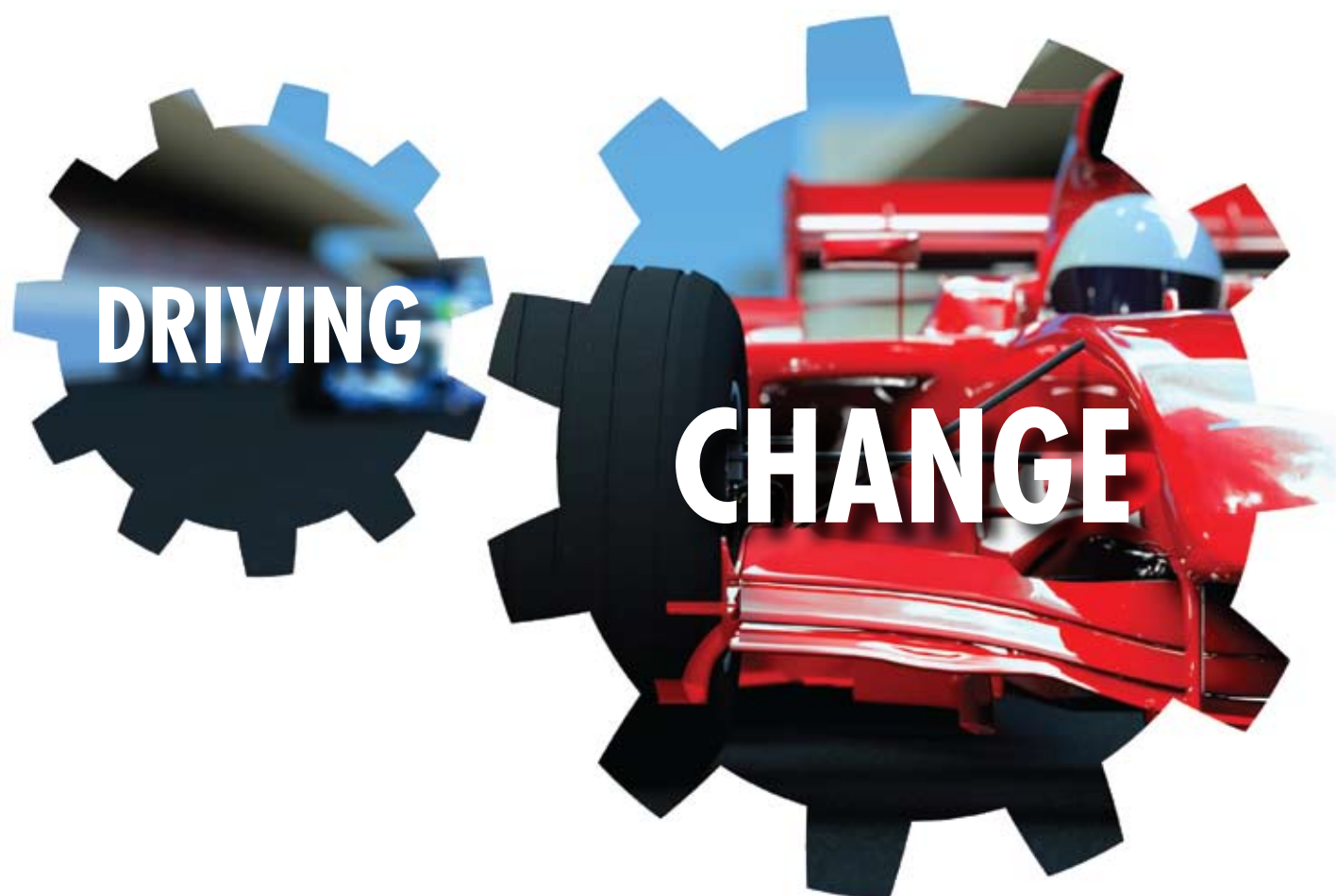


# thelink

The quarterly magazine of the Telecare Services Association – The UK Association for Telecare and Telehealth



**TSA's new Chair and CEO**  
**Mobile technology – the future of telecare?**  
**A Vision for Scotland in 2020**

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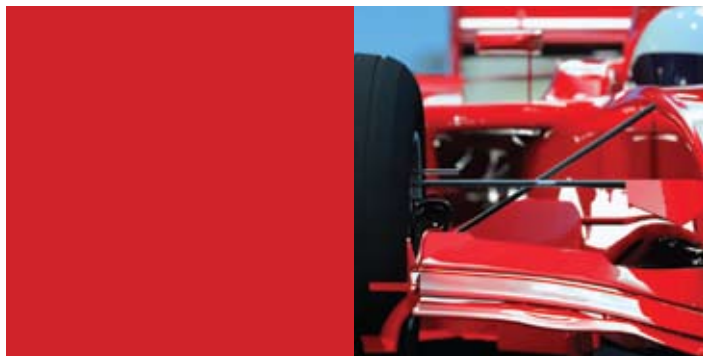
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## thelink

### Welcome to the Summer 2010 edition of thelink.

2010 certainly has been a year for changing weather – first the winter snow, then the spring breezes...and now, at last, the summer sun. Let's hope it lasts a while longer!

The Summer 2010 edition of the Link also features change – there are changing times at TSA, with our new chair Fran Taberner, Vice-Chair Lorna Muir and our recently appointed Chief Executive Trevor Single. Both Fran and Trevor have written their inaugural articles which can be found on pages 4 and 5. We say goodbye to Board member Gerry Allmark (although Gerry remains as a member of TSA), and welcome new Board member Mary McConkey. Gerry's parting words can be found on page 20, and you can find out something about Mary on page 21.

This edition's Opinion piece is by Dr Kevin Doughty who discusses the effect mobile technologies could have on telecare as we currently know it – read all about it on pages 6 and 7. Change is featured in an article on page 11 from Highland & Islands Enterprise, where we find out a collective vision for Scottish telehealthcare in 2020. Driving change is the theme of this year's National Telecare and Telehealth Conference 2010, and more information is featured on page 23. A copy of the 2009 conference DVD has been enclosed with each member mailing of the Link. For extra copies please contact [marketing@telecare.org.uk](mailto:marketing@telecare.org.uk)

We have lots of member news in this edition. New members Romad and South East Health Assisted Living (SEHAL) are profiled on pages 8 and 9, and we find out that Cardiff has talent on page 15. 2010 is a big year for anniversaries. This year Age Concern Personal Alarm Services celebrates 30 years of helping people, and Wakefield and District Housing (WDH) Care Link reaches its 20th year serving its community. The celebrations can be found on pages 12 and 13. Not to be left out, TSA is 15 years old this year – and to commemorate this milestone will be launching the Crystal Award, to reward the very best in telecare and telehealth. Details of the award, and how to enter will be sent to all TSA members shortly.

If you missed the TSA's Annual General Meeting, you can catch up with the report on page 22, and also see some of the photographs taken at the event. The event was a great success, and as well as a change to the constitution, featured the Code of Practice (COP) Awards and a choice of workshops.

I hope that you enjoy this edition of the Link. I look forward to receiving your news and your views for the Autumn edition of the Link – which will be published in October. You make the Link interesting and vibrant – and your input is very much appreciated. To submit articles to the Link, please send your words to [marketing@telecare.org.uk](mailto:marketing@telecare.org.uk)

I hope that you have a wonderful summer.

**Loretta MacInnes, Editor**

## thelink – Media Information

### Articles

We welcome your contributions – from short good news stories, case studies and member news, to detailed opinion pieces and features. Email your news, views and concerns to [marketing@telecare.org.uk](mailto:marketing@telecare.org.uk) by the deadlines below.

### Advertising

If you have a new product or service that you would like to promote to a highly targeted telecare and telehealth audience, full information relating to advertising rates, as well as to website advertising for job vacancies and tenders is available from TSA Members Services – email [marketing@telecare.org.uk](mailto:marketing@telecare.org.uk) or telephone 01625 520320.

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Fran Taberner, Chair

## Challenging Times

It is with great pleasure that I write my first piece for the Link as Chair of TSA. I have many years experience working on behalf of TSA, beginning with my initial election in 2005 as a Board member for England, and have served as Vice-Chair since 2007. In May 2010, I took over the reins from Dr Malcolm Fisk who, as many of you will know, was the effective and vocal Chair of the Association for the past four years. For those that don't know me, I work for ChesterCare, which is part of Chester and District Housing Trust (CDHT), an organisation that delivers a range of telecare and telehealth services. ChesterCare has grown significantly over the years, from handling 3,500 calls per month to now dealing with over 24,000 calls on a monthly basis. The organisation works to the highest quality standards and achieved accreditation to the 2009 TSA Telecare Code of Practice in November 2009.

These are interesting times for the telecare and telehealth industries. The pivotal role we can all play within healthcare reform is not in any doubt – but the work needed to secure the finance, and just as importantly, the partnership agreements essential to transform pilots into mainstream delivery, cannot be under-estimated. The TSA team – both staff and Board – work relentlessly to help make this difficult journey easier for our members, and for the industry as a whole. Our mission remains unchanged – to unlock the potential of telecare and telehealth. Our focus on driving up standards through the Telecare Code of Practice, and through the work we are currently undertaking for the development of a telehealth standard, is an essential element in developing demand within the market – both from commissioners and from the service users, their families and carers.

There has been a lot going on within TSA over the past few months. There have been significant changes within the organisation – but the Board has worked closely with the staff team to ensure that service levels were not affected. This has forged stronger working relationships between us all. We now have a new Chief Executive, Trevor Single, who is well-equipped for the challenges ahead. I welcome Trevor to the team, and look

forward to working with him over the coming years.

As a team, we remain committed to delivering the best possible level of service to all of you as our valued members – from the networking events we hold across the country, the training days to help you develop your quality standards, to the National Telecare and Telehealth Conference, where we work hard to bring together a programme that will stimulate debate, facilitate knowledge development, forge new partnerships and enable networking and business development opportunities. We are acutely aware that we need to work even more closely with members, to listen and to understand your needs, and that we must act on the issues that you feel most strongly about. This is an area that we are currently re-examining to ensure that we are engaging with our membership in the most effective ways possible.

As a Board we have challenged ourselves during the past year. We have focused on issues that have a direct impact on our industry, forming strong partnerships and working relationships with organisations such as Continua Health Alliance, where the necessity for inter-operability is being actively addressed, and NGN UK, where the issues relating to next generation networks and the interaction with social alarms are being examined. Other areas of focus are

the continued development of quality standards for both telecare and telehealth, the emerging opportunities from telehealth for the industry as a whole and the impact technical developments such as mobile technologies will have on our industry.

**We will listen**

**We will take responsibility**

**We will challenge**

**We will support our members.**

There are many more challenges ahead, but we approach them with determination. As John F Kennedy once said “there are costs and risks to a program of action, but they are far less than the long-range risks and costs of comfortable inaction!”

Finally, I want to take this opportunity to thank Malcolm on behalf of the Board for all the hard work and commitment he has given as Chair of TSA for the last four years. He consistently challenged the boundaries firstly of social alarms, then of telecare, and telehealth. His academic and professional credentials opened many doors for TSA and our members, and we hope that in his role as Board member, we may continue to benefit from his unique perspective and expertise.

**Fran Taberner, Chair**



## Driving Change

As I write this article for the summer edition of the Link I am a couple of weeks into the post of Chief Executive, and am experiencing the anticipation of a new role, and a sense of the huge challenge ahead.



Trevor Single, Chief Executive

I feel that I already know many of you through my work with Choose Independence on revising the TSA Code of Practice. This was an exciting and challenging task – and I believe the revised Code reflects TSA's commitment to ensuring that high quality and standards are key components of an accredited telecare service operation and delivery, and ensures it safeguards our users.

But first, for those who don't know me – a little about myself!

**Career** – I worked for over 30 years in a variety of posts in Central Government, with the Department of Trade and Industry (now BIS), heading up a number of policy and legislative initiatives that meant regular engagement with Ministers and other key stakeholders. I then worked for three years with Choose Independence, providing telecare consultancy advice and support.

**Status** – married with two children, one in the police force and the other at university.

**Likes** – passionate supporter of the best football team in the world (Manchester United, so personally I think Wilmslow is a great location for the TSA office!), gardening and DIY.

**Dislikes** – poor service, curries, the number of cooking programmes on television.

But to more serious stuff. As I start to focus on the way forward for the TSA, and build on the successful growth led by Paul Gee and the TSA team, I see four main drivers for change that will have a significant bearing on the direction and future standing of the association. How we adapt and respond to these drivers, as well as being clearly focused and pro-active in presenting our vision for the future, will dictate how successful we are in ensuring telecare and telehealth are fully integrated services across the health and care spectrum. These drivers are:

### Increased expectations and demands of consumers/service users

All of us expect high standards of service, quality and value in every area of life and the industry sector that we serve is no different. In addition, an ageing population where care costs will double by 2026 means traditional forms of care are no longer sustainable. I want to see TSA proactively engaging with representatives of service user groups and ensuring that we bring the user to the heart of the service being provided.

### Reductions in Government spending/efficiency strategies

Our new Government is already in the process of identifying major efficiency savings and our area of work will not be exempt from its scrutiny. We can demonstrate that supporting individuals to remain independent at home delivers real cost savings and improved quality of life. A priority task for TSA is to engage with Government and ensure the solutions and efficiencies that telecare and telehealth can bring are clearly visible on their radar.

### Technology

The emergence of new products, including mobile phone applications and increasingly sophisticated sensors, along with the entry into the telecare and telehealth markets of major global players, is a clear indicator of where many see the future. We have to partner with these players and technology enablers such as the Technology Strategy Board so that these technologies can make a real difference in managing risk and providing greater independence to our users.

### Market

Not unexpectedly we are seeing increased competitiveness in our marketplace. Commissioners are placing greater emphasis on value for money, and this may point the way to the consolidation of monitoring centres, with the development of larger regional and national providers. TSA needs to engage with health and care commissioners on ensuring that as the market evolves quality and standards are

maintained, and not diminished by cost pressures. Telecare and telehealth have only scratched the surface so far in gaining real penetration; the development of case studies to demonstrate its value over conventional forms of care and health is essential.

Tackling these drivers will often come down to service implementation at a local level. And it is here that the TSA has to be the keystone, holding together the membership delivering telecare and telehealth services. I want to see the TSA increasing the focus and input of users and carers groups on the way our service is provided, raising the profile of TSA within Government and external stakeholder's circles and focusing on the delivery of value added services to its membership. We must engage with members on their key issues, supporting them in addressing their business challenges, and underpinning all of this with a Code of Practice that is modular, robust, and with attainable but challengingly high standards.

As I write I have just come across a quote from one of my heroes, Martin Luther King Jr – "Life's most persistent and urgent question is, 'What are you doing for others?'" What we are doing for our users is to support and help them maintain their independence. I passionately believe that we can make a real difference to a large sector of the UK population and I am very much looking forward to working towards this goal with the TSA team and its members.

I hope to have the opportunity to meet many of you in the months ahead.

**Trevor Single**



# Extending Telecare to Include Mobile Services

Dr Kevin Doughty

Table 1 was produced 4 years ago by a local authority telecare officer who attended a CUHTec Telecare Masterclass. It is the list of the groups that she thought could be helped by her telecare service. It's pretty easy to identify the general risks faced by each group and then to propose sensor combinations (or other technologies) that might help to manage those risks in order to support an ambition to remain independent in the community. Yet, of the sixteen groups shown in Table 1, only three are likely to be housebound for all or nearly all the time.

Figure 1 shows that watching the television accounts for increasing amounts of time for people as they grow older – but it still leaves plenty of time to be away from the home. This is a good thing, because people who are active and who are able to go places, meet more people and spend more time outside (especially in green areas) have a reduced risk of developing a wide range of diseases and conditions and experience a higher quality of life. So traditional telecare is relevant for only some of the time for the vast majority of older people. Perhaps we should be referring to social alarms, environmental sensors and any other devices that operate only inside and around a property as home telecare. Such provision is relevant to just about everyone and we can anticipate more sophisticated services appearing that make use of intelligent furniture, electrical domestic appliances and, increasingly, personal electronic appliances

that can help us bathe, get up and get dressed or any of those personal tasks that would otherwise require the assistance of a carer. In the same model, the television in the living room (and perhaps in the bedroom also) will become the source of information, entertainment and communication and a means of accessing the Internet and its range of interactive services.

But what happens when people go out? They are just as likely to experience an accident, or to become ill. That prospect is likely to be more frightening away from your own home, and this could lead to people being scared of going out. Fortunately, most people now have mobile phones to address this very need, as well as to ensure that they are always in touch with family and friends. Over 80% of people aged 65 to 74 owns a mobile phone, though this decreases to about 50% for people aged 75 and over. This is nothing to do with older people being unable to accept and use the technology, but a cohort phenomenon – when today's 55 year olds reach 80, they will have had twenty five or more years of experience of using these devices, and they will be as comfortable using a mobile phone as they are today using a fixed line telephone. According to Ofcom, 25% of all adults have a profile on a social networking site such as Facebook, but this falls to 8% for people aged 55 and over. But this will change over time too, so we can look forward to the next generation of older people having access

**Table 1: Some groups that might benefit from telecare services**

People with heart or circulation problems	Diabetics
People at the end of their lives	People with neurological disorders
People with physical disabilities	People with pulmonary diseases
Dementia sufferers	People at high risk of falling
People with learning disabilities	Socially excluded people
People with mental health problems	Frail elderly
Children with autism	Carers of older people
Victims of domestic abuse/violence	People returning home from hospital

to and embracing the mobile networks. The message is clear – whilst home telecare is relevant to everyone now, mobile telecare will become more important to increasing numbers of people in the future. What's more, people will expect all the services that are available to them in their own homes to also be available to them on the move.

Today's smart phones have a range of telecare friendly features, as shown in Table 2, that encourage developers to design new applications ranging from the useful to the interesting. So, for example, a smart mobile phone could detect a fall automatically, using the on-board accelerometer to detect the impact and to check the orientation. Compliance would be excellent because we are already conditioned to having our mobile phones on us at all times, usually kept in the very same place for ease of access. This device could make a call automatically to a monitoring centre giving location details using the GPS facility. The response could then be organised as appropriate. In the same way, the EpDetect application that has been trialled with the HTC HD and Diamond smart phones (see Figure 2), monitor the movements of the person while the phone is in their pocket or worn on a belt. The software differentiates movements associated with epilepsy from normal activity. These are examples of mobile telecare that are already

available and which could be used to move telecare from the home to the world at large.

The applications that are likely to be most attractive to both individuals and to the commissioners are those that support early detection of ill-health i.e. medical telecare applications that identify problems such as cardiac arrhythmias, fever, sweating and breathing problems. These are symptoms of many of the Long Term Conditions that are likely to be of increasing significance in the future as the effects of a more sedentary lifestyle are seen. Such diseases are not necessarily associated with old age, and might therefore be excellent targets for monitoring using mobile telecare. Indeed, mobile phones are already used extensively to collect data on the blood sugar levels of diabetics, as well as providing reminders about GP or hospital appointments, and an application for heart attack detection and prevention already exists for the Blackberry smart phone. Such medical applications will multiply as the sensing devices become smaller, and as power management is improved. Continuous monitoring of vital signs performed in this way (together with advice and feedback) will provide a powerful new tool for managing chronic disease, and will quickly make existing telehealth products redundant for all but the most basic cases.

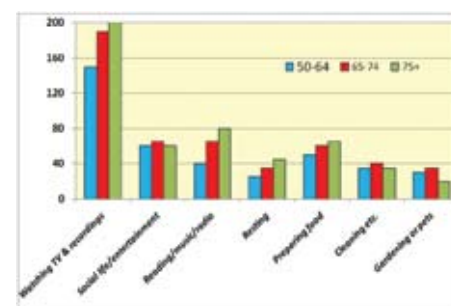
The challenge for service providers is to embrace mobile technology and to integrate it into existing services that have, for thirty years, been wholly dependent on a special telephone installed in the home of an older person. The business model must be different, and encourage choice and personalisation. This should lead to lower cost and more efficient operations, enabling millions of additional connections to be added without having to invest in additional equipment. True integration will occur when an assessment recognises that the telecare package required for a vulnerable person will include a home telecare system and a mobile telecare system which will talk to each other. The home system will keep the person comfortable, safe and connected in their own homes, while the mobile system will ensure that their well-being is supported as they are out-and-about. The exciting news is that we won't have to wait too long. When low-cost Bluetooth/ Zigbee-enabled home units appear that allow them to communicate with the home hub, the integration of home and mobile telecare can begin. Service providers must be "agile" enough to adapt their operations to the opportunities that will present themselves.

Kevin Doughty has been the Deputy Director of the Centre of Usable Technology at the University of York since 2003 and is also an independent Telecare and Assisted Living Consultant.

**Table 2: Features of smart mobile phones that may be employed in mobile telecare applications.**

Feature	Purpose
Two cameras	One for taking photographs or video footage; second for teleconferencing
QWERTY keyboard	Extending text messaging to full e-mail functions
Colour touch-screen	To display photographs, videos or detailed instructions, and to provide a simple means of interacting and sequencing
High quality microphone	Hands-free speech, but also for listening to and analysing noises including alarms, coughs and breathing sounds
A speaker	For producing sounds, music and speech
An accelerometer	To detect orientation of device and any shocks or impacts that the devices receives when it is on the move
GPS receiver	To help the user to navigate their way to their destination, and to help to find them when they are lost or injured
Electronic clock	To facilitate reminder information
Bluetooth	To link with other Bluetooth-enabled devices such as headsets and worn medical sensors such as pulse monitors and glucometers
Near field Communications	To operate locks and other digital access devices

**Figure 1: Number of minutes spent by older people**



**Figure 2:**  
HTC on various activities.  
Smartphone running  
the 'EpDetect' application.

South East Health, a recognised name in the provision of primary care services in the South East of England, has expanded its range of support services by beginning to offer a range of assistive technology and support services via a new organisation – South East Health Assisted Living Limited.

# SOUTH EAST HEALTH ASSISTED

Already a major provider of primary unscheduled care services on behalf of the NHS, South East Health has been working to develop multi-agency, multi-disciplinary centres helping to shape and implement national unscheduled care policy. It also delivers a number of GP-led health centres and provides primary care services at the front door of hospital A&E departments, and specialist nurse-led walk-in centres. South East Health sees the development of South East Health Assisted Living (SEHAL) as a natural extension of its existing offering.

Against the backdrop of the increasing financial pressures on health and social care commissioners, as well as the impending demographic timebomb, SEHAL has recognised that assisted living technology has a significant role to play in facilitating essential changes in service delivery. Government policy is also demanding that greater numbers of older and vulnerable people are not isolated but supported in their own homes, and service users themselves are becoming increasingly aware of how technology can support their independence.

Despite presenting a real opportunity to deliver effective health and social care support, the current assistive technology market is manufacturer led, meaning that solutions are often product driven rather than service user-led. Many technologies are still geared specifically to either the Health or the Social Care sector, which means the marketplace is fragmented and the user experience can seem disjointed. SEHAL has approached the challenge differently by creating a business model geared around integration, the key to which is using an open protocol monitoring centre. This means their clients can take full advantage of the various solutions offered by all assistive technology manufacturers and that information from both health and social services equipment can be viewed at the same time. Uniquely, the information

received at the Health and Social Care Monitoring Centre is then interpreted and actioned by one of a team of 500 GPs and 120 nurses.

Peter Kerly, Managing Director of SEHAL describes how he believes they are offering a genuine alternative, “Our ethos is that the focus of the business should be on the needs of the end user, and our services and processes are built around that. To best serve client need, support needs to be both integrated and flexible, so it follows that an open protocol monitoring centre is the key to providing real choice in the procurement of assistive technology and more importantly, allowing patient-specific solutions to be designed and deployed, avoiding the ‘one size fits all’ approach.”

SEHAL is working in partnership with Novalarm to operate two UMO monitoring centres; one in Ashford, Kent and the other in Whitstable, which are currently providing support to over 2.6 million patients across the South of England, 24 hours a day, 365 days a year. The centres provide an integrated health and social care monitoring platform, allowing patient/client data received from a number of sources to be reviewed holistically by a team of clinicians operating out of a network of primary care centres. This clinically-led response is unique amongst assistive technology response centres, and as well as aiding stakeholder involvement it can mean improved outcomes for the patient/client. For example, a social services fall detector may raise an alert because someone has fallen, and the PCT supplied telehealth equipment may indicate a low blood pressure reading. With the SEHAL system, both pieces of information can be viewed simultaneously by a trained clinician, who can then respond appropriately, aware of the full facts.

Paul Shead, Managing Director of Novalarm, comments “Our parent company, Verklizan, has been enabling health and social care services in Holland to review client data in an integrated way for many years and it has

proven to be a highly efficient approach. We hope that ourselves and the team at SEHAL can help health and social care teams in the UK become less segregated, leading to more effective service delivery and a better client experience.”

The right method of delivering assistive technology of course varies according to locality, and SEHAL works with individual providers to develop the best model for their area. Its range of services can be delivered individually or as part of a full turnkey service, which manages the assistive technology from planning, through procurement to deployment. Commissioners can utilise the team’s experience in the following areas:

#### **Developing Prevention Pathways**

– reviewing local data and then offering advice which outlines the methods for the PCT, Acute Care and Social Services to utilise assistive technology as part of their prevention strategies

#### **Developing Assistive Technology Strategies**

– creating effective processes for local authorities and health providers (collectively where possible) to implement assistive technology support services

#### **Creating Intervention Response Strategies**

– planning for the use of assisted living technologies and intervention responses specific to local circumstances, taking account of the relevant demographic and geographic challenges

**Developing a Business Case** – providing a cost benefit assessment of assistive technology investment to improve citizen health and wellbeing

**Engaging Stakeholders** – providing specific strategies to ensure all parties are engaged with the objectives and benefits of assistive technology as part of their preventative agenda

**Strategic Integration** – advising on how assistive technology planning and delivery should take account of other local initiatives such as Self Directed Support (SDS) models e.g. individual care and health budgets



# LIVING

**Remote Monitoring** – of equipment from all assisted living/telecare/telehealth suppliers

**Response Services** – calls can be effectively triaged according to protocol and responses delivered from both clinical and non clinical teams

**Medication Reminder Solutions** – a range of solutions is currently in development, which will include the deployment and ongoing management of a number of pill dispensers frequently used by service providers. SEHAL works with commissioners and providers, at a strategic and operational level, and one of its primary aims is to support community alarm centres, helping them to develop sustainable services. There is a huge disparity amongst centres in terms of the services they offer and how they are delivered, and in how the centres themselves are funded and how they in turn charge services users. Many centres are fighting for survival, and SEHAL aims to help by investing in these centres, enabling them to offer enhanced services and work effectively with health and social care providers in their area.

Peter Kerly comments “I see the future of assistive technology being very much more based around the service rather than the technology. Because of the fantastic benefits technology can bring, we sometimes forget that the simple approach can work the best, and don’t focus on service delivery as we should. We aim to bring choice to the market, and by doing so, hope to achieve genuinely integrated health and social care services, which can help patients move from dependence to independence, improving clinical outcomes and encouraging self care.”

Peter Kerly can be emailed at:  
[peter.kerly@sehnp.nhs.uk](mailto:peter.kerly@sehnp.nhs.uk)

## MOBILE TELECARE

### *The next big growth area?*

**One of the TSA’s newest members, Romad Ltd, has invested several millions of pounds over the last few years to develop the only stand-alone Mobile Telecare device currently available which incorporates both GPS and GSM communication and tracking.**

Brentwood based Romad is extremely proud of its research and development team who have developed the technology resulting in the RSP-100 being extensively deployed to provide protection for the vulnerable and people with special needs, as well as a lone worker protection device.

Iago Bellis, Romad’s CEO, predicts that use of devices such as these will drastically increase over the next two years, in line with the need for social care providers to reduce costs and support their clients to live independently. “The opportunity to use this device for Mobile Telecare has already caught the imagination of social care providers worldwide. The Spanish Red Cross and Vodafone Foundations, for example, are using it to protect victims of domestic abuse, and in Valencia they have been given to the elderly as an easy to use mobile phone with an SOS alarm switch. They have also been issued to people living with Alzheimer’s disease.



Iago Bellis

*“We deliberately delayed introducing Version 2.0 of the RSP-100, which was launched in November 2009, to ensure it incorporated all the features and functions which would make it fully compliant with British Standard 8484. Although primarily designed as a lone worker protection device, the product has features and functions that make it ideal for Mobile Telecare applications.”*

Utilising GPS based technology which interacts with leading alarm receiving software, the device allows carers to know exactly where their client or relative is whenever they need assistance.

To enable ease of use, it is small in size and light weight, and can therefore be worn on a lanyard or clipped to a belt. It has simple, over the air commands, which are used to configure the device, has four pre-programmable speed dial numbers and a rugged SOS alert button. One of the pre-allocated speed dial numbers provides for the user to leave a recorded message when they arrive somewhere other than their home. This message is safely stored on the company’s server and can be quickly retrieved if the user is out of contact or if there is concern for his or her welfare.

The previous Government’s White Paper on ‘Building the National Care Service’ identified that only through radical reform can people be given the opportunity for care in their own home, saving money compared with expensive residential care. It remains to be seen how much of the White Paper will be adopted by the new coalition Government. Although committed to the maintenance of frontline services, they will certainly be looking at the options which can deliver value for money. Static telecare devices can of course provide a certain level of support for people whilst they are at home but cannot offer the added benefits afforded by mobile devices.

Romad is delighted to be a member of the Telecare Services Association and looks forward to working with other members to raise awareness of the benefits of Mobile Telecare devices. They are fortunate to be in a position to be able to profitably promote a solution which has the potential to save lives as well as support successful independent living.

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# What will Scottish telehealthcare look like in 2020?

**This was the topic under discussion at a Telehealthcare summit on 5th and 6th May in Inverness, hosted by Highlands and Islands Enterprise, which brought together strategic thinkers from industry, the public sector and academia to form a vision for 2020.**

A delegation representing the Scottish public sector (NHS24, the government's Joint Improvement Team, the Scottish Centre for Telehealth, and representatives from NHS boards and local authorities) and the Scottish and international business community (SiteKit Argyll, DanMedical, iSOFT, IBM, GE, LifeScan) were involved in facilitated brainstorming sessions at Aldourie Castle on the first day of a two day telehealthcare summit.

Delegates representing the public sector were asked to propose a vision for Telehealthcare in Scotland in 2020. In parallel, the delegates representing the private sector, were asked to describe what a telehealthcare cluster of international repute should look like.

A mind map was created from these sessions and is now available online together with a reviewed summary document on [www.hie.co.uk/telehealthcare-summit](http://www.hie.co.uk/telehealthcare-summit)

Delegates at the Telehealthcare Summit



## A joint vision for telehealthcare in Scotland in 2020 that emerged from the summit is described below

Entertainment and information portals (such as the iPhone and the television) play a major role in health and care. The general public can buy these devices and systems from high street retailers and use them as tools to access healthcare advice and services. These devices, systems and associated sensors are user-friendly, robust, inexpensive, unobtrusive, low maintenance and connect easily to wireless networks – promoting a healthy lifestyle.

The devices are personalised and designed to make a preventative lifestyle easy and adaptable to the individual lives of the end-customers. Users of these interactive devices can access advice and information and become more self-reliant and confident in managing their health and care.

Customers have ownership of their health records as part of this new self-confidence. When required, the devices introduce healthcare professionals and specialists who interact with the patient through these systems. Telehealthcare is at the heart of healthcare services and supports healthcare professionals in their role, giving them the opportunity to provide best care for their patients while efficiently using their limited resources.

Innovation has been at the heart of these achievements and has been facilitated by public sector procurement that actively promotes innovation.

Innovative small Scottish companies collaborate effectively with leading academics and supportive healthcare professionals and have, in association with the presence of international companies, created a globally recognised telehealthcare cluster.

This cluster makes a significant contribution to the Scottish economy and has a successful investment track record. It now holds an international reputation able to attract leaders in business and academia from across the globe. The cluster generates intellectual property and provides a collaborative culture, resulting in influential links with other leading clusters and policy makers.

Success in this field has led to Scotland becoming healthier, tackling many of the major healthcare issues by focussing on preventative and predictive approaches. The improved quality of life and self-care can only mean one thing: no more deep-fried Mars bars!

## What is needed to make this vision reality?

Small companies face significant challenge in getting their innovations adopted on a large scale by healthcare providers. Telehealthcare pilots are both plentiful and in general successful, however they are not taken forward into mainstream service. This is partly due to the scale of workflow changes required for implementation, which will need to be addressed going forward.

Another hot topic was leadership to drive change. A mandate by the Scottish Government to drive the adoption of telehealthcare was discussed, as was the want for a champion to ensure procurement becomes regulated in a way that makes the process more supportive of innovation. In addition, this champion would aid the development of the integrated environment and infrastructure required to support telehealthcare in Scotland.

Other barriers to the adoption of telehealthcare include the necessary training and education of both healthcare professionals and end users. In order to overcome concerns over this new approach, emphasis must be placed on awareness-raising to gather support for the coming changes.

## What will happen next?

Scotland has the opportunity to become one of the leaders in telehealthcare if change management is achieved successfully. The Telehealthcare Summit has introduced stakeholders who will, together with Highlands and Islands Enterprise, shape the development of a telehealthcare cluster in Scotland, based on the active companies, supportive healthcare professionals and academic expertise present across Scotland.

The remote and rural Highlands and Islands of Scotland not only have a high concentration of companies working in this field but could also provide an ideal testbed for emerging technologies and applications.

A follow-up event is planned for late September, when discussions between stakeholders that are already taking place will be continued face to face. The enthusiasm of the delegates on both days of the summit illustrated the willingness to work together towards changes in healthcare delivery.

# PROVIDING A CARING LINK TO THE COMMUNITY FOR 20 YEARS

It was within a small two-bedroom flat in Normanton twenty years ago that one of the most significant local services was established; a service that works with its partners to care for the district's elderly and vulnerable people by offering them support when they need it most.

Today Wakefield and District Housing's (WDH) Care Link service continues to give people and their families help and reassurance 24 hours a day, 365 days a year.

When Care Link opened for business on 19 February 1990 as part of Wakefield Council's housing department, 12 employees served around 7,000 tenants across the district.

Through hard work, determination and a commitment to serving as many people as possible who required the service, Care Link has grown by using cutting-edge technology to offer their help and expertise to anyone in the district and it now supports over 15,500 people.

Care Link Manager Barbara Sowerby joined the service in 1994 as an operative but progressed through the ranks to become manager of the district's premier caring provision in 2005. She says a lot has changed in that time.

"When Care Link first started it was operating in a small flat at Ripley Court in Normanton – now we have a purpose-built Customer Contact Centre at Flemming Court in Glasshoughton and employee levels have risen accordingly as we've offered our service out to anyone who feels they require it," explains Barbara.

"Our client groups have changed during the twenty years. It's not just the elderly that we support – it can be anyone across all age ranges; from disabled people who live on their own, victims of domestic violence, victims of bogus callers – anyone who feels vulnerable can have alarms installed for piece of mind and extra security."

One of the most significant changes Barbara and her employees have seen over the past two decades is the development in technology.

Before Care Link was established, Wakefield Council employed 'Walking Wardens' who went door-to-door to see if any tenants required help. As Barbara explains, although the intention of the system was good it just wasn't effective enough to serve the number of people who needed the support.

"The first technology was 'hard-wired' alarm systems – cords that people could pull, which would alert us and we could take the appropriate action," says Barbara. "Since then we've developed more sophisticated alarms and sensors that can actually analyse a person's day-to-day lifestyle."

"For example, we have motion sensors and bed sensors that tell us whether someone has got up in the night. If they don't return to bed or there is no activity recorded we can take swift action to check on the welfare of that person."

Care Link works with the Council, West Yorkshire Police, West Yorkshire Fire and Rescue Service and health authorities to maintain the welfare of vulnerable people. It manages over 7,000 calls a week and made more outbound calls during the harsh winter weather.

Mick Walsh, Customer Contact Manager for WDH, said: "The technology is fantastic and it's making a real difference to people's lives. The most important thing about the service though is the quality of the people who answer. We have a tremendous team who share a great work ethic and are totally committed to helping people."

"They are flexible, adaptable, hard-working and they support each other. To work at Care Link you need to have excellent customer service skills and a genuine empathy for your clients."

"People have different needs at different times, so we have to provide a service regardless of whether it's Sunday night or Christmas Day. We work around them."

Diane Barnaby, Care Link Supervisor, has over six years' experience with the business. She says every day is different, and gets great satisfaction from allaying the fears, anxieties or health worries that her customers have.

"Each day is different," says Diane. "There are rewarding stories every week. Whatever people want at that specific time, we are able to provide it – from just spelling a word to emergency call-outs."

Ann Wagstaff has been working at Care Link for over nine years. She said: "It's a fantastic service, and it's very satisfying to know you're doing a worthwhile thing. Since we moved into the new control room the service has just grown."

"I've found the team hard-working, caring and supportive," says Service Development

Officer Kirsty Jewitt, who joined the Care Link team nine months ago. "We're providing high quality, life-improving services to the most vulnerable members of our community – and I'm proud to be a part of it."

With three Charter Mark awards, which recognise excellence in public customer services, Care Link has the potential to expand, according to Barbara.

"We recently began operating out of the district," she adds. "The week before Christmas 2009 we worked with South Yorkshire Housing in Sheffield to help vulnerable people there."

"We want to work with more partners such as GP practices and pharmacies to develop new ways of helping people. There really are no boundaries as to where we can take this service."

## CARE LINK SAVED MY LIFE

A disabled pensioner from Featherstone says he wouldn't be alive today if it wasn't for the quick response of Wakefield and District Housing's (WDH) Care Link service.

Allan English, 78, suffered a fall at his home on Huntwick Road earlier this month and was kept alive by a WDH support worker until the paramedics arrived.

He said: "If it wasn't for Care Link I wouldn't be here today. They saved my life."

As an amputee and a recovering patient of a recent tracheotomy, Mr English signed up for the service when he moved into WDH's Huntwick Centre Independent Living Scheme in March.

He was able to press a button on a pendant that he wore round his neck to alert Care Link staff that there was an emergency.

Care Link operator Marie Hoaksey took the call and was able to communicate with Mr English through a special speech unit that was installed in his home.

"I could see from his details that he had had a tracheotomy and would struggle to communicate," says Marie, "so I asked him to bang on the floor if he could hear me, and if he needed help."

"Once we established it was an emergency I put in a call to my colleague Carol Pugh, who was able to get round to the property and help him."





Carol, a former nurse and Care Link employee for 19 years, said her extensive first aid training taught her to keep Mr English's airways clear and make him as comfortable as possible until an ambulance arrived.

"When I got there he was panicking and in real need of help," recalls Carol. "His airway was compromised and two minutes before the paramedics arrived he actually stopped breathing.

"It was touch and go but I worked with the paramedics to get him breathing again and then he was taken off to Pontefract General Infirmary."

Both Marie and Carol say that while the case of Mr English is a rare one, the team is always prepared for such instances if they occur.

Carol said: "Care Link helps people every day – not all events are like this – but our efforts to help people following accidents at home has meant ambulance calls have reduced locally."

Marie has worked as a Care Link operator for eight years and says no two days are the same.

She said: "The job is so rewarding. Each day is different, and the satisfaction you get from knowing you've helped people – even saved their life – makes you very proud."

Care Link celebrated its 20th anniversary in February 2010 and currently supports over 15,500 people across the Wakefield district.

## Age Concern Personal Alarm Services 30TH ANNIVERSARY

This summer, Age Concern Personal Alarms celebrates 30 years of helping people in later life or with health vulnerabilities to live independently. The Personal Alarms Service provides help at the touch of a button by connecting a customer who, for whatever reason, needs to speak to someone from a dedicated Response Centre staffed 24 hours a day.

In the last 30 years, Age Concern Personal Alarms has:

- Provided support to more than 200,000 customers
- Handled 22,500,000 calls over 30 years (on average 750,000 calls each year)
- Provided support to our oldest customer of 107 and our youngest one of 14
- Answered the most unusual call out for someone who wanted a taxi for their dog.

Lindsay Kirk, Personal Alarms Marketing Manager for Age Concern said 'This is a real milestone for Age Concern Personal Alarms, marking 30 years of helping people

live independently. Our product makes a difference to the lives of thousands of people across the UK who with our support feel reassured about their safety and security at home. Most importantly, it gives family and friends peace of mind about their loved ones while at home."

Someone who is already benefiting from using the personal alarm service is Maria Preece (50), from Newport, who is a devoted niece to 80 year old Gladys Phillips. However, living three miles away and having a busy lifestyle herself, she can't always be there for her aunt.

While regular visits are commonplace, Maria felt Gladys needed some extra support around the home in case she had an accident. "My aunt is disabled and lives on her own," Maria said. "I visit as often as I can but I can't be there all the time; that's why Age Concern's Personal alarm Service is a blessing."

Maria arranged for Gladys to have an Age Concern Personal Alarm, fitted earlier this year. "I saw the service advertised in the doctor's surgery and realised that an alarm would make all the difference to keeping Gladys safe at home."

The Personal Alarm has been designed specifically to meet the needs of those with health vulnerabilities or in later life. It is lightweight, can be worn around the neck as a pendant or as a wristband, is waterproof and will operate up to a range of 50 meters so can be worn at all times whether in the bathroom, kitchen or garden.

A key benefit of the service is that should a user either not have a nominated key holder, or that person is unavailable, the GE Keysafe facility, a secure storage unit, ensures the Personal Alarm team can provide emergency access. This provides further reassurance to users and their friends and family.

Age Concern Personal Alarms are part of the Age UK family of products and services designed to enhance the lives of those in later life. The organisation does not exist to make a profit and where any surplus is made, it is gift aided back to the charity to fund its work, nationally and locally.



**Mr English, with life savers Marie Hoaksey (left) and Carol Pugh from WDH.**

# Newham Network is London's Number One



Ed Usher believes that Newham Network Telecare Services saved his mother's life.

Newham Network, which provides an alarm service for around 5,700 clients in Newham and Waltham Forest, was the first in London to receive the TSA's prestigious 2009 Code of Practice accreditation for its monitoring, response and installation services.

But that is no surprise to Mr Usher. At the end of March he was tidying up after repairing a leak at his 93 year-old mother's home, when she had a stroke and through the window he saw her fall and hit her head on the kitchen floor.

He says: "It happened without warning – she lives alone and was very fit and active and had only agreed to have the alarm for security. When I found her she was groaning for help and I thought the easiest thing was to push the panic alarm. I asked the girl on the end of the line to get 999. She was very kind and helpful and the ambulance was with us within 10 minutes."

Without the Telecare alarm, says Mr Usher, he would have had to leave his mother alone while he got help. As it is, she is making good progress and was due for release from hospital as we went to press.

He adds: "I have no doubt that without their very professional approach to our call, the impact of the stroke on my Mum would have been much worse."

Newham Network's annual survey, sent out in May to 1378 clients, reveals a long list of satisfied comments in agreement with Mr Usher's, paying tribute to the reliability of the service and the politeness, efficiency and kindness of staff.

Newham Network is part of the Newham Homes Arms Length Management Organisation (ALMO), recently inspected by the Audit Commission and also recognised for its performance with a good two-star rating for

its housing management services and excellent prospects for improvement.

Caroline Fossett, senior Telecare Officer, has worked for the service for eleven years and is based in the team's control centre in Stratford, east London. From there, she and the rest of the 25-strong team, plus relief staff, are on call around the clock and throughout the year.

Unlike most Telecare services, Newham Network will provide a basic alarm to anyone who is vulnerable. The majority of clients are aged over 60, but some are younger and at risk of harassment or domestic violence, while others have learning or physical disabilities.

Clients referred by social care staff who are compliant with FACS (Fair Access to Care Services – social care criteria) are eligible for more specialised equipment, such as flood and fire alarms and sensors for beds and exit doors. Non-FACS clients are currently eligible for a basic alarm, pendant and big button phone.

Ms Fossett, who worked for the ambulance service for fifteen years before joining the Network, says: "Recently a smoke alarm alerted us to a fire in a client's home. She'd fallen on the floor and left something to burn dry on the stove and we heard her shouting above the sound of the alarm. I immediately rang the emergency services but in the interim a passer-by climbed in a window and switched off the cooker. She was taken to hospital.

"Every day is different in this job. It's so satisfying, and our service potentially saved her life. Many calls are not dramatic, but for many, if they didn't have telecare they would be on the floor for hours.

"The alarm gives them independence and allows them to stay in their own home and reassures the family."

Newham Network is not resting on its TSA laurels, however, and is planning to set up a user group this year to get feedback on the service, client input on expanding the service to younger clients as a preventative measure and to test new ideas.

Telecare co-ordinator Christine Willis says:

"We are incredibly proud of our service and achieving the accreditation reinforces the hard work we all put into providing a quality service to both clients and corporate customers.

"But our hard work hasn't stopped there. This year alone, we have strengthened our links with other local service providers, posted a telecare article on the Newham Homes' blog and developed our website.

"We are keen to support the local community with a service we are both dedicated to and proud of. I can truly say we have a very strong team of dedicated, skilled and long-serving telecare officers and admin staff who all work together."

Newham Homes chief executive Michael Irvine says: "I am delighted that our hard-working team of telecare officers has been recognised for the valuable job it does. Telecare offers reassurance to many vulnerable residents that there is always someone to help them, day or night. Nationally, only a small number of organisations have achieved this award."

Mr Irvine says that the team is determined to build on its success and hopes to expand its TSA accreditation in the areas of service tailoring and profiling.

Newham Network was also selected as one of three areas in the UK to participate in the Whole System Demonstrator Pilot (WSD), a government and NHS-funded randomised trial designed to inform future health policy on Telecare and Telehealth strategies. As a partner in the scheme, Newham Network is fully involved in recruiting and assessing participants and providing the monitoring and response service.

For more information about Newham Network, visit:

[www.newhamhomes.com/telecareservices](http://www.newhamhomes.com/telecareservices)

For more information about the WSD trial in Newham, visit: [www.newhamwsdtrial.org](http://www.newhamwsdtrial.org)

# CARDIFF'S GOT TALENT !



The Community Alarm Service (CAS) in Cardiff decided to put a team together to challenge the Eggheads, a quiz show on BBC2 at 18:00 hours Monday to Friday. Eggheads is a bit of a cult show for quiz enthusiasts and watched by many of CAS's clients. The team entering the quiz consisted of Alun Davies – Business Development Manager and team captain, Brian O'Connell – Assessment & Installation Officer, Liz Rowlands – Control Centre Operator, Adrian Hyman – Mobile Response Warden, Paul Conway – Control Centre Operator and Maria Spear – Manager and team reserve. After attending an audition in Cardiff in May the CAS team were delighted to be offered the chance to go on the show.

Alan and his crew of brain boxes flew to Glasgow on a Monday evening and stayed overnight at the City Inn Hotel. After arriving at the BBC studios at 09:15, they were briefed on the rules, before going to wardrobe for the selection of clothing for the show. Then it was time for make-up. After being suitably adorned with powder the team were taken to the studio and met the show's presenter, Dermot Murnaghan, and their formidable opponents – the Eggheads.

The actual filming took around one and a half hours. The format of the show is a team of five challengers against five expert Eggheads. The Eggheads are all winners of a variety of quiz shows from television and radio, as well as finalists in the world quiz champions. The show is played in five rounds: the first four are each on a specific category whilst the final round is a general knowledge round. In each of these first four rounds the Challengers are given a category and must choose a member of their own team to play and select an Egghead to go up against. The subjects that you may get

are History, Geography, Science, Art and Literature, Sport, Politics, Food and Drink, Film and Television or Music. The team did not know which subject was next and had to plan ahead.

The players chosen to play a particular round go into the 'question room' where they are asked three multiple-choice questions each. If, after these three questions there is no winner, the round goes into sudden death when questions are asked without the multiple-choice answers being given. Whichever player wins each round is 'safe' and is able to join their team for the final 'head to head' general knowledge round. The losing player is not allowed to compete in the final round.

Alun Davies, team captain, commented, "Everyone was really friendly and we did have some great comments at the start and end of the show which I hope are not edited too much. I cannot say what the result was, albeit to say that the team gave a really good account of themselves".

*Pictured above, from left to right: Maria, Alun, Liz, Adrian, Brian and Paul.*



**Newport City Homes' Telecare Service are pleased to announce their award of the ISO 9001:2008 Quality Assurance Standard on 11th May 2010.**

The Newport Telecare service offers help and assistance 24 hours a day to its older and vulnerable clients, who contact us via the alarm installed in their property which enables them to stay living independently in their own property for as long as they would wish.

Sian Brown, manager of the service said: **"The ISO award certifies that the Newport Telecare Service has the necessary control procedures, document control and records in place ensuring the service achieves its primary objective of delivering a high quality, easily accessible and cost effective service to its 5,000 clients across the city".**




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# DELIVERING THE BUSINESS CASE FOR ACCESS TO TELECARE TECHNOLOGY

Lambeth is one of the most densely populated London Boroughs with a population of approximately 270,000. The Sheltered Housing Support Service is one of the few services directly provided by Lambeth Adult and Community Services (ACS) department; the focus of which is to ensure that adults and older people in the borough:

- Feel able to make a positive contribution to their communities
- Have improved health and emotional well being
- Are safe from discrimination or harassment and can enjoy personal dignity and respect
- Have an improved quality of life, choice and control

In addition, the department contributes to a number of other council priorities, such as serving its customers well through providing value for money services (ACS service plan 2009-12).

The Lambeth Sheltered Housing Scheme service currently provides critical support to approximately 1,200 older and vulnerable clients who live in sheltered accommodation within the borough.

Lambeth wished to improve and modernise services for its tenants, including access to telecare developments for people living in sheltered accommodation via a modern, robust and more flexible social alarm system whilst at the same time retain the social and community ethos of sheltered housing.

Employees also needed to have more productive and versatile resources to support them in delivering high quality services in a climate of change and increasing pressures. With these goals in mind Lambeth set out to build a business case to support the delivery of a telecare solution.

## Creating the business case

In the public sector funding is always a challenge. To secure funding Lambeth had to present its case to the leadership board, and provide them with solid reasons as to why the board should prioritise fund allocation in favour of this project when faced with many other pressures and demands.

A business case was prepared and reviewed several times; the procurement team was involved and worked closely with the service manager to gain a thorough understanding of the service needs including liaising with staff and tenants. After several rounds of negotiation the business case was reviewed, improved and a more robust case was presented again. By articulating the value that the telecare programme would achieve the business case was finally signed off and funds were earmarked for this purpose.

## Driving change within the organisation

Once the project was approved the service specification, including the Equality Impact Assessment to identify exactly what outcomes we expected of the new systems, had to be finalised.

To effectively manage the programme through the organisation a working party was set up including the resource and finance team, and the service managers worked closely with the successful service provider, Cirrus, to manage the operation and delivery. The procurement team managed the overall project. The working party, in discussion with the provider set a delivery schedule with installation priorities and time scales; these were closely monitored and reviewed throughout the project via regular meetings and extensive communication between those involved.

## What obstacles were overcome?

With a schedule for 22 different sites to rollout the service to, in just over four months and there were a number of challenges that needed addressing. Each site was different in make up, lay out, tenant's issues and staff cover. As Cirrus was already Lambeth's service and maintenance provider for social alarm systems they had good knowledge of our sites and this proved useful during the delivery of the project.

Despite adverse weather conditions and a tight schedule the programme was delivered in time due to the flexible approach adopted by both the provider and the council team in ensuring that work was brought back within the original time-lines.

To ensure post delivery went smoothly pre-installation meetings were held at each site with tenants, demonstrating the components of the new system, explaining what to expect and detailing how the work would be carried out and giving tenants the opportunity to ask questions and meet some of the team that would be going on site during the installation work.

## The benefits

The resultant telecare solution is an integral part of the package that enables older people to continue leading independent lives. The increased functionality available through modern systems means the lives of vulnerable and older clients can be greatly improved and more flexible staffing arrangements deployed.

By combining telecommunications with a social alarm/telecare system, a scalable and flexible solution was created that meets EN 50134-3 standards. It enables the streamlining of service provision and promotes social inclusion and interaction for residents as internal phone calls are free, allowing people to contact each other at no cost.

"Driving through projects of this nature need strong communication skills and a robust tangible business case. Stakeholders throughout the organisation need to be aware of the end user benefits and the value the service can deliver. We now have a more dignified method of communication in emergency or sensitive situations. The improved speed of call-out, together with the clearer speech quality, means that we are able to offer a better service to our clients and at the same time have provided more efficient tools for our staff to work with."

**Raffaella Somma – Lambeth**



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# NEW SOLUTION TO AN OLD PROBLEM

Over the first few weeks of July Supra UK Limited, supplier of the universally known and most reliable GE KeySafe™, has been holding a series of roadshows to launch the first ever

**POLICE APPROVED**

key safe.

Over 700 people attended the events where they had the opportunity to get their hands on the new model, the GE C500 KeySafe™.

In his presentation, Supra UK's Managing Director David Ogden took audiences on a journey from the time that the first GE KeySafes were introduced. He made the point that, like technology since 1995, the needs of their customers have also changed and that a new product is required to meet those needs.

Whatever telecare technology is in place, when an alert is triggered, the people responding need to be able to access the house quickly and, ideally, without causing damage.

## OLD PROBLEM

Before the introduction of key safes, keys were kept under doormats, garden gnomes or in someone's office. There were frequent incidents of wasted time running around to find key holders and of damage to front doors by forced entry.

David recalled the phone survey of 90 people receiving telecare services in Conwy conducted by Kevin Doughty of CUHTec: 30% did not answer the phone; 55% would have found it difficult to get there promptly, if at all; and 4% had died, leaving only 20% of keyholders readily available!

## NEW SOLUTION CHANGES EVERYTHING

Even with key safes, doubts remained in the minds of some service providers, believing that they were just too fiddly to use and too vulnerable to attack. The latter is true of all the cheap alternatives. However, tackling those doubts head-on, Supra UK and GE came up with the new C500, which:

- meets the demanding British Loss Prevention Standard LPS 1175 – the same one that front doors, locks and other security devices have to meet. Developers of the LPS 1175 include the Association of British Insurers (ABI) and the Association of Chief Police Officers (ACPO)
- has achieved police approval through the Secured by Design initiative
- has decreased the already remote chance of someone guessing the code by increasing the number of code buttons from 10 to 12, quadrupling the number of possible combinations
- is a heavier, stronger, attack-resistant design
- has no mention 'keys' on the outer cover, unlike competitors' key safes. In fact there is now no competition
- has an intuitive, single handed operation: just enter the code and turn the handle
- is easy to install with four special masonry screws (supplied) that form part of the security accreditation.

The new design was also put through an extensive independent product comparison appraisal by consultancy T-Cubed Ltd which not only confirmed that the new product is "a genuine leap forward in perhaps the most important aspect of key safe design: security" but also concluded "We have no hesitation in saying that out of the key safe products included in this evaluation, it is the only key safe worth considering."

## IMPLICATIONS FOR TELECARE SERVICES

David Ogden said that telecare providers should therefore now consider the provision of *only* the C500 KeySafes whenever recommending installation of a key safe. They should also advise clients not to be tempted to purchase cheaper but insecure products from a DIY store.

At the end of the presentation it was announced that until 31 August 2010 credit will be given against the cost of the new model for each GE KeySafe returned in a resalable condition. (Full terms and conditions are available from Supra UK Ltd on request.)

In conclusion, David Ogden told the audience that the key safe has now gone from being a convenience product to a security product, and that there is now no reason why service users should not trust the new C500 – the police do.

[www.keysafe.co.uk](http://www.keysafe.co.uk)

**SupraUK®**

## NHS DIRECT AND NHS BLACKBURN WITH DARWEN WORKING IN PARTNERSHIP TO PILOT UNIQUE LONG-TERM CONDITIONS PROGRAMME

NHS Direct and NHS Blackburn with Darwen Teaching Care Trust Plus will be working together to pilot a service that will help prevent local people developing long-term conditions. This new innovative approach has been designed by NHS Direct and is the only one of its kind in the UK.

The web-based NHS Wellness programme will be piloted from September 2010, aiming to provide motivational support to over a thousand patients identified by the Teaching Care Trust Plus as being at risk of developing a long-term condition in order to reduce their likelihood of developing health problems.

Delivered by a combination of a web-based motivational Wellness programme and telephone support via NHS Direct's trained health coaches, the service will use NHS Direct's expertise and existing infrastructure. The NHS Direct health information and advice line handles 14,000 calls a day – over 5 million calls a year. Its web services are used 350,000 times every month. The new programme will integrate with local NHS and third sector campaigns and services such as the NHS Health

Checks programme, Re:refresh (free exercise for all), and the 'Dragon's Apprentice Scheme.'

Patients will be able to choose how they access the Wellness programme, via the web, telephone and eventually interactive voice response (IVR) to gain access to health education and information. Trained health coaches will work with patients to help them tackle their lifestyle choices and the risks associated with them, addressing areas such as smoking, alcohol use, exercise and healthy eating.

Benefits are expected for the wider health community too, as patients will be supported to improve their health, which will, in the longer term, reduce pressure on carers and primary and secondary care service providers.

Ruth Rankine, Director of Strategy and Planning, NHS Direct, said:

"We are really excited to be working with NHS Blackburn and Darwen Teaching Care Trust Plus to pilot such a revolutionary service. Our aim is to provide patients at risk of developing long-term conditions with the support they need to make changes that will improve their future lives and, in turn, help

reduce the demand on already pressurised face to face services such as GPs."

Vanessa Hollings, Director of Transformation at NHS Blackburn and Darwen Teaching Care Trust Plus, said:

"We are committed to improving the health and wellbeing of our population. We pride ourselves on our passion to deliver high quality, innovative services and the Wellness programme will offer us a fantastic opportunity to promote healthy lifestyle choices across the borough."

The Wellness programme builds on the experience NHS Direct has gained over the last three years developing commissioned services, Birmingham and Nottingham OwnHealth. This model is different to the Wellness programme as OwnHealth primarily uses nurses and allied health professionals to deliver motivational support over the telephone, and there is greater focus on patients with existing long-term conditions.

Once complete, the pilot will be evaluated by an external evaluation team before being considered for national launch.

## CONFERENCE REPORT : TELECARE AND TELEHEALTH – THE ROLE OF TECHNOLOGY IN SCOTLAND'S HEALTH SERVICES

This conference was held in Edinburgh on 24 May 2010. The programme was made up of an impressive line-up of speakers from across the political, health and industry specific sectors. Chaired by Linda Dunion, Director, See-Change Consultancy, the programme was made up of a series of short, sharp presentations.

Session one was all about setting the scene, and featured presentations from Iain Hunter, Scottish Centre for Telehealth (now part of NHS24), Dr Geoff Crooks, NHS24 and Dr Jean Turner, Scotland Patient Association. Iain Hunter provided an overview of the main issues that will affect Scotland's population in the near future, with current service provision suggesting that, by 2030, Scotland will need:

- 7 new six-hundred bed hospitals
- 520 new fifty bed care homes
- £2.8bn investment in sheltered housing
- to employ all the school leavers in care professions

Dr Crooks emphasised the need to use technology for support – and not to use as a substitute for face to face care, whilst Dr Jean Turner made a plea for more

information for patients about where they can access services.

During session two, entitled Challenges for the Future, Dr Richard Simpson MSP, Shadow Minister for Public Health, Scottish Labour, gave an insight into the perspective of the Health and Sport Committee of the Scottish Parliament. He concluded that patient control was fundamental in the development of telecare and telehealth services, and that security of data was paramount. The lack of pace and the failure to get beyond pilots, even for success, was highlighted by Dr Simpson, as were the lack of real incentives, making telecare and telehealth "just an interesting option, not core to business". He was joined in this session by fellow presenters Dr Claudia Pagliari, University of Edinburgh, Richard Rees-Davies, GE Healthcare and Dr Ken MacDonald, Information Commissioner.

Delegates had the choice of two workshops in the afternoon:

- Telecare featuring sessions from Dr. Kevin Doughty, CUTEK, Kevin Alderson, Tunstall and Heather Laing, City of Edinburgh Council

- Telehealth with input from Marian Stewart, NHS Greater Glasgow & Clyde, Alex Tarling, Intel and Wayne Elliot, Met Office.

Janne Rasmussen, Odense University Hospital and MedCom, provided an international perspective. Outlining the experience in Denmark, there were clear comparisons with the experience in Scotland, with successful pilots failing to convert to mainstream delivery. One major barrier was the quality of the assessment evidence. To counter this issue, a European project to assess the model for the assessment of telemedicine (MAST) began in February 2010.

In conclusion, the key messages were:

- Patients and service users like and are benefitting from telecare and telehealth
- We have the data from trials, but need to find the right incentives to move to mainstream delivery
- At the moment, the industry is being pushed from the vendors – the buyers need to be engaged.

Sir Richard Branson once said “A business has to be involving, it has to be fun, and it has to exercise your creative instincts” and after spending three years as a director on the Board of TSA I think I can safely say that the Association fills all of the above criteria.

**Gerry Allmark**

Telecare and Telehealth Manager – London Borough of Newham



During my time as a Service Sector Director for England I have had the opportunity to be involved in a wide variety of activities which have influenced and grown our industry, from the conception and rollout of the 2009 Telecare Code of Practice to the move into the uncharted waters of telehealth, and the challenges it will bring for our members.

Regular involvement with member organisations has also played a major part in my role as a TSA Director; from attending member forums and conferences to being available to answer questions and concerns from members has been challenging and satisfying in equal measures.

I'll leave the fun for the moment and move onto the creative instincts – these were challenged at every board meeting by a group of directors who were always committed to providing the very best for the membership.

I joined the Board at probably one of the most pivotal times in terms of change within the Association. Yes we had already been through the transition (not just a name change) from ASAP to TSA, but were now ready to take on the challenge of reviewing and updating our Code of Practice to ensure it was fit for purpose for the industry, and future-proofed.

One of my very first meetings saw the formation of what would become the Code of Practice Management Board which, over the next three years, together with our Operations Manager, Marian Preece, would take forward the review, and the rewrite and delivery, of the new code. From the recruitment of

consultants to the many consultation meetings with stakeholders from social care, central government, the Department of Health, member state representatives and, most importantly, our membership, the process was a journey to a successful delivery of the 2009 Code.

My first Board away day, which was held in Northern Ireland, also saw another historic decision for the Association where we started on the road to deciding the merits of our corporate office remaining in Chatham or relocating to a more suitable location. Two years later we had arrived in Wilmslow with a brand new support team and the rest is now history. The Belfast meeting also took the step to move forward the all important telehealth agenda, which resulted in the decision to co-opt three new directors to the board from the health sector.

Personally my term as director offered the chance not only to support members in my own geographical area, but enabled me to attend a number of events nationally to support the association. This included representing TSA at a number of the CSIP conferences held across the country in 2008, supporting member forums and making presentations for TSA at other national user groups such as London Telecare, CUHTec and CAMEO. I have also had the opportunity to spread the word for TSA further afield to a number of EU countries, and was invited to speak at a e-health conference in Taiwan in 2008.

Moving the day job from leafy Surrey to London in March 2008, when I joined the London Borough of Newham, also meant that I was in a position to support

the TSA at a number of London events, often at short notice. This ranged from attending The All Party Parliamentary Group on Medical Technology, to other high profile consultation groups in Westminster as well as representing TSA at the PASA/ Buying Solutions consultation and a number of Department of Health and Department of Business, Innovation and Skills (BIS) events.

Three years on the Board also saw three national telecare conferences, from Cardiff to Brighton, and finally last years run away success in London. I will never again underestimate the work that goes on behind the scenes to ensure the delegate experience is a positive one at these events and have really enjoyed working with the TSA staff team, my fellow directors and the events team to achieve this level of success.

I would like to take this opportunity to thank all my fellow board members for their support and friendship over the past three years and also Jennie Lewis and the staff team in Wilmslow. I have also really valued working with Marian Preece and Paul Gee during this period who, in their very different ways, have given so much to TSA.

So will I now be sitting on the sidelines watching the future of TSA with interest? Well the answer is **definitely not**, as I believe that every member has a part to play in the Association, so I'll continue to engage with, and challenge, the Board, support our new CEO and staff team, and continue to play an active part whenever the opportunity arises.



## Here's something about Mary

Mary McConkey joins the TSA Board, following the elections in January 2010. Mary works as Supported Housing Manager for Cheshire Peaks and Plains Housing Trust, and here The Link finds out a little more about TSA's newest Director.

### How long have you worked within telecare?

I have worked in the industry since 1975 and have seen a huge amount of change during that time.

### What is your role at your organisation?

I am the senior manager for supported housing which encompasses the control centre, sheltered accommodation dispersed trust properties and the private sector. As the Supported Housing Manager my remit covers any vulnerable customers within the Trust regardless of age or infirmity.

### Can you give us an overview of your organisation and how long it has been associated with TSA?

Cheshire Peaks and Plains is a fairly new Trust. It commenced in July 2007 following the stock transfer of five thousand properties from Macclesfield Borough Council. The Trust's vision is a team working together with imagination and energy to build vibrant

communities. The Trust became members of TSA from the first day of trading.

### How long have you personally been involved with TSA?

I have been a strong advocate of the TSA since originally joining in 2003, and have supported TSA with their provider training on the Code for two years during 2007 and 2008.

### What made you want to become a Board member?

During my time spent working closely with the TSA on Code training I recognised the same problems and issues that other providers were experiencing. It was this close connection that sparked an interest in becoming a Board member.

### What do you hope to achieve whilst on the Board?

I would dearly like to see a closer connection between myself as a Board representative for England's service providers and our service provider membership. I also hope that I can represent a true reflection of the thoughts and needs of my peers.

### What do you think are priorities for the industry?

To continue to work closely with the Government initiatives ensuring that telecare and telehealth are high on the political agenda.

### What do you think are future TSA priorities?

To ensure that the needs of the smaller

providers continue to be met, and to ensure that the Code works towards matching European standards. I also believe we must meet the challenges from rapidly developing technologies and recognise the changing face of the customer base.

### What would you like the TSA membership to think about?

The development of common protocols around the ethics relational to permissions and practices – in particular for those customers unable to make reasoned choices and decisions.

Mary McConkey, Supported Housing Manager, Cheshire Peaks and Plains and TSA Board Member



# Helping you to help them

Announcing the launch of South East Health Assisted Living, your independent, strategic partner for delivering effective assistive technology services. Please contact us to find out more about our range of solutions.

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at [www.sehassistedliving.co.uk](http://www.sehassistedliving.co.uk)

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# A TIME OF CHANGE: The TSA's Annual General



David Foster – TSA Treasurer



Simon Herdsfield, Jacki Vaughn Jones, Rupert Lawrence, Mike Imms Herefordshire Housing with Fran Taberner (centre)



Dr Malcolm Fisk – TSA Chair to 6 May 2010

The TSA's Annual General Meeting (AGM) took place on 6 May 2010. The meeting was a time for change for the association in many ways:

- A change to the constitution was put to the vote and agreed
- Gerry Allmark retired from the Board
- Malcolm Fisk announced that he was stepping down as Chair

During his final presentation as Chair, Malcolm Fisk, outlined the key achievements of TSA over the twelve months to December 2009:

- 20 new member organisations joined TSA over the year, bringing the total membership (across all sectors) to 350
- The Telecare Code of Practice continued its positive momentum, with 21 additional organisations becoming accredited to the 2005 Code, and 18 organisations accredited to the new 2009 Code. This resulted in a total of 133 accredited member organisations – up from 114 the previous year.
- The National Telecare and Telehealth Conference took place in London on 16-18 November 2009. Attendance was up by 26% to 814 and delegates participated in a full programme, featuring expert plenary speakers, a wide choice of workshops, an exhibition featuring the latest in products and services, networking and social events. Feedback from the conference was excellent.
- The regional member forum events continued to go from strength to strength, with 405 members taking advantage of these learning and networking opportunities – a growth of 35%.

The end of 2009 and the beginning of 2010 was a time for change for TSA staff, with CEO Paul Gee and Telehealth Development Manager, Jane Turner, leaving the association. Aileen Stewart was appointed on a temporary basis to see TSA through the period pending the appointment of a new CEO, and Jane Baxendale and Heather Lomas joined the staff team.

Looking to the future, Malcolm outlined the main priorities for the next twelve months and beyond:

**Telehealth.** It was made clear that we are all in the health business, and the Chair

re-iterated the point that TSA is actively working on the new standard for telehealth through its Telehealth Board, and key partners.

**The technical agenda** will continue, with TSA driving forward the many technical issues impacting on the industry, including mobile communications, broadband, next generation networks (NGN's) and communication protocols and interoperability.

## **TSA Telecare Code of Practice (COP).**

- The modules for referral, profiling and re-evaluation are nearing completion. TSA is in the process of re-developing the self assessment checklist for members, incorporating the feedback from members, and the requirements for the new modules.
- To help members secure an additional competitive edge, TSA will be offering code accredited organisations a supplementary module for the European Technical Specification (DD CLC/TS 50134-7 Alarm systems – Social alarm systems), which is already on the radar for commissioners. The support mechanisms for members to achieve these standards will be issued imminently, and inspections will commence from July 2010.
- There will be no increase in the cost for inspection to the 2009 Code of Practice during 2010. In addition, inspections to the referral, profiling, and re-evaluation modules, and the European supplementary module will be available to 2009 accredited members at no additional cost during the regular inspection process.
- Other substantial Code developments underway, with announcements at Conference 2010.

## **Finances**

David Foster presented his Financial Report as Treasurer, reporting that the TSA continues in a strong financial position. David outlined income and expenditure for the last 12 months. As in previous years, the annual conference contributed a significant amount to revenue.

A full independent financial audit was carried out by external auditors and financial ratios were all healthy. With the increase in reserves, David outlined plans for continued

investment in projects and business development initiatives.

The Chair also confirmed the election results for Directors who will serve for a period of three years from the AGM:

## **Representing Service Providers**

Mary McConkey – England

## **Representing the Supply Sector**

Malcolm Fisk – Supply Sector

Following the AGM business element, which included the resolution to amend the Articles of Association, Dr Kevin Doughty gave a stimulating presentation: **Successful Telecare – It's more about shape than size.** In his summary, Kevin outlined success as:

- Targeting the correct people
- Making sure that they get the very best equipment and application for their needs
- Understanding the costs involved in service delivery
- Recognising the potential for meeting stake-holder expectations
- Gathering evidence to show good outcomes
- Ensuring that staff are trained and competent in their own specialities
- Being innovative at all levels
- Always looking to make improvements
- Knowing what you can't do well

After lunch, the Code of Practice Awards took place. TSA Board member David Ardron led the proceedings, and announced the organisations achieving accreditation for both the 2005 and the 2009 Code. Vice Chair, Fran Taberner, made the presentations. Five organisations received recognition for their accreditation to the 2005 Code of Practice:

- Casa Lifeline (East Sussex)
- New Progress Housing
- North East Lincolnshire Carelink
- Severnside Housing
- Walsall Council

Eight organisations received their award for becoming accredited to the 2009 Telecare Code of Practice:

- Cheshire Peaks & Plains Housing Trust
- Herefordshire Housing
- Housing Pendle

# Meeting



Lorna D'Aguilar and Claire Baggooley, Manchester City Council

- City of Lincoln Council
- Manchester City Council
- Newchurch Housing Services Ltd
- Tunstall Response Ltd
- Wales & West Housing Association

During the AGM attendees had the choice of four workshops across two sessions, and the workshops were very well received:

#### **Code of Practice – What's new?**

The workshop identified new areas of quality assessment to help provide businesses with a competitive edge. The workshop was delivered by Marian Preece, Telecare Services Association and Chris Waller, Insight Certification Limited.

#### **2025! A forward look at future telecare and telehealth services and solutions.**

The workshop examined some of the trends and influences and shared expert debate on how things will evolve. Charles Henderson, TSA Consultant, led this workshop.

**Ethics and Telecare** This workshop explored the facts surrounding the ethics of delivering telecare solutions and identified what Telecare Service Providers need to know. It was facilitated by Alan Clark, SCP Consult and Jennifer Francis, Social Care Institute for Excellence.

#### **Telehealth in action – How to increase capacity (Blackpool Borough Council/ Blackpool NHS)**

This workshop helped to identify real challenges/outcomes derived from the delivery of telehealth through partnership working. Robin Godden, Blackpool Borough Council delivered this workshop with help from Dr Russell Jones, Chorleywood Health Centre and Dr Nicholas Robinson, NHS Direct.

The TSA Annual Report is now available for download:

**[www.telecare.org.uk/annualreport](http://www.telecare.org.uk/annualreport)**

For hard copies either fill in the request form on the website, or contact Member Services at: **[admin@telecare.org.uk](mailto:admin@telecare.org.uk)**



# THE NATIONAL TELECARE & TELEHEALTH CONFERENCE 2010

## TELECARE AND TELEHEALTH – DRIVERS OF CHANGE

**The National Telecare & Telehealth Conference 2010** is the largest UK event that focuses exclusively on telecare and telehealth. Conference 2009 had 814 attendees – up by 26% on the previous year, with over 70% of delegates being key decision makers (CEO's, Presidents, Directors, Heads, Managers). The 2010 Conference will build on this success by not only providing a forum for information exchange and education within telecare and telehealth innovation, but also by offering an unparalleled opportunity for meeting commissioners, service providers and solution suppliers.

**15 - 17 November 2010**

**Hilton London Metropole Hotel, London, UK**

**As a delegate** you can listen and learn from those practitioners who have worked through telecare and telehealth pilots from start to finish – and find out about the successes, the pitfalls and the routes to mainstream delivery. Forget the theories - discover, from your colleagues, how telecare and telehealth are providing real cost and efficiency savings across health and social care.

Choose from 11 plenary sessions and 24 workshop sessions\*, enabling you to personalise your conference, your way. Conference 2010 features a wealth of expert speakers. Chaired by writer, and broadcaster on health, Roy Lilley, there will be stimulating debate and challenging discussions. Conference highlights\* include:

- Guest Motivational Speaker Dame Stella Rimington, Former Director General MI5
- 9 additional keynote speakers, including Keith Nurcombe, Health Director, O2, James Ferguson, Scottish Centre of Telehealth and NHS24, and Dr Petra Wilson, Continua Health Alliance Europe/Cisco
- 24 workshops, streamed across telecare, telehealth and business improvement
- The Exhibition Zone, featuring the latest in telecare and telehealth technology, products and services
- An unrivalled networking opportunity with the largest gathering of telecare and telehealth professionals in the UK.

**As an exhibitor** you will be able to engage with the key decision makers within the industry over a focused three days. Take advantage of the vibrant Exhibition Zone, with the all new opportunities for commercial presentations, and an Enterprise Zone for SME's and new market entrants. Share your service and technologies with the people that want to buy.

**Over half the exhibition stands have now been sold – please make your booking now to avoid disappointment.**

**Whether you are looking to exhibit, or attend as a delegate, you can view the full information online at: [www.telecare.org.uk/nationalconference](http://www.telecare.org.uk/nationalconference), or contact the TSA Conference Team on 01625 520320 and email: [admin@telecare.org.uk](mailto:admin@telecare.org.uk)**

We look forward to seeing you in November.

\*programme subject to alteration

**“ The conference far exceeded my expectations and provided a valuable learning opportunity and was excellent value for money. Well done, thank you ”**







In the last Tech Talk I touched on the cost of Distributed Alarm phones, the ubiquity of Pareto's principle and the need to learn from experience by sharing information. The TSA has taken a significant step since the last Link in the direction of sharing information that hopefully will ultimately bring benefits to the service providers and the clients that you serve. The liaison partnership with Continua Alliance is important because it tackles some of the key issues that concern TSA members – those of developing telecare devices that are standards based and can be mixed between different suppliers units, and of mainstreaming the technology so that the industry in the future can get access to affordable and capable equipment.

I do not particularly care how you define 'telecare' and I have long since given up trying to reconcile English and American, they are different languages serving different cultures which have separately evolved over generations and the best you can hope for is to be mostly understood. But the relationship with the Continua Alliance really matters. It puts TSA, and hence you the membership, in a very strong influencing position to determine what 'personal connected healthcare' will deliver when it arrives. It also puts the UK and Europe at the heart of the process in determining that future. I hope that many of you will have tried and enjoyed some of the games industry offerings like the Wii fitness bundle? These are cleverly done and will engage different generations through a common platform. Now think of a platform that provides you with a range of services that help you to lead an independent life and provides a vehicle for the delivery of personalised healthcare rather than a 'one size fits all' panic alarm. The challenge that we all face is to convert the words into a shared vision that we can understand and accept, to translate the clients diverse personal needs into a range of services that can be efficiently and effectively delivered and then to direct the supply industry to develop the enabling technology. Do not expect the industry to get it right first or every time. Do you remember the Rabbit phone or the Squarial? Suppliers will try to sell what they have to offer, the best will be listening to market and ultimately the market will decide.

It appears that the BT programme of 21CN network roll out has been abandoned leaving 75,000 users with an isolated capability in South Wales. They seem to be surviving.

In some ways this may be a relief for those who have not yet upgraded older telecare equipment, but do not be complacent as other communications providers (CPs) are moving forward with their next generation plans but without the advance notice arrangements that BT committed to provide. So far this has resulted in only a few problems reported to the TSA. Several reports are being investigated with the cooperation of the CPs. When they are fully understood the resulting guidance will be fed back for the benefit of all members. The good news is that several of the reports warrant further investigation and by sharing what we learn from them, all will eventually benefit. It is very important however not to jump to conclusions as there are many factors at play. Just because one client installation causes problems does not mean to say that another will experience the same. What we appear to be seeing is a spate of problems arising with clients who have ordered broadband services in addition to their phone service. It would be easy to jump to the conclusion that the appropriate ADSL filters have not been fitted correctly but there may be other explanations. Some reported faults that have been recorded and put down to the CP Next Generation Network (NGN) connection have been further investigated and shown to be on the old system not NGN at all. The underlying problem has not yet been isolated and investigations are continuing with the help and assistance of NGNuk, the trade association of the telephone providers.

We live in interesting times, the pressure is on to make savings and cuts, but failing to upgrade telecare equipment which is now obsolete could prove to be false economy. The BT roll-out may be abandoned but other CPs continue and they represent a significant share of the domestic phone market, with an increasing share of the older consumers because of the attractively marketed bundled services that they offer. Whatever difficulties changing times bring to the industry, Pareto would tell us to expect that 80% of the problems in services will come from the 20% of the membership who are not yet fully 21CN compliant. BT no doubt are busily working on their revised plans for the next think which may be Next Generation Access. We should appreciate their support in the 21CN programme for the stimulus it has provided to the telecare supply industry and maintain the momentum of change to keep the UK at the lead in telecare provision.



# TSA – members, dates and information

## The National Telecare and Telehealth Conference 2010 15 to 17 November 2010 London

### Membership as at 30 June 2010

Full	Associate	Supply	RPI	TOTAL
238*	51	44	15	348

\*of which 222 Monitoring and 16 non-Monitoring

### Resignations

Date	Member Organisation	Membership Category	Reason
12.4.10	Tamworth Borough Council	Full/Monitoring	Losing Telecare contract
16.4.10	A1 Housing Bassetlaw Ltd	Full/Monitoring	Maybe outsourcing the call centre
12.5.10	RSL/Stepper	Supply 3	Reason not known
12.5.10	Bexley Council	Full	Reason not known
25.5.10	Intellicare Services	Supply 1	No longer trading
9.6.10	Durham County Council (Easington)	Full	Local government review
14.6.10	Eden Housing Association	Associate	Membership cost
14.6.10	Firstcall Response	Full/Monitoring	Reason not known
14.6.10	Trident Housing Association	Full/Monitoring	No longer working in sector
25.6.10	Cottsway Housing Association Ltd	Associate	Has been bought out by Magna Careline of Dorchester

### TSA-2009 TELECARE CODE OF PRACTICE ACCREDITED MEMBERS as at 30 JUNE 2010

ORGANISATION	PREMIUM*	TAILORING	INSTALLATION	MONITORING	RESPONSE	EUROPEAN STANDARD
AID CALL LTD (AGE CONCERN)	Premium		Yes	Yes		
BIELD HOUSING ASSOCIATION	Premium	Yes	Yes	Yes		
BRACKNELL FOREST COUNCIL	Premium	Yes	Yes	Yes	Yes	
BRISTOL CITY COUNCIL				Yes		
CARDIFF COUNTY COUNCIL			Yes	Yes	Yes	
CARMARTHENSHIRE COUNTY COUNCIL				Yes		
CENTRAL ESSEX COMMUNITY SERVICES	Premium	Yes	Yes	Yes	Yes	
CHESHIRE PEAKS & PLAINS HOUSING TRUST	Premium	Yes	Yes	Yes	Yes	
CHESTER & DISTRICT HOUSING TRUST LTD	Premium	Yes	Yes	Yes	Yes	
COMMUNITY VOICE LTD			Yes	Yes	Yes	
DURHAM COUNTY COUNCIL (DURHAM)	Premium		Yes	Yes	Yes	
EDINBURGH COUNCIL, THE CITY OF			Yes			
ELDERCARE (NEWCHURCH HOUSING LTD)	Premium	Yes	Yes	Yes	Yes	
GROSVENOR TELECOM			Yes		Yes	
HALTON BOROUGH COUNCIL	Premium	Yes	Yes	Yes	Yes	
HELPLINK SOUTH			Yes	Yes		
HEREFORDSHIRE HOUSING LIMITED	Premium		Yes	Yes		
HOUSING PENDLE LTD	Premium	Yes	Yes	Yes	Yes	
INCOMMUNITIES GROUP LIMITED			Yes		Yes	
INVICTA TELECARE LTD	Premium	Yes	Yes	Yes	Yes	
JOHNNIE JOHNSON HOUSING				Yes		
LANCASTER CITY COUNCIL		Yes	Yes	pre		
LEWISHAM, LONDON BOROUGH OF	Premium	Yes	Yes	Yes	Yes	
LINCOLN COUNCIL, CITY OF				Yes		
MAGNA CARELINE LTD			Yes	Yes		
MANCHESTER CITY COUNCIL				Yes		
MCELWAIN SMART TECHNOLOGIES LTD	Premium		Yes	Yes		
MERTHYR TYDFIL COUNTY BOROUGH COUNCIL			Yes	Yes		
NEWHAM HOMES			Yes	Yes	Yes	
NORTH LANARKSHIRE COUNCIL	Premium		Yes	Yes	Yes	
NOTTINGHAM COMMUNITY HOUSING ASSOCIATION	Premium		Yes	Yes	Yes	
PLACES FOR PEOPLE GROUP				Yes		
POOLE BOROUGH OF	Premium		Yes	Yes	Yes	
RED ALERT TELECARE LTD			Yes			
RENFREWSHIRE COUNCIL	Premium	Yes	Yes		Yes	Yes
RIVERSIDE CARLISLE	Premium		Yes	Yes	Yes	
ROTHERHAM MBC			Yes	Yes		
SANDWELL HOMES LTD	Premium		Yes	Yes	Yes	
SOUTH ESSEX HOMES	Premium	Yes	Yes	Yes	Yes	
SOVEREIGN HOUSING ASSOCIATION	Premium	Yes	Yes	Yes		
STOCKPORT HOMES	Premium	Yes	Yes	Yes	Yes	
TESTWAY HOUSING LTD	Premium	Yes	Yes		Yes	
TRENT & DOVE HOUSING LTD	Premium	Yes	Yes	Yes	Yes	
TUNSTALL RESPONSE LTD	Premium			Yes		
WALES & WEST HOUSING ASSOCIATION				Yes		
WEAVER VALE HOUSING TRUST	Premium	Yes	Yes	Yes	Yes	
WORTHING HOMES	Premium	Yes	Yes		Yes	

\*Premium membership is granted to organisations who achieve code accreditation to all modules applicable to their business.

## New Members

### 6.4.10

#### Adur District Council

##### ASSOCIATE

Adur Community Alarm Service  
Civic Centre  
Ham Road  
Shoreham by Sea  
West Sussex BN43 6PR  
Beryl Hoad  
Tel: 01273 263390  
communityalarm@adur.gov.uk

### 6.4.10

#### Securitas Security Systems

##### ASSOCIATE

203-205 Lower Richmond Road  
Richmond  
Surrey TW9 4LN  
Aneen Brynard  
Tel: 0208 392 6073  
aneen.brynard@securitas.uk.com

### 19.4.10

#### Romad Ltd

##### SUPPLY 1

Regent House  
Hubert Road  
Brentwood  
Essex CM14 4JE  
Lee Howells  
Tel: 07766 515515  
l.howells@romadltd.com

### 19.4.10

#### Midlothian Council

##### FULL (MONITORING)

Fairfield House  
8 Lothian Road  
Dalkeith  
Scotland EH22 3ZA  
Jayne Lewis  
Tel: 0131 271 3665  
jayne.lewis@midlothian.gov.uk

### 11.5.10

#### AVR Group Ltd

16 Attenburys Park Estate  
Attenburys Lane  
Timperley WA14 5QE  
Paul Kershaw  
Tel: 0844 855 3155  
paul.kershaw@avrgroup.co.uk

### 19.5.10

#### Clackmannanshire Council

##### ASSOCIATE

Greenfield  
Tullibody Road  
Alloa  
Scotland FK10 2AD  
Grahame Blair  
Tel: 01259 452374  
gblair@clacks.gov.uk

### 20.5.10

#### Mpathy Plus

##### SUPPLY 1

22 Nurstead Road  
Devizes  
Wiltshire SN10 3AH  
Peter Murley  
Tel: 0845 056 9800/  
07771 681991  
peter@mpathyplus.co.uk

### 04.6.10

#### Yorkshire Coast Homes

##### ASSOCIATE

Brook House  
4 Gladstone Road  
Scarborough  
North Yorkshire YO11 3UF  
Angela Starkey  
Tel: 01723 343073  
Angela.starkey@ych.org.uk

### 9.6.10

#### South East Health

##### FULL (MONITORING)

Kingston House  
The Long Barrow  
Orbital Park  
Ashford  
Kent TN24 0GP  
Peter Kerly  
Tel: 01233 505450  
peter.kerly@assistedliving.uk.com

### 14.6.10

#### Security Monitoring Centres Ltd

##### FULL (MONITORING)

t/a Chubb Monitoring  
Crocus Street  
Nottingham NG2 3EJ  
Keith Pendlebury  
Tel: 0844 879 1703  
kpendlebury@smc-net.co.uk

### 14.6.10

#### Kent County Council

##### ASSOCIATE

Technical Services  
Gibson Drive  
Kings Hill  
West Malling  
Kent ME19 4QG  
Chris Geary  
Tel: 01622 605036  
chris.geary@kent.gov.uk

### 14.6.10

#### Help and Care

The Pokesdown Centre  
896 Christchurch Road  
Bournemouth BH7 6DL  
Mark Sharman  
Tel: 0300 111 3303  
mark.sharman@helpandcare.org.uk

## TSA – CODE OF PRACTICE ACCREDITED MEMBERS as at 30 June 2010

ORGANISATION	PREMIUM*	PARTS
Affinity Sutton		1, 2
Argyll and Bute Council		2
Ashford Borough Council		1, 2
Barnsley MBC	Premium	1, 2, 3
Birmingham City Council	Premium	1, 2
Blackpool Borough Council	Premium	1, 2, 3
Bolton at Home		1
Boston Mayflower Ltd	Premium	1, 2, 3
Bradford Metropolitan District Council		1, 2
Brighton & Hove City Council	Premium	1, 2
Bromsgrove District Council	Premium	1, 2
Broxbourne (Borough of)	Premium	1, 2, 3
Caerphilly County Borough Council	Premium	1, 2
Call 24	Premium	1, 2
Cannock Chase District Council	Premium	1, 2
CarelineUK		1
Casa Support Ltd (East Sussex)	Premium	2, 3
Chesterfield Borough Council		1, 2
Chichester District Council	Premium	1, 2, 3
Coast & Country	Premium	1, 2, 3
Community Gateway Association		1
Conwy County Borough Council		1
Cross Keys Homes	Premium	1, 2, 3
Derby City Council	Premium	1, 2, 3
Dudley Metropolitan Borough Council	Premium	1, 2, 3
Durham County Council (Derwentside)	Premium	2, 3
Durham County Council (Sedgefield)	Premium	1, 2, 3
Enfield, London Borough of	Premium	1, 2, 3
Flagship Housing Group Ltd	Premium	1, 2
Fold Housing Association	Premium	1, 2
Guildford Borough Council		1
Hanover	Premium	1, 3
Hanover (Scotland) Housing Association	Premium	1, 2
Harlow District Council		2
High Peak Community Housing	Premium	1, 2, 3
Hull City Council	Premium	1, 2, 3
Kirklees Metropolitan Council		1
Lambeth, London Borough of	Premium	1, 2, 3
LHA/ASRA Group	Premium	1, 2, 3
Mansfield District Council	Premium	1, 2
Merton, London Borough of		1
Middlesbrough Council	Premium	2, 3
Milton Keynes Council		1, 2

ORGANISATION	PREMIUM*	PARTS
Mole Valley District Council		1
Mouchel		1
New Progress Housing Association		1, 2
North East Lincolnshire Carelink	Premium	1, 2
North Somerset Council	Premium	1, 2, 3
Northampton Borough Council	Premium	1, 2
Nottingham City Homes	Premium	1, 2, 3
Orbit Group Ltd	Premium	1, 2
Plus Dane Group	Premium	2, 3
Redbridge, London Borough of	Premium	1, 2, 3
Redditch Borough Council		1, 2
Richmond-Upon-Thames LB of		1
Ridgeway Community Housing Association	Premium	3
Riverside Group		1
Salford City Council		1
Sedgemoor District Council	Premium	1, 2, 3
Sefton Council	Premium	1, 2
Selwood Housing Society Ltd	Premium	2, 3
Sentinel Housing Association		1
Sevenside Housing	Premium	1, 2
Shepway District Council	Premium	1, 2
South Derbyshire District Council	Premium	1, 2, 3
South Tyneside Council	Premium	1, 2, 3
Southampton City Council	Premium	1, 2, 3
St Georges Community Housing	Premium	1, 2, 3
Stockton On Tees Borough Council		1
Stoke on Trent City Council		1
Sunderland (City of)	Premium	1, 2, 3
Tameside Metropolitan Borough Council		2, 3
Taunton Deane Borough Council	Premium	1, 2, 3
Three Valleys Housing Ltd		1
Torbay NHS Care Trust	Premium	1, 2
VNC Lifeline Ltd	Premium	1, 2
Walsall Metropolitan Borough Council		1
Warwick District Council	Premium	1, 2, 3
Wealden and Eastbourne Lifeline	Premium	1, 2, 3
West Lancashire District Council	Premium	1, 2, 3
West Lothian Council		1
Wiltshire Council	Premium	1, 2
Winchester City Council	Premium	1, 2, 3
Wirral Partnership Homes Ltd		1
Worcestershire TeleCare	Premium	1, 2
Your Homes Newcastle	Premium	1, 2, 3

\*Premium membership is granted to organisations who achieve code accreditation to all modules applicable to their business.

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# Answer-Link 3G

- ✓ Reduce Running Costs
- ✓ Improve Operational Efficiencies
- ✓ Work Smarter



Answer-Link 3G is the latest generation Telecare Response Centre to be provided by Jontek and is fully capable of monitoring the latest generation of Telecare and Telehealth equipment as well as Older legacy Community Alarm and Social Alarm systems.

We believe Answer-link 3G has many features and benefits that can help you work smarter, improve operational efficiencies and thereby reduce your running costs, some of these are outlined below:

#### 1. Flexible and Secure Access.

The Answer-link 3G system can be used by a wide variety of personnel, with carefully managed and secure user profiles, e.g. Senior management, Health, Social Services etc. This helps to improve partnership working.

#### 2. Integrated document management system

Allows any letters, emails or faxes, sent to, and/or received from the client (and their contacts) to be attached to their record.

#### 3. Wizard Data Entry.

Makes extensive use of data entry wizards throughout the system. This ensures data is entered in a uniform and consistent manner.

#### 4. Flexible report writer

Provides all reports required for Senior Management, Stakeholders, TSA Accreditation, Supporting People etc. The system has a powerful search engine within each module which provides flexibility and extensive reporting functionality on every aspect of the service provided, allowing management to make more informed decisions.

#### 5. Email integration.

Allows emails to be sent directly to clients and their contacts. These are then automatically recorded within the clients correspondence tab, improves communications.

#### 6. Scheduled reports

Allows reports which are required on a regular basis to be scheduled once, they can then be emailed automatically to your stakeholders in a variety of formats, PDF, Excel, MS Word etc, as and when required, e.g. daily/weekly/monthly.

#### 7. Integrated Stock control

Provides a fully integrated stock control system which is extremely flexible and allows you to report on any aspect, e.g. Battery Replacement dates, Alarm Unit service history etc.

#### 8. Integrated Referral and Assessment module

The Answer-link 3G system has a fully integrated module to manage your Referral, Assessments and Installations, with full TSA KPI reporting.

#### 9. Archive Clients

Allows for client records to be archived and all details retained for future reference. A full search facility and options to report detailed information on archived clients is also available.

#### 10. Tele-Concierge

Allows alarms calls to be received and managed securely from any standard mobile or landline phone. This allows your organisation to offer a much wider range of services without having to provide additional equipment, substantially increasing your revenue.

If you would like any further information, please visit our website:

**www.jontek.com or Call: 0161 430 3366**



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