – by increasing choice for service users and ensuring fair access to Telehealthcare services

- ***High quality public services are responsive to local people's needs, continually improving, and efficient*** – by continuing to provide innovative ways in which services are accessed and delivered

Telehealthcare supports the achievement of Community Care and Health national targets associated with these outcomes including a focus on the need to:

- Increase the percentage of community care service users feeling safe.

- Reduce the proportion of people aged 65 and over admitted as emergency inpatients two or more times in one year.

- Increase in the percentage of people aged 65 and over with high levels of care needs who are cared for at home:

- Increase the percentage of carers who feel able to continue their role
- Shift the balance of care from institutional to home based care.
- Improve people's perceptions of the quality of public services delivered:
- Improve the quality of healthcare experience for patients

Again, we will establish a method for measuring our achievements in these areas locally.

Moray's established partnership with NHS Grampian means that we already have a sound framework for joint working across health and social care issues locally. However, we will continue to strengthen our partnership through the delivery of this strategy.

5.7 UK-wide context

Central Government in Westminster also recognise the significant role that technology can play in the modernisation of health and social care services, having regard to the developments which have made in England supported by the Department of Health-

> **"We will continue to promote Telecare so that people feel more confident about staying in their own homes for longer".** (HM Government, 2009)

5.8 Local context

Moray's ***Single Outcome Agreement*** has also committed to shift the balance of care from institutionalised settings to home settings, where possible. Other local strategies including ***Moray Older People's Strategy – Living Longer, Living Better*** published in 2009 and the ***Moray Learning Disability Strategy 2010 – 2013*** (currently in draft) also recognise the important role which

Telehealthcare will contribute to the lives of people in those particular client groups. Telehealthcare therefore features significantly in the implementation plans of these documents

5.9 Much of the evaluation and focus on Telehealthcare development has thus far focused on outcomes for older people because of the prevalence of so-called 'demographic time bomb' issues. However, the principles apply equally across a range of client groups including children, people with physical or sensory impairment and people with cognitive impairment. The Moray Partnership will therefore strive to ensure equality of access for all through the implementation of this strategy.

Section Six: The Current Position in Moray

6.1 Progress to date

The initial development phase from 2006 to 2008 has realised the following key benefits –

- Employment of a dedicated Telecare Development Officer for the initial three year period (2006 -2008)
- Permanent employment of a Telehealthcare Project Manager since 2008 in order to develop and take forward long-term strategies for Telehealthcare in Moray
- Secondment of a dedicated officer to identify areas in current service packages which might be enhanced by using Telecare
- Review of infrastructure of established Moray Lifeline community alarm service to support the mainstreaming of enhanced Telecare equipment
- Increased delivery of training and awareness sessions to practitioners, services users and carers

- Securing a stock of commonly used Telecare equipment to ensure fast and efficient response to demand
- Upgrade of Sheltered Housing equipment to individual dispersed units
- Partnership contract with British Red Cross to provide volunteer responders for service users with no other contacts close by
- Research relating to service user and carer satisfaction
- Project management of Met Office *Healthy Forecast*® service for COPD sufferers for three Winters
- Promotion of use of *Just Checking* systems as an assessment of need tool
- Provision of Nintendo Wii consoles and Wii fit balance boards to Day Centres for the elderly and sheltered housing schemes in the area
- Funding for a technologically enabled residential home for people with learning disabilities presenting challenging behaviour

6.2 Moray Lifeline Service

6.2.1 The initial Telecare development phase concentrated on building on the well established community alarm service in Moray. This has provided the service infrastructure on which a broader Telecare and assistive technology service can provide a wider range of solutions for supporting people.

6.2.2 At present around 1350 users in Moray are supported by a basic community alarm and around 135 users also benefit from enhanced Telecare solutions offering round the clock support via the Regional Communications Centre in Aberdeen.

6.2.3 As part of a recent data cleansing exercise in 2009, a postal survey of the 1324 registered Moray Lifeline and Telecare service users at that time was undertaken in conjunction with Distance Lab, a local technological research organisation based in Forres. The survey generated a 62% response rate which has given us sufficient and useful data on which to progress a Telecare strategy. 70.2% of respondents living alone reported feeling safer having the

equipment, which demonstrates that the service is valued. The data is now being used to set up review visits to current service users for example, to check whether or not they might now benefit from enhanced Telecare sensors.

6.2.4 Annual surveys of service user and carer satisfaction will be undertaken in order to continuously review and shape service provision. Survey design will be reviewed in order to elicit the most relevant feedback.

6.2.5 During 2009 work was also undertaken to review the infrastructure underpinning the service such as data cleansing, improving stock control systems and information for service users. Continuing to establish robust mechanisms around these systems is highlighted as a priority in this strategy.

6.2.6 There remains a recognised need to put in place mechanisms for continuous review of the service to ensure the best possible outcomes for service users present and future.

6.2.7 The Moray Lifeline service has also taken control of stand-alone assistive technology which previously sat within the remit of the Occupational Therapists. This is technology which is not linked to the Regional Control Centre in Aberdeen but nevertheless falls within the description of Telehealthcare.

6.2.8 There is currently no charge to service users for any element of the Moray Lifeline Service. It is felt that a significant risk attached to levying a charge, no matter how modest may deter vulnerable people who would benefit from the service from entering it. The aims identified in this strategy such as establishing robust assessment and equipment recycling will negate the need to charge for the service in the foreseeable future.

6.3 Current process for accessing Moray Lifeline equipment

6.3.1 **Referrals** for the service can be made by anyone via the relevant Community Care or Occupational Therapy Team. Basic eligibility criteria are that a person-

- Lives alone; or
- Is left alone for prolonged periods; and
- Is considered to be at risk when alone

6.3.2 **Assessments of need** are then carried out by the relevant health or social care professionals using the Single Shared Assessment ("SSA") which contains information relating to Telecare and stand-alone equipment. A care plan is also prepared and passed to the Community Care Team Manager for authorisation. The SSA essentially identifies the risk and the care plan outlines and commissions the recommended solution. These documents are then passed to the Moray Lifeline team to arrange installation. There is currently no charge to the service user for either a basic Community Alarm or an enhanced Telecare service.

6.3.3 **Installations** of the equipment are carried out by two part-time Community Alarm and Telecare organisers and the full-time Moray Lifeline manager, where necessary. The main equipment supplier currently used in Moray is Tunstall Ltd but other companies such as Sensorium are also used when seeking to procure a specific solution.

6.3.4 **Maintenance** of the equipment including dealing with reported faults and routine battery replacements are undertaken by two full-time technicians based in Aberdeen.

6.3.5 **Alarm and sensor monitoring** is provided by Aberdeen City Council's Regional Communications Centre.

6.3.6 **Response** to an alarm being raised is predominantly provided by a minimum of two volunteer key holders living near to the client. In addition, Moray has a contract in place with the British Red Cross to provide volunteer key holders where for example, the service user has no family or willing neighbours nearby.

In addition, the Community Care Assistants (B Grade) nurses who provide intermediate care will also offer a Telecare response service where possible.

The use of key safes where deemed appropriate complements the voluntary nature of these particular response mechanisms.

Where an emergency or crisis situation has been confirmed by the contact centre staff and no volunteer key holders are available to attend an incident, then response will usually default to the relevant emergency service.

6.3.7 **Recording** of all actions from referral to installation on the *Carefirst* system. Interrogation of the system will provide useful data management information to report on certain service outputs such as numbers of service users receiving the service and the types of equipment being employed.

6.3.8 To date, it has mainly been the elderly population of Moray who have benefitted from the development of Telecare services because of the natural progression from the basic Community Alarm Service. The forward strategy seeks to investigate opportunities for Telehealthcare solutions to support all client groups equally.

Section Seven: The Way Forward

7.1 Aim 1: Ensure alarm monitoring and response services are sufficient to meet the demands of an expanding Telehealthcare service

7.1.1 The Partnership recognises that associated monitoring and response services are an integral and essential element of a successful Telehealthcare service. These services consist of two key components-

- The community alarm and Telecare monitoring service – how the call is dealt with when the alarm is raised; and
- The way in which alarms raised are responded to at the service user's home

7.1.2 At present Moray's alarms are monitored by the Regional Communications Centre at Aberdeen City Council which has largely been a historic arrangement without review. However, as we move to develop a broader Telehealthcare Service with an increase in the amount of sensors, and different technologies, we recognise the need to ensure that the current arrangements will be sufficient to support it.

7.1.3 As the technology evolves, there will be an additional need to develop a range of procedures and protocols to cover what will be required to cover a diverse range of responses to certain circumstances.

7.1.4 In view of this, the current alarm monitoring service requires to be reviewed to ensure that it will continue to provide an efficient and responsive service which provides best value for money. A range of options will be developed and explored, including the possibility of providing an in-house service locally.

7.1.5 Robust Service Specifications, Service Level Agreements and Contracts need to be developed in order to test the market in this area of service delivery and instil a strengthened purchaser/provider arrangement.

7.2 Aim 2: Establish robust response services in relation to Telehealthcare equipment alerts

7.2.1 A robust service to respond to the real-time needs notified by way of an alarm being raised is an integral part of the overall service we wish to provide.

7.2.2 Evidence tells us that the raising of an alarm tends to require a response by way of some form of social and/or low-level health care rather than an emergency service. At present, much reliance is placed on family, friends and neighbours to volunteer to be contacted by the monitoring centre and attend the service user, in the event of an alarm being raised. Currently, a service user is expected to name at least two volunteer key holders in a position to respond in the event of an alarm incident. The minimum number of named key holders to allow a person to receive the service will be reviewed in discussion with the Regional Communications Centre.

7.2.3 However, demographics are changing and increasingly, potential service users are unable to name the minimum number of volunteer key holders required by the monitoring centre. We currently work with the British Red Cross who provide volunteer responders where possible. We will continue to work in partnership with them to further develop local volunteer recruitment strategies.

7.2.4 In addition to the Red Cross we will explore other community based forums from where volunteer responders might be drawn by engaging with for example, community councils and neighbourhood watch areas.

7.2.5 Nevertheless, we do recognise a need to explore more robust and formal response models drawing on available resources. For example, there may be scope to use the Community Care Assistant Team who undertake home from hospital caring and nursing duties. This presents us with a significant challenge in view of geographical issues and the need to work with the resources already available to us.

7.2.6 The current process dictates that if the named key holders are unable to attend an alarm call, the emergency services are called. We are working in partnership with the three main emergency services to understand the impact on them which will help us to design a service to the satisfaction of all key stakeholders.

7.2.7 We will work closely with the Moray Council Housing Department in conjunction with the Sheltered Housing review which is currently ongoing as there may be potential to divert current resource provision such as on-site and out of hours wardens for Sheltered Housing complexes, to alternative support and response models.

7.2.8 Service development will also necessarily take account of relevant Health and Safety legislation in relation to for example, moving and handling of persons procedures.

7.2.9 A main feature of responding to any identified need is the requirement to gain quick access to service user's property. In order to better control the information about key-holding, processes will be developed about the provision of key safes at service users' properties and ensure that key stakeholders such as the emergency services are informed in these cases.

7.2.10 The overarching aim here is to rectify a potential inequality by ensuring that everyone assessed as needing a Telehealthcare service should be able to access it without exclusion and to ensure that emergencies are dealt with quickly and efficiently.

7.3 Aim 3: Develop integrated policies, procedures and processes to enable ongoing integration of Telehealthcare services in Moray

7.3.1 The Moray Partnership will be committed to developing clear processes and procedures around all aspects procurement of specialist Telehealthcare

equipment. Guidance will ensure that clear outcomes are demonstrated and measured against service activities, outputs and outcomes and reported back to core funders of the service. In doing so, the Partnership will seek to learn from other Partnerships and use the specific guidance published by the Scottish Government's Joint Improvement Team, ensuring that any such information is fit for purpose within the local context.

7.3.2 Development of robust policies, processes and processes will in turn assist in removing potential barriers to full integration of Telehealthcare solutions through sound knowledge management. This will require focused workforce development through the establishment of a rolling training plan to ensure that all relevant Partnership, Agency and relevant voluntary sector staff have the specialist knowledge to understand situations where technology can provide real benefit. This will necessarily include training on the completion of Single Shared Assessments and the prescription of relevant solutions by way of drawing up a care plan, for all relevant staff including specialist Occupational Therapists and District Nurses. This specialist knowledge will also extend across all client group disciplines where Telehealthcare can play a part in maintaining or increasing a service user or carer's well-being.

7.3.3 In designing policies around Telehealthcare, we also want to ensure that the needs of unpaid carers remain a focal point. The next Carer's Strategy for Moray due in 2010 will further explore ways in which Telehealthcare can continue to contribute to the well-being of unpaid carers.

7.3.4 The overarching principle will be that all practitioners, regardless of service or agency discipline will have the necessary knowledge and skills to access Telehealthcare services promptly and efficiently for their clients.

7.3.5 Protocols will include processes for commissioning and attributing a financial cost to individual team budgets to ensure a mainstreamed system of procurement for sustainability.

7.3.6 We will continue with ongoing work to investigate where efficiencies in current care packages might be gained through the use of assistive technology, for

example simple check visits or visits to close curtains which could be undertaken by the use of environmental sensors.

7.4 Aim 4: Establishment of robust mechanisms for procurement, maintenance and recycling of Telehealthcare equipment

7.4.1 It is recognised that these components are key to the ongoing development of an efficient, responsive and sustainable service for the future. The Partnership acknowledges that current systems are somewhat lacking, particularly in terms of tracking and recovering equipment when it is no longer required and that this needs to be addressed as a matter of priority.

7.4.2 Part of the commitment to develop robust policies, procedures and protocols must necessarily include a review of the processes currently adopted by the Moray Lifeline Team in terms of procurement, storage, installation and tracking of equipment. Immediate priorities relate to processes regarding stock control, equipment retrieval, disinfection and recycling.

7.4.3 Efficient recycling of equipment will be a fundamental part of maintaining a sustainable service in the long-term. Robust stock and equipment procedures will contribute significantly to achieving that aim.

7.4.4 In addition it will be necessary to provide clear information to service users which clearly communicates their roles and responsibilities in the process in terms of for example, regular testing and the need to return equipment when no longer required. This more formal, contractual relationship will help to enhance a recycling culture.

7.4.5 Maintenance of Moray Lifeline and Telecare equipment is currently undertaken by two full time technicians employed by Aberdeen City Council. This work includes dealing with minor faults and routine battery replacements. However, rising costs associated with travel expenses have been identified and are not representative of best value for money. The option of providing this service in-house is under consideration currently.

7.4.6 A maintenance contract also exists with Tunstall Ltd, which mainly relates to the specialist maintenance of equipment used in Sheltered Housing complexes. As most Sheltered Housing complexes in Moray have now been upgraded to

individual, dispersed units, the relevance of this contract at its current level is also under review.

7.5 Aim 5: Development of an integrated communications and training plan to support all stakeholder inclusion in Moray's Telehealthcare Programme

7.5.1 This essentially comprises three core elements-

- Development of a clear training strategy to ensure structured awareness raising amongst Partnership and Agency staff
- Development of a clear Communications and Marketing strategy targeted at both internal and external stakeholders
- Development of clear reporting pathways to report on strategy progress

7.5.2 Structured promotion of the service will be instrumental in generating referrals which in turn will be used to evaluate it successfully. It has also already been acknowledged that the development of a competent workforce will also play a vital part.

7.5.3 A stakeholder and training needs analysis will be undertaken in order to inform the development of the training and communications strategy. The ethos behind the training programme will reflect a flexible and responsive approach to the assessment for Telecare, to ensure it is both relevant and beneficial. The training strategy will also reflect the need to build confidence around the use of technology and will therefore incorporate an ethical framework.

7.5.4 In addition the plan will incorporate innovative ways in which to communicate and deliver training about the Telehealthcare Programme in Moray. This will include better use of the Moray Council and Health-e-Space websites and exploration of alternative training methods such as web-based learning. The potential for corporate qualifications around technology based assessments will also be explored with Moray College and other academic institutions.

7.5.5 Successful communication is a two-way process. An annual survey of both service users and carers benefitting from Telehealthcare services will be undertaken to ensure that continuous improvement principles become embedded in the service.

7.5.6 An annual report of the above findings and will also be presented and disseminated via the Telehealthcare Strategy Group.

7.5.7 Ongoing and regular feedback will be obtained from service users and carers on completion of installation of equipment which will be collated and used to inform an annual service review, which will also be reported the Strategy Group.

7.6 Aim 6: Development of mechanisms to ensure performance management systems support pilot and mainstream service provision

7.6.1 The National Telecare Development Programme has eight objectives, which are to-

- Reduce the number of avoidable emergency admissions and readmissions to hospital
- Increase the speed of discharge from hospital once clinical need is met
- Reduce the use of care homes
- Improve the quality of life of users of Telecare services
- Reduce the pressure on (informal) carers
- Extend the range of people assisted by Telecare services in Scotland
- Achieve efficiencies (cash releasing or time releasing) through the investment in Telecare
- Support effective procurement to ensure that Telecare services grow as quickly as possible

To date, local information in the context of these objectives is fed back quarterly to the Scottish Government and for the period 2006 to 2008, national evaluation showed positive outcomes. However, the evaluation was subject to some fundamental caveats including the acknowledgement that weak data collection methods meant that many Partnerships found the efficiency measures difficult to assess *[2009, Joint Improvement Team].* This has certainly been the case in Moray.

7.6.2 Since then we have taken some positive steps to rectify the situation by updating the *Carefirst* case recording system to capture salient information relating to Moray Lifeline and Telecare services. However, an accurate evaluation of the impact of this is yet to be carried out once this relatively new system has been used for some time.

7.6.3 The Partnership recognises that ongoing development of a sustainable Telehealthcare service in Moray is dependent on having sound evidence with which to negotiate and inform future decisions with key stakeholders. In addition to the data reported to the Scottish Government, it is essential that a local framework is developed which takes account of key local priorities.

7.6.4 This will require full analysis of what and how relevant information is captured at present and identification of gaps in data to inform the development of systems which will routinely capture the data necessary to evidence the progress of the evolving service.

7.6.5 Innovative ways in which to capture more accurate and meaningful information around financial outcomes such as health efficiencies need to be explored within the Partnership. The Shifting the Balance of Care Delivery Group state that the basic principles of an integrated resource framework need to be-

- Outcome focused
- Patient centred
- Evidence based
- Integrated; and
- Sustainable

These principles will be adopted for establishing a local performance management framework and when evaluating any short-term pilot projects.

7.6.6 In addition to financial measures the importance of more 'soft' outcomes such as the impact on service users and carers lives such as feeling safer and reduced anxiety is also a very powerful measure. The definitions of these outcomes also

need to be reviewed. For example, arguably a *maintained* quality of life through the application of technology can be just as positive as an *improved* quality of life.

7.6.7 During the lifetime of this strategy at least two short-term projects will be scoped and evaluated to help to inform the overall process of robust data collection.

7.6.8 The well-established Partnership with the NHS and their agencies in Moray will be key to the success of developing a framework, as outcomes and benefits are likely to be realised across both health and social care. This will also help us to identify the potential for joint long-term funding streams to support a Telehealthcare service.

7.7 Aim 7: Exploration of innovative ways in which Telecare, Telehealth and Telemedicine systems can positively contribute the continuing modernisation of delivery of health and social care services in Moray

7.7.1 Following the initial development period of Telecare services funded by the Telecare Development Programme, the Scottish Government are now asking Partnerships to look at ways in which Telecare, Telehealth and Telemedicine solutions can converge to gain a 'whole systems' approach to service delivery

7.7.2 The Moray Partnership already offers a winter Telehealth service for COPD patients. For the period 2009/10 we are pioneering a new method of delivering that service with a view to increasing choice for patients. This will be evaluated and reported at the end of the project in May 2010.

7.7.3 For ongoing exploration of other innovations we will adopt the widely preferred methodology of the small scale pilots referred to in 7.5.7, which will be evaluated and from which lessons can be learned, in order to inform longer term decisions.

7.7.4 The use of remote monitoring and consultation systems can be invaluable in rural areas. Their use not only saves potentially difficult journeys for people but also contributes to the wider political agenda of reducing carbon footprints. Although Moray has four main urban areas, there are large rural areas considerable distances from main health and social care services. The notion of using remote systems is therefore something worthy of further investigation in Moray.

7.7.5 Some of the best successes in using remote consultation methods are in areas which require no physical examination. The areas which we seek to examine this in Moray are-

- Pulmonary rehabilitation
- Dietetics
- Speech and Language

7.7.6 Although the notion of remote consultation is traditionally associated with healthcare, we also recognise the potential that this may have in social care settings. We will therefore investigate and evaluate the usefulness of remote consultations carried out by Social Workers for example, via web cams. In doing so we will explore issues relating to the 'digital divide' and look for ways in which we can ensure inclusion in order to meet the public's expectation for faster, better communication with services are met.

7.7.7 The overall objective in these pilots will be not to remove traditional methods of face-to-face consultations but to offer an additional choice for service users.

7.7.8 Other areas we wish to explore are-

- The use of technology which links back short-term to the hospital consultant following discharge from hospital of patients whose diagnosis includes COPD and/or chronic heart disease. The key objective will be to allay the anxiety often displayed by health professionals, patients and their families which can delay decisions about discharge
- 'Safe walking' technologies for people with dementia, learning disabilities and other cognitive impairment. These will be trialled with a view to using the technology short-term (similar to the *Just Checking* system) to assess risks to service users with dementia who are still active outside the home.
- Ways in which now everyday ICT and Broadband technology can improve both access to and delivery of our services. This will include looking at specific software to enable users with for example, sensory disabilities to use a PC.

7.7.9 The extent to which these innovations can be successfully tested will of course be reliant on the ability to provide appropriate monitoring and response services which are also a fundamental aim of this strategy.

7.7.10 Although only certain areas have been identified as a focus for this three year strategy, the Partnership is committed to continuously review the ever-evolving range of technologies entering the market with a view to achieving the aims, objectives and outcomes for the people of Moray identified in section five of this document. Whilst we recognise the evidenced benefits of assistive technology, we also bear in mind its limitations. We understand that solutions need to be person-centric and should not lead to unexpected negative outcomes such as service users essentially becoming institutionalised in their own homes. The ongoing exploration of using mobile and wireless technologies will therefore play an important part in achieving this aim.

7.7.11 The impact of technology on caring roles will also be of paramount importance as we consider these innovative solutions.

Section Eight: Resources

8.1 The national Telecare Development Fund has been supported by a series of capital funding grant allocations. An initial £8m ring- fenced fund was made available to partnerships across Scotland for the years 2006 to 2008. In March 2008 a further £8m was made available for the years 2008-2010.

8.2 Since 2006 the Moray Partnership has benefited £321,280 from the national Telecare Programme Fund. A further £100,000 has been allocated for 2009/10 which has been matched by The Moray Council as a demonstration of its commitment to develop a long-term, sustainable Telehealthcare service for Moray-dwellers. This will be used to help achieve the aims set out in this strategy to ensure that the people of Moray can benefit from Telehealthcare.

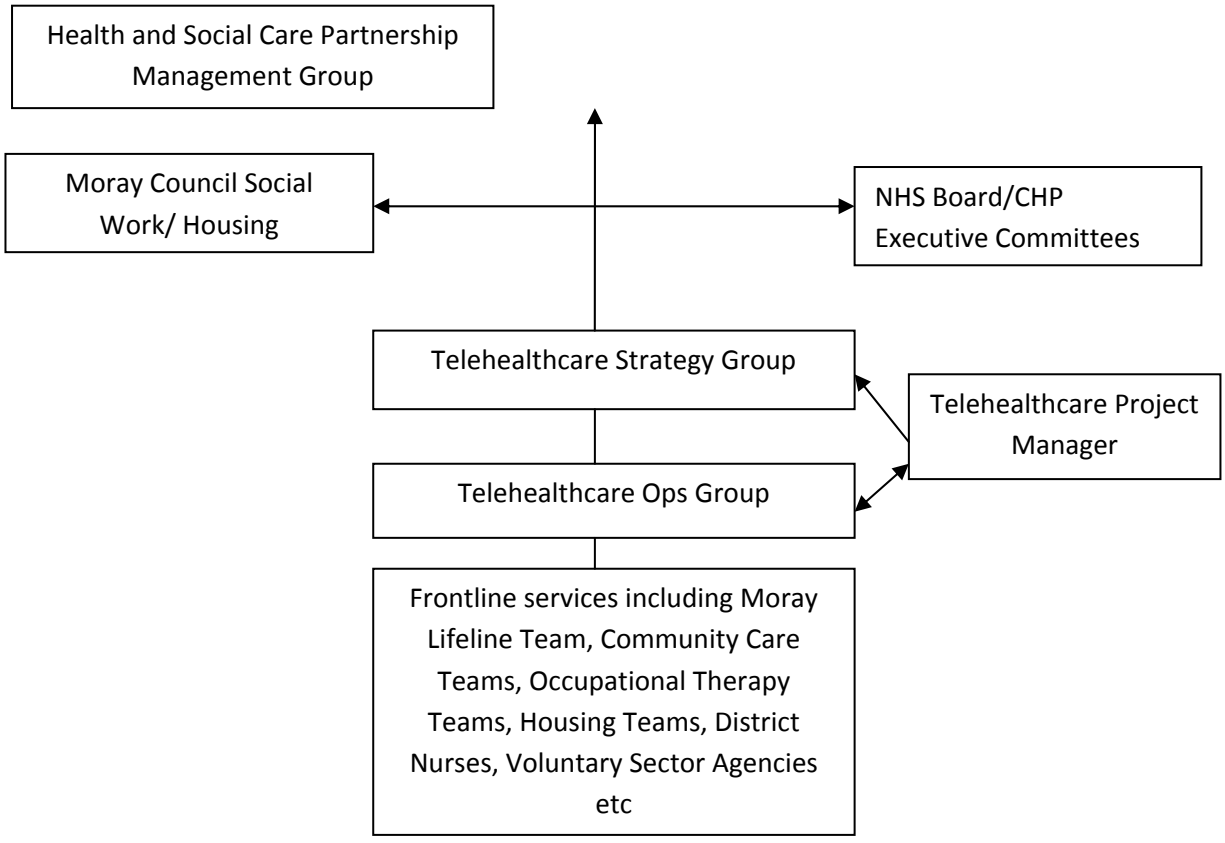
Section Nine: Governance

9.1 The strategic direction of the Telehealthcare Programme in Moray will be undertaken by ***The Telehealthcare Strategy Group.*** This group is made up

of strategic managers from Moray Council and NHS Grampian who are well placed to ensure that the Programme supports the wider strategic goals of the Partnership. This group will also be pivotal in ensuring that the Programme continues to have adequate resources to support its ongoing progress. The Strategic Group has also been informed by the consultations with current service users and their carers carried out in 2009.

9.2 Implementation of the strategy will be directed by the Strategy Group in association with a Telehealthcare Operational Group which will be made up from practitioners who are best placed to identify potential barriers to implementation at street level.

9.3 The reporting structure is as follows-



Section Ten: User engagement

10.1 Telehealthcare is still a relatively new concept and we therefore recognise the need to continue to engage effectively with not only current service users and

their carers, but also those who will potentially access the service in the future. This will allow us to address current needs and expectations as well as shaping an evolving service based on future aspirations.

10.2 The concept of co-production recognises the knowledge and skills of service users and other key stakeholders can be invaluable in improving the services they receive. In simple terms co-production is 'working with, rather than doing unto'. We are therefore committed to ensuring that service users in Moray will be actively involved in co-producing and personalising the Telehealthcare services they receive.

10.3 We will therefore explore innovative ways in which we can effectively engage with people which will increase their choice and ability to participate such as online as well as face-to-face forums and we will equip people with the necessary tools to participate where possible.

10.4 In addition, because Telehealthcare comprises both a product and service element, this presents exciting opportunities for users to take a consumer role and be involved in the market-testing of products. This will allow people to have a real say in deciding which products best suits individual needs.

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TELEHEALTHCARE STRATEGY ACTION PLAN 2010 – 2013

Aim 1: Ensure alarm monitoring services are sufficient to meet the demands of an expanding Telehealthcare service

Actions	Outputs	Responsible	Timescale
Review current arrangements and identify gaps in current provision	Briefing document outlining current gaps	L. Bernard	Feb 2010
Arrange interim service provision with RCC pending market-testing of monitoring services	Service Level Agreement for year 2010/11	L. Bernard/Contracts Team	Mar 2010
Determine impact of enhanced Telehealthcare service on current provision	Monthly meetings with RCC	L. Bernard/D. Johnston	Ongoing
Identify options for alarm monitoring suitable for service user needs in Moray	Service specification which suits the needs of Moray service users Market testing of providers of alarm monitoring services Appraise feasibility of in-house service provision	L.Bernard CPU Aberdeen/Moray Council Procurement L. Bernard/DBS	Mar 2010 Oct 2010 Oct 2010

Aim 2: Establish robust response services in relation to Telehealthcare equipment alerts			
Actions	**Outputs**	**Responsible**	**Timescale**
Ensure equality of access to Moray Lifeline/Telecare service for all service users	Agreement as to minimum number of key holders currently required by RCC	L.Bernard/RCC/Emergency services	Jul 2010
	Volunteer recruitment drive	Red Cross/Moray Volunteer Centre	Jul 2010
	Engagement with Community Forums such as Community Councils and Neighbourhood Watch Areas	L. Bernard	Dec 2010
Develop specific responder services in Moray	Scoping document – Community Care Assistants	L.Bernard	Dec 2010
	Scoping document – Sheltered Housing Wardens	L.Bernard/I. Terry	Mar 2011
	Service specification document	Strategy Group	Jul 2011

Consider provision of key safes for all service users to facilitate response	Procedures for commissioning key safes Procedures for communicating key safe data to relevant stakeholders – e.g. emergency services	Strategy Group	Nov 2010 Nov 2010

Aim 3: Develop integrated policies, procedures and processes to enable ongoing integration of Telehealthcare services in Moray

Actions	**Outputs**	**Responsible**	**Timescale**
Review current processes/protocols in relation to referral, assessment and access to Telehealthcare Services in line with current service provision	Half day process mapping workshop – all disciplines Process maps relating to current service package procurement	Strategy Group	Oct 2010 Dec 2010
Identify methodology for integration of telecare provision within current procedures	Pathways to access telehealthcare provision which is acceptable to all stakeholders	Strategy Group	Mar 2011

	Policies and procedures developed specific to telehealthcare provision.	L. Bernard/S. Feaks	Mar 2011
Develop protocols for case recording in relation to Telehealthcare services	Framework determining salient information to be captured	Carefirst Team/Moray Lifeline team	Ongoing
Mainstream of service provision to individual team budgets	Protocols for authorisation and attributing financial costs of Telehealthcare service packages to individual team budgets	M. Slorach J. Fairburn C. Cameron	Mar 2011

Review current processes underpinning Moray Lifeline services	Process mapping excercise Processes and procedures manuals which support an expanding service Infrastructure to support service provision such as communications to clients etc. Established mechanisms for continuous review and improvement Established processes to ensure regular service user and carer feedback upon installation and protocols for using/communicating that information	C. McKerron/Moray Lifeline Team C. McKerron/Moray Lifeline Team C. McKerron/Moray Lifeline Team C. McKerron/Moray Lifeline Team C. McKerron/Moray Lifeline Team	Ongoing
Review processes impacting on local emergency services	Engage with 3 main emergency services Process mapping exercise – from alert to attendance at incident	L. Bernard L. Bernard	Oct 2009 Jun 2010

	Identification of gaps/ potential for shared services – identify other stakeholders Procedures guidance for key stakeholders	L. Bernard	Sep 2010
Ensure that all policies, procedures and processes developed enhance and support the roles of carers	Evaluation of current policies around Carer assessments Carer's Strategy document	P.Knox P. Knox	Ongoing Dec 2010

Aim 4: Establish robust mechanisms for procurement, maintenance and recycling of Telehealthcare equipment

Actions	Outputs	Responsible	Timescale
Establish sound stock control systems and protocols for tracking and recycling equipment	Data cleansing of current stock recording system Updated stock control system Processes for procurement, tracking and maintenance of	Moray Lifeline Team C. McKerron/Moray Lifeline team C. McKerron/L.Bernard	Feb 2010 Feb 2010 Aug 2010

	equipment to reflect active recycling protocols Processes for recording stock and ongoing data cleansing to ensure data remains accurate	 C.McKerron	 Aug 2010
Develop infrastructure to support and control stock and recycling processes	Service user information pack communicating responsibilities for receiving service such as alarm testing and to return equipment when no longer required Processes for return and disinfection of equipment to support efficient recycling	C. McKerron/Moray Lifeline Team C. McKerron/Moray Lifeline Team	Mar 2010 Apr 2010
Review/establish contracts relating to maintenance and servicing of equipment	Minor faults and battery replacement Programmes diverted from Aberdeen to local team Employment of Telecare-specific technician to deal with battery/equipment replacements and recycling (local absorption	L.Bernard J. Mackie/L. Bernard	Mar 2010 May 2010

	of work currently based in Aberdeen) Establish processes for procurement of batteries to support rolling battery replacement programme Review impact on Sheltered Housing provision of bringing Aberdeen technician work in-house	C. McKerron/Moray Lifeline Team I. Terry	Jun 2010 Apr 2010
Review of Tunstall maintenance contract in relation to Sheltered Housing complexes	Decision relating to ongoing requirement for contract following upgrade to dispersed units	I. Terry	Mar 2010
Review of Joint Equipment Store storage and tracking of Telehealthcare equipment	Integrate Telehealthcare equipment stock control within Joint Equipment Store using GREAS system Links from GREAS system to Carefirst recording system and team budgets	J. Fairburn J. Fairburn/Carefirst Team/Finance	2013 2013

Aim 5: Develop of an integrated communications and training plan to support all stakeholder inclusion in Moray's Telehealthcare Programme

Actions	Outputs	Responsible	Timescale
Develop mechanisms for stakeholder management of telehealthcare programme	Terms of reference document for strategy group	L. Bernard/ Strategy Group	Feb 2010
Develop communications plan to support implementation of the programme over next three years	Identify key stakeholders (internal and external) Stakeholder analysis Action Plan	Strategy Group	May 2010 May 2010 Sep 2010

Develop training plan in relation to the Programme	Training needs analysis Action Plan Evaluate alternative methods of training delivery such as remote learning	Strategy Group	Oct 2010 Dec 2010 Ongoing
Produce plan for annual service evaluation	Action Plan Infrastructure such as consent forms and evaluation questionnaires for service users and carers Annual report on evaluation	C. McKerron C. McKerron Strategy Group	Mar 2011 Mar 2011 Ongoing
Workforce Development	Telehealthcare embedded in corporate training plans, job descriptions etc.	Corporate Personnel and training teams	2013

Aim 6: Develop mechanisms to ensure performance management systems support pilot and mainstream

service provision

Actions	**Outputs**	**Responsible**	**Timescale**
Identify and agree priorities for Telehealthcare Programme in Moray		Strategy Group	May 2010
Establish systems for capturing, measuring and reporting Telehealthcare performance data	Process-map to determine where suitable data can be collected and reported on Framework for capturing health efficiency data Framework for capturing 'soft' performance indicators in line with UDSET guidance Scope and evaluate at least two pilot projects to inform Moray's wider performance management framework	R. Paterson/Service Managers R. Paterson/NHS R. Paterson Strategy Group	2013 2013 2013 2013
Establish framework in relation to pooled health and social care budgets	Evaluation of data collection methods and pilot projects	Strategy Group	Ongoing

Aim 7: Explore innovative ways in which Telecare, Telehealth and Telemedicine systems can positively contribute to the continuing modernisation of delivery of health and social care services in Moray

Actions	Outputs	Responsible	Timescale
Evaluate Met Office COPD service provision for winter 2010/2011	Produce service user questionnaires and survey for impact on Practice staff/pharmacies Evaluation report	L. Bernard L. Bernard	Mar 2010 Jun 2010
Evaluate potential positive uses for remote teleconsultation equipment currently inactive in Community Hospitals and Dr Grays	Scope options in relation to – • Remote consultation/nursing support • Pulmonary Rehabilitation • Dietetics • Speech and language	J. Hogg/S. Coady Anne McKenzie Audrey Steele	Aug 2010 Aug 2010 Dec 2011 Dec 2011
Feasibility study in relation to undertaking routine social work reviews remotely	Scoping document Evaluation criteria	M. Slorach/L. Bernard	Jun 2011 Jun 2011

	Evaluation documents Decision regarding implementation	 Strategy Group	Aug 2011 Mar 2012
Short-term project – using technology to facilitate early discharge for patients with COPD and/or CHD	Scoping document Project Initiation document Project sign off Evaluation criteria and documents Evaluation report	L. Bernard/E.Geddes L Bernard Strategy Group L Bernard/E.Geddes/R.Paterson L. Bernard/E. Geddes	Mar 2010 May 2010 May 2010 Dec 2010 Mar 2011
Short-term 'safe-walking' project for people at risk outside because of cognitive impairment/Learning Disability/Mental Health issues – use of technology as an assessment tool for longer-term telehealthcare and other solutions	Market testing of suitable technology Project Initiation Document Project sign-off	D. Johnston L. Bernard Strategy Group	2011/12

	Evaluation criteria and documents Evaluation Report	M.Slorach/A. Slee/M. Perera M.Slorach/A. Slee/M.Perera	
Exploration of ICT/Broadband solutions	Evaluate disability-specific ICTsoftware Identification of potential existing service users Business case for procurement of specific equipment/services	Strategy Group/ICT	2013
Evaluation of evolving technologies in support of long-term development of Telehealthcare Programme in Moray	Establish focus groups for various client groups as consumers to test market Evaluation of products Business cases	D. Johnston/L.Bernard/Strategy Group	Ongoing