MAY 2007

Telecare – Making it Happen

telecare services association

The opinions expressed in the individual articles do not necessarily represent the views of TSA or indeed the formal policy of the contributor's organisation.

The names of service users have been changed to protect their identity and privacy.

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Introduction

Paul Gee*

Chief Executive, Telecare Services Association

If 2006 was the tipping point for Telecare, then, without doubt, 2007 is the year to make it happen.

In England, April 2007 heralded the arrival of the second tranche of the Preventative Technology Grant. Wales, Scotland and Ireland have also announced their commitment to Telecare through significant funding. In England three large scale whole system demonstrator sites are to be announced, generating a critical mass of service users across diverse geography and population. Positioned to facilitate fundamental service redesign, the three sites will carry a significant burden – the burden of proof: evidence to deliver a robust business case for Telecare: to take the service from the margin to the mainstream. In short to realise its potential and to make it happen.

But Telecare is already happening across the UK. 1.5M people are already supported by the service through their use of entry level systems and a growing range of environmental and personal sensors. TSA Members support the majority of these users and are highly experienced in the whole R2R (referral to response) Telecare model.

So welcome to this annual report. TSA is delighted to have received so many contributions to this document, now a cornerstone publication in the Telecare calendar. Its intended audience is professionals in health, social care and housing and indeed all those who are engaged in the end to end process that is Telecare. The individual writers are among the leading visionaries, voices and practitioners across the UK and beyond.

Throughout this document TSA is proud to be able to capture the real sentiments of Telecare service users and their carers. This report aims to play a part in helping to realise the potential of Telecare, so that all those who could benefit from it, do so.

Paul Gee
Chief Executive

The industry is now building capacity. It is also well aware of its responsibility to all stakeholders – to make Telecare happen.

“Her biggest desire was to stay within her own home and her biggest fear was being taken from it. When she was admitted to hospital, it was heart breaking, her world was torn apart. The technology enabled her to return home again.”

Ivan Lewis*

Parliamentary Under-Secretary of State for Care Services.

The White Paper, Our Health, Our Care, Our Say sets out the vision and strategic direction: we want to see a health and social care service where patients have greater choice and control over the services that they receive. Where patients have better access to improved information, are treated with greater dignity and have greater independence.

The vision is about enabling people to receive the services they need in the most appropriate environment – to deliver a personalised service offering true choice, excellence and quality.

The role of Telecare, including telehealth, is fundamental to the delivery of this vision. Telecare has already shown its potential; a potential which should be able to improve the lives of literally millions of people.

I do not underestimate the challenge ahead. Throughout the world, life expectancies are increasing and demographics are changing. One consequence of people living longer is an accompanying increase in the number of people living with long term conditions and support needs.

We are determined to deliver the vision set out in the White Paper and to support Telecare in enabling the vision to be fulfilled. Significant progress has already been made;

- The £80 million we made available through the Preventative Technology Grant continues to enable local authorities and partner organisations to explore the benefits of technology.
- The National Framework Agreement has been a crucial lever in the effective use of the Grant and supporting the vision of greater choice and control.
- We are in the final stages of establishing the White Paper Whole System Demonstrators. The demonstrators will support individuals with longer-term and complex heath and social care needs through the creation of multidisciplinary teams at PCT and Local Authority Level. The Demonstrators will test the benefits of integrated care supported by advanced assistive technology and will collectively serve a population of at least 1 million.

However, in order to deliver the vision we must;

- ensure that the momentum initiated by the preventative technology grant is sustained – for example by ensuring the on-going employment of local Telecare managers beyond the life of the grant
- continue to break down attitudinal and practical barriers and enable Telecare to lead to major improvements in the lives of people with learning disabilities
- manage procurement in order to capitalise on falling prices as the market expands and to avoid placing strains on providers of equipment
- ensure that appropriate commissioning links are made between health, housing and social services to support a range of local service options and to obtain the best outcomes for everyone
- ensure that service providers are cost-effective and provide high quality outcomes from monitoring and response
- ensure that workforce skills are developed as local integrated services are commissioned and designed to include advanced Telecare and telehealth solutions
- ensure that people can benefit from mobile solutions as well as home solutions with greater connectivity and interoperability

With the continued support of the members of the Telecare Services Association, I am confident that we can continue to maintain the drive to meet the challenge ahead, enabling all those who need it to have the control and independence that they deserve.

“Her daughter had been called when her mother’s alarm was activated. Although her mother died soon after she arrived, the alarm had fulfilled her mother’s greatest wish, which was not to die alone.”

Chair's Report

Malcolm Fisk*

Chair, Telecare Services Association

2006 was a momentous year for the TSA. Among the highlights were the steadily growing membership and the immensely successful Annual Conference. But perhaps the most significant development was the Association's work with government agencies in all parts of the United Kingdom.

There can be no doubt that the TSA is now seen as an ally to those government bodies that are committed to the modernisation of social care and health services. Our support for those bodies is founded on a view that sees the modernisation not in terms of buildings or expensive technologies associated with heroic medicine. It is founded on a belief in the modernisation of ideas; a discarding of silo thinking; and an embracing of service approaches that relate to the needs, aspirations and choices of people, patients or service users *in their own homes*. And while there, of course, remains a place for the institutions that underpin our NHS and local government services, the TSA sees no place for institutional thinking.

The TSA can take comfort in the strength of its foundations. The emerging shape of Telecare services in which so many members are engaged builds on those foundations and is enabling, through the TSA Code of Practice and other initiatives, the setting in place of quality standards that will increasingly safeguard the wellbeing of older and vulnerable service users.

Our position in relation to government agendas, however, gives the TSA a special responsibility. In fulfilling this, a new part of the Code is being developed to cover telehealth – adding to the modules that already cover the strategic service context, call handling, installations and mobile response services. This development of the Code is very important in view of the growing number of service users with healthcare needs. The fact that TSA members can, through their services or technologies, support people at home with such needs, giving them more independence and control over their lives, is a cause for celebration. We are proud to be taking a lead in this matter.

The work of the TSA is being increasingly noted in other parts of the world. Contacts with service providers, supply sector organisations and government agencies in other countries reveal that not only are many Telecare related services well developed in the United Kingdom but that there is, generally speaking, greater versatility in the range of technologies and their application.

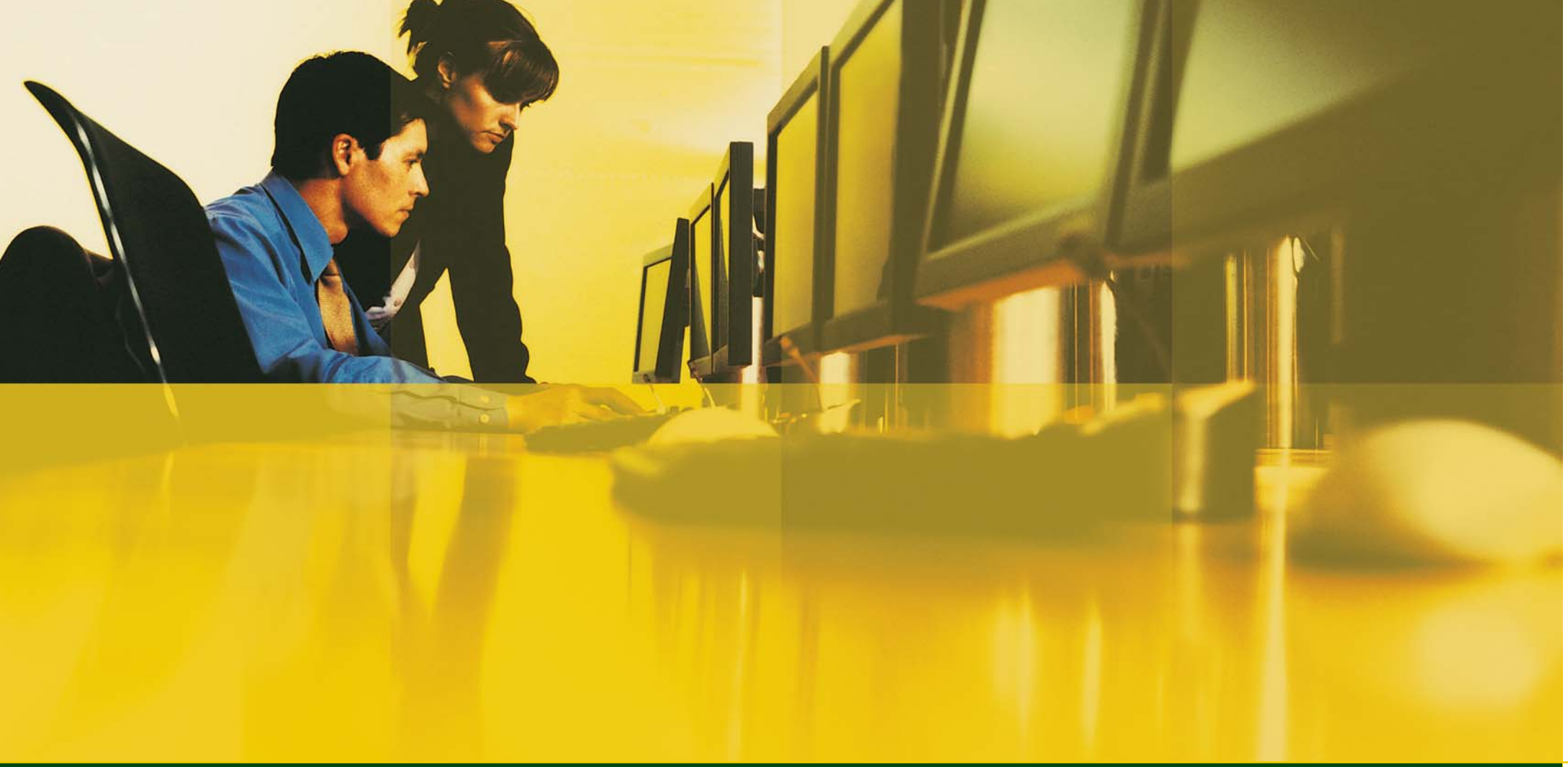
There are many lessons, of course, to be learnt from other countries. The experience of healthcare in the United States is one to consider; likewise the closer working of statutory services with voluntary organisations in countries such as Spain and Germany; and attention must be given to the role of Telecare in the context of private health insurance in the Netherlands and elsewhere.

The technologies will, needless to say, develop apace. The TSA will remain alert to these and their potential applications. In the last year the TSA has done much to promote the interoperability of Telecare equipment and sensors. This work will continue. A 'watching brief' will be maintained on the work of the Continua Alliance that involves a number of leading companies worldwide and has indicated a commitment to such interoperability.

The context is, and will remain, one of challenge and change. The TSA intends to maintain its leading position in relation to both. With such a role in mind, it has been both right and necessary that the TSA should revise its framework for membership as a result of which a new Premium category has been introduced. This reflects the high service standards, acknowledged through their accreditation in accordance with the TSA Code of Practice, attained by increasing numbers of TSA members. Adding to this is the RPI category for organisations with 'related professional interests' in Telecare. This is bringing into membership a small but growing number of organisations that are involved in researching, commissioning or setting policy and practice frameworks for Telecare.

And finally, this overview of 2006 would not be complete without mention of the highly successful Annual Conference in Cardiff. The TSA's National Telecare Conference is now the premier annual Telecare event in the United Kingdom. High profile presentations were complemented by workshops relating to the key topics affecting Telecare service providers. The learning and networking opportunities were exploited by nearly 400 participants.

Looking forward towards 2010, it is clear that the TSA must continue to develop. At the heart of the Association is an experienced and enthusiastic membership. Most members, as service or supply sector organisations have, of course, a commercial perspective. The services and technologies, after all, have to be sustainable if justice is to be done for growing cohorts of people with support needs. The TSA is happy to work in partnership with the public, private and voluntary sectors in the cause of seeking that justice.



The vision for Long Term Conditions – White Paper Whole System (LTC) Demonstrators

Gary Belfield*

Director of Programmes, Commissioning Directorate, Department of Health

Within the White Paper ('Our Health, Our Care, Our Say: a new direction for community services'), a number of Whole System Demonstrators were promised to explore the exciting possibilities opened up by truly integrated health and social care working supported by advanced assistive technologies such as telehealth and Telecare. The demonstrators will lead to a better understanding of the level of benefit associated with such developments. They will also help fast track future change by addressing the key implementation barriers and providing solutions for the wider NHS and Social Care.

The Demonstrators will provide comprehensive, proactive and integrated care, and where appropriate, advanced assistive technology will be deployed in the home to support the provision of care. The aim of the demonstrators will be to show that we can help people with more complex needs maintain their independence, achieve significant gains in quality of life and reduce unnecessary acute hospital and care home use.

Building upon success

The Demonstrators will build on the deployment of Telecare equipment through the £80m (2006-07 and 2007-08) Preventative Technology Grant to support 160,000 older people to stay in their own homes. The purpose of the grant was to initiate a change in the design and delivery of health, social care and housing services and prevention strategies to enhance and maintain the well-being and independence of individuals. There are now many case studies and examples across the UK of where Telecare and Telehealth services have been implemented and there have been real benefits to patients, carers and local health and social care economies. We aim to build upon these successes, take the lessons learnt and implement advanced assistive technology on a much wider scale than has ever been deployed previously in order to show significant gains in the cost effectiveness of care for the target population. This should also contribute to the appropriate management of individuals and the development of processes and supporting strategies for developing alternatives to hospitalisation.

06/07

Department of Health

We really believe that advanced assistive technology can make a difference to people's lives when it is integrated into our broader health and social care systems. The demonstrators will help assess the business case for investment and influence future long term conditions policy.

Patient Focus

The Demonstrators will collectively serve a resident population of at least 1 million and be from a variety of demographic and geographical contexts to enable gains on a credible scale. They will run for a minimum of two years and be subject to a rigorous real time evaluation process. The focus will be on two patient/user groups;

- People of any age who are at risk of current or future hospital admission due to at least one of the following conditions: chronic heart disease, COPD or type II diabetes;
- The frail elderly who are at risk of current or future hospital admission, who have complex health and social care needs (they may have one or more of the above conditions).

Objectives

The objectives of the Whole System Demonstrators are:

- to improve care coordination for those with complex health and social care needs through use of an integrated health and social care system including joint health and social care teams using shared information to benefit systematic chronic disease management programmes and care for the frail elderly;
- to place a strong emphasis on patient education and empowerment, so that people are fully informed about their condition and are better able to manage it;
- to provide health and social care commissioners with the right incentives to deliver better care for those with complex needs;
- to involve the use of advanced assistive technology (telehealth and Telecare) in order to improve the health and well being of the individuals and achieve efficiencies in service delivery.

Selection process and successful sites

The Department of Health is undertaking a rigorous selection process in order to appoint the 3 successful demonstrator sites. After 29 Initial Expressions of Interest, 25 Full proposals were received and assessed by a panel with representatives from the Department, NHS PASA, CSIP, NHS CfH and the Dti.

A total of 6 partnership sites were visited and we anticipate an announcement of the 3 successful sites by mid May 2007. Project Management partners will work with the sites during the planning and implementation stages with a planned 'go live' in summer 2007.

Telecare in Wales

Lee Davis*

Project Officer (Telecare), Health & Social Care Division, Welsh Assembly Government

On February 28th 2007, Dr. Brian Gibbons, the Minister for Health and Social Services, launched 'Fulfilled Lives, Supportive Communities' – the strategy for social services in Wales over the next decade. Implementation of the strategy will be a major programme of change requiring concerted action by the Welsh Assembly Government, local authorities, the NHS and the voluntary and independent sectors.

The strategy recognises the opportunities provided by care technologies which allow remote monitoring of people's well-being linked to rapid response services. The use of such technologies will in turn enable new approaches to managing risk by providing greater security to elderly and vulnerable people and to their carers. In short the strategy recognises that 'Telecare' technologies allow help to be better targeted and less intrusive, and ensure that more people can stay at home.

The launch of the strategy commits the Welsh Assembly Government to work with its partners in local government, health and housing sectors, to exploit the opportunities for technology and with them to develop new care models that make appropriate use of care technology to support people in their own homes thereby reducing the need for admission to hospitals or residential care.

In pursuance of this aim, a Telecare Capital Grant of £8.92 million has been issued to all local authorities in Wales and a further £888,000 in revenue support has been added which will enable local authorities to appoint project managers to develop Telecare services. Having received their first year's funding, all 22 authorities in Wales now have a named lead officer for Telecare, are members of an all-Wales Telecare Learning & Improvement Network, and have produced strategies for the development of local Telecare services in partnership with LHBs and others.

A website for all matters relating to the development of Telecare in Wales has been established at **www.ssiacymru.org.uk/telecare** and an independent evaluation of the impact of the Telecare grants on the social care, health and housing economies in Wales has been commissioned from Imperial College, London.

The effect of these initiatives is that by the Autumn of 2008 a Wales-wide evidence-base for Telecare will have been created; identifying the effect that the provision of Telecare based service delivery is having on the health and social care economies in Wales, and the contribution that Telecare can make to the challenges set us in 'Fulfilled Lives, Supportive Communities': namely the need for earlier interventions to promote independence; and the delivery of services designed for supporting people at home with the need for admissions to hospitals or residential care greatly reduced.

The strategy recognises that Telecare technologies allow help to be better targeted and less intrusive, and ensure that more people can stay at home.

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Telecare in Scotland

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In Scotland we are working hard to achieve real integration so that we can share in some of the practical benefits of good joint working – closely linking these to more efficient delivery of service priorities. One way of demonstrating this is through the launch in August 2006 of our £8m Telecare Development Programme – obtained via a business case linking savings firmly to service improvement by expanding Telecare services.

All 32 health and social care partnerships across Scotland have applied for funding, available over two years (06/07 and 07/08), on a formula basis relating to size and population profile, with a minimum allocation of £75,000. Release of funds depends on satisfactory partnership progress, particularly in identifying efficiency savings. Funding will also support integration with Telehealth, developing national standards, a strategic approach to contact centres and response services and programme management.

As a starting point we wanted this funding to support the uptake of Telecare services across Scotland. But we didn't start from scratch. Many people in Scotland are already connected to community alarms – the most basic form of Telecare – with increasingly sophisticated support technologies providing safety, security and diagnostic services. And the model provided by West Lothian Council, credited with reducing delayed discharge levels and cutting the average length of stay in care homes, has also been at the forefront of national and international developments.

Much progress has been made. York Health Economic Consortium (YHEC) is undertaking an independent evaluation of the Programme. An internal review has helped us focus on delivering the savings we identified in the original business case. The Joint Improvement Team is co-ordinating interim support for the Programme via a national partnership network. A key partner, the Chartered Institute of Housing in Scotland is 'hosting' the Programme Manager post and will help administer the Programme. Partnerships have been consulted on options for procurement and have shown widespread support for the national NHS Purchasing and Supply Agency framework. And as part of a cost effective approach we're looking for more detail from partnerships on services, client groups, charging arrangements and levels of response services.

The Programme has set all stakeholders in Scotland many challenges, not least of which is where will we be in 10 years, given the pace of technological development, expanding levels of need and contractions in skilled workforce numbers? We look forward to exciting times ahead!

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jit joint improvement team

Northern Ireland's Telecare Evolution

John McLean*

Chief Executive, Fold Housing

On 5th December 2006 Health Minister Paul Goggins announced a £1 million investment in telehealth and telemedicine initiatives across the health service in Northern Ireland. The funding is to be used to stimulate new thinking about how technology can be used to further the reform and modernisation of acute and community services and plan for how society and the health service cope with such a significant demographic change.

There are currently around 285,000 pensioners in Northern Ireland. Over the next 20 years this figure is expected to increase by 30 per cent. The reform, modernisation and efficiency agenda continues to underpin government priorities. The planning context is the Review of Public Administration (RPA) which has set out major structural changes. Priority will be given to measures to reduce costs where possible, and to the redesign of services that will improve health and social well-being and develop primary and community care services.

In his announcement of funding Minister Goggins cited Fold's Housing with Care development "The Brook" in Coleraine as an excellent example of how Telecare sensors have been deployed to support residents with dementia living in individual flatlet accommodation. The announcement comes some seven years after the first Telecare sensors were deployed in Fold Housing's Seven Oaks Housing with Care scheme. The prototype Telecare sensors deployed then have long since become commercially available to support independent living – not only in specialist housing schemes but also widely throughout the community. Over 1,000 households are already supported by high level Telecare services and funded through health and social care.

Of particular interest in the announcement is the reference to telehealth. Long term chronic conditions make up a large and growing slice of healthcare provision accounting for 60% of hospital days. Simple vital signs monitoring solutions can help people self manage their own health at home, freeing limited resources for deployment elsewhere. This interest comes over five years since Executive Programme Funds, of almost £0.75 million over three years, were first made available to the "Going Home, Staying Home" partnership between Northern Ireland Housing Executive, Foyle Health & Social Services Trust and Fold Housing, which successfully piloted not only Telecare but also telehealth.

The prospect of government funding for Northern Ireland has also stimulated renewed interest in the marketplace with new commercial providers joining the established not-for-profit providers. With the establishment of the NHS PASA National Framework Agreement facilitating mainstream deployment, we can expect to see accelerated uptake of Telecare and telehealth solutions across a reformed local government structure embracing housing, community, social care and health. Hopefully it will also be in the context of a new devolved executive government and assembly, ensuring local public accountability.

Simple vital signs monitoring solutions can help people self manage their own health at home, freeing limited resources for deployment elsewhere.

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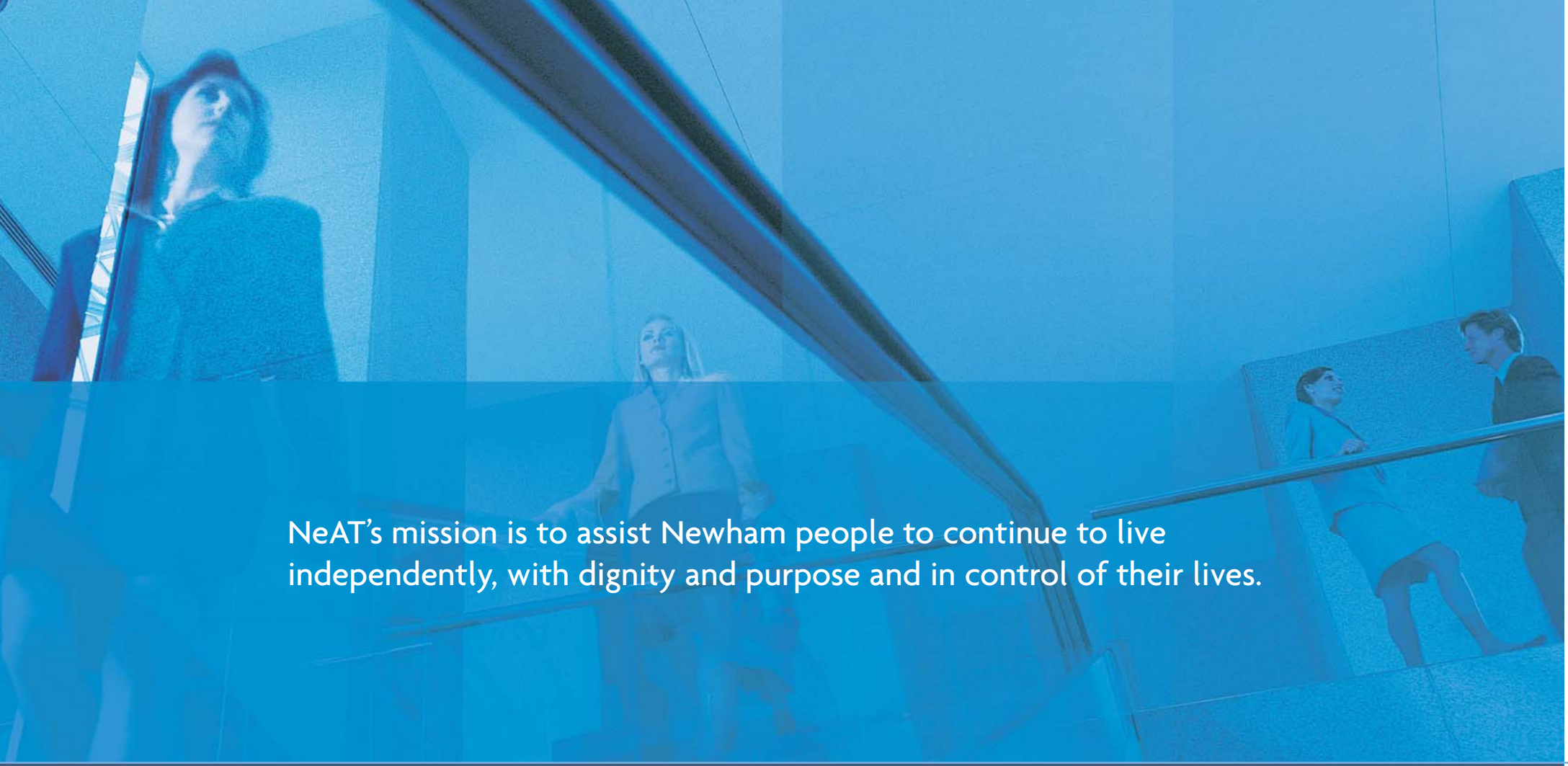

NeAT's mission is to assist Newham people to continue to live independently, with dignity and purpose and in control of their lives.

NeAT – making it happen!

Sir Robin Wales*

Mayor, London Borough of Newham

Newham is taking a very practical approach to making Telecare happen.

Last summer I confirmed a budget, including the Government's Preventative Technology Grant, of £4m for NeAT (which stands for Newham Advanced Telecare), with the aim of delivering 4000 Telecare installations by the end of March 2008.

NeAT's mission is to assist Newham people to continue to live independently, with dignity and purpose and in control of their lives. It is an alliance of Newham Council, Newham Homes, the three NHS trusts that cover Newham, the Metropolitan Police and Newham Voluntary Services Consortium.

Why Newham? We tend to be an early adopter of new technology so when our Social Services management first started getting interested in Telecare two years ago, I was very enthusiastic and have followed their progress carefully. We began with a modest pilot to understand how to install the equipment, monitor users and respond. Our first survey came up with universally complimentary comments from both users and carers.

As we were growing, we realised that at around 400 users we were going to encounter problems of moving to a much larger scale operation, so we stopped for a while, to be sure that we could handle things well. We documented our protocols and procedures, standardised our three Telecare offerings (basic, standard and advanced), significantly increased the staffing in our Control Centre, established a dedicated installation team and improved our flow of referrals: none of them trivial tasks. Newham does not charge for its social care services (apart from institutional care in some cases) so we decided not to charge for Telecare either, for people over 75 or with care packages. That created a surprising number of problems itself, which also needed resolving.

We are now back growing, at over 100 installations per week; we expect to reach 1000 users soon. A key benefit of Telecare is that it helps focus service provision on meeting the needs of service users in their own home whilst, at the same time, providing people with an easy means of giving feedback on our services, enabling us to better meet their requirements.

Where there is still room for improvement is in benefits realisation. Surveys tell us that all recipients of Telecare see it as a huge increase in the quality of their life and we have many stories where the individual benefits are substantial. The nature of Telecare though is that the effects are many and varied; indeed they often arise in a completely different place to where the investment was made. Therefore tying down individual streams of benefits so their realisation can be managed, accurately measured and confirmed is extremely challenging. Recently published studies in the UK have confirmed we aren't the only implementation site struggling with this.

Our vision is to supply all the people we care for with broadband-connected set-top boxes connected to a personalised range of Telecare and telehealth monitoring equipment (where assessed as appropriate). They will be able to use their own TV to monitor how they are doing in terms of health, to communicate with carers and to watch videos directly related to their circumstances.

The Telecare equipment will be regularly polled so that we can build up a picture of activities of daily living (ADLs). Using appropriate pattern matching software, this will enable us to identify potential problems at an early stage and take remedial action as often as possible before an emergency occurs. Preventing a crisis is preferable to managing one, especially for the service user, who is then able to quickly re-establish the routines and habits that lend certainty and control to life. It also minimises the need for disruptive and expensive acute care admissions, when it is possible, in many circumstances, to prevent these.

Likewise, we would like to monitor the appropriate physiological conditions of people we care for. Again we will use appropriate pattern matching software to alert of early deterioration so that remedial action can be put in train, minimising the need for A&E admission or hospital stay. We further anticipate finding significant benefits from monitoring ADLs alongside vital signs and expect that pattern matching across these will give even greater benefit.

Alongside these broadband-enhanced telehealth and Telecare installations, we have a project to deliver homecare workers empowered by the use of RFID-reading mobile phones that will record when they are outside, inside and leaving the home of someone for whom they are caring. As well creating a safer care and safer working environment, this will enable Newham to direct homecare workers to respond very quickly in the event of an emergency Telecare/health alert nearby or, through the text messaging facility, check on any potential issues identified by the pattern matching software from ADL etc. analysis.

Our vision is also that the set-top box will act as a conduit for training and education material, to enable users to become expert in the treatment of their own condition(s) and their carers to become experts in caring for these conditions. In addition, for those unable to get out, telephone social clubs will work even better with video too. Plus of course the picture enables us to cope with more cognitive problems and, potentially, other languages (where even non-European alphabets can be displayed).

More generally evidence in Newham is that over 50% of admissions to institutional care are because of carer exhaustion, so the more we can use the technology – for monitoring and for communicating – to ease the load of informal carers, the more likely the people for whom we care will remain living with the optimal levels of independence and control in their own homes.

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We are getting there

Richard Foggie*

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About seven years ago, DTI and the NHS Information Authority did a little study on 'Understanding the Market for eHealth'. It was perhaps about seven years ahead of its time. Basically, deliver support to the patient rather than the patient having to go get it.

It made a lot of sense. Less hassle for patients, better monitoring – continuous rather than periodic snapshots, no cheating (less than truthful diabetics please note), reduced 'white coat' syndrome. Could probably extend service range and coverage as well, provided a whole bunch of thorny 'people and process' issues are tackled, not least joining up health and social care. As ever, the technology is the least of the issues. We've proved it time and time again. e-Health? More pilots than an airline.

We have the technology, to coin a phrase. e-Health, e-Care, e-Healthcare, call it what you will (you can use the prefix 'tele', if you prefer) is getting to a level of maturity where it can be considered for national scale deployments.

What we needed was some direction and shove from the top. We got some of that with the Preventative Technology Grant. Despite my fears over non-ring fencing, much of this has gone into Telecare. Many Local Authorities appear to have used PTG as an anchor for developing dedicated Telecare strategies. The sums involved may be relatively modest but we've got buy-in to both the principles and practice of Telecare.

The big push we got last year, courtesy of our chums in the Department of Health, was the publication of the 'Our health, Our care, Our say' White Paper. It sets out a vision of how we could use contemporary technology to deliver modern healthcare. It's also given us the opportunity to grasp some of those thorny issues mentioned above. The Long Term Condition (LTC) Whole System Demonstrators (WSD) hand Care Trusts and Local Authority partners the challenge of

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A challenge it certainly is, but with challenge comes opportunity.

coming up with scale solutions for chronic disease management. A challenge it certainly is, but with challenge comes opportunity. What works for LTC sufferers also works for the frail and elderly; and you frequently get the one with the other. The user should experience seamless health and social care provision, so we can expect to see the range of services broadening. Success in the WSD will unequivocally prove that 'telehealthcare' better meets the needs of the chronically ill, frail and elderly; spreads scarce resources further; and works on a national scale.

The TSA has provided invaluable input over the past year, to CSIP, to PASA, to the Department for Health and to DTI. It has helped us get a better understanding of how the health and social care systems could integrate. The TSA Code of Practice is the recognised best practice in Telecare, cited in many of the WSD proposals. As Telecare and telehealth services merge the Code will need to be developed. We can trust the TSA to make a good fist of this. Speaking as government, it is far better for industry to take the lead in these matters rather than having well intentioned (but not necessarily that well informed) officials draft something!

The other significant industry development in 2006 was the establishment of Continua. A trade collaboration between 40 or so global titans of healthcare services, electronics, networks and communications technologies. I was delighted to see Tunstall in there as a founding member. Continua appreciates that telehealthcare is going to be big business. It knows that some cooperation and collaboration will make the market faster. So it's promoting interoperability – not setting standards (there's plenty around already) but looking to converge on the most appropriate. Continua also wants to address the 'worried well' – an unfortunate term, 'people concerned about their well-being' is a far better description. The development of services for this group is a double win, a new market that should take some of the pressure off the Primary Health sector.

DTI and Department for Health ministers were delighted to host Continua and friends in London last January. We welcomed their initiative and also asked them to remember the role Small and Medium sized Enterprises (SMEs) play in business, especially in innovation. There's a role for the TSA, here.

DTI's doing its bit, too. We promote innovation, in a competitive, collaborative fashion. Subject to sign off, we're hopeful that there'll be something on 'Assisted Living' in our Technology Programme in 2007. The development of 'next generation' Telecare. I hope to see many of you coming forward to get involved in that.

In conclusion I'd like to recall a Telecare event I attended a couple of years back where the question was posed 'Have you found the nursing home you'll go to, yet?' You could feel the audience stiffen at the prospect. The right answer is 'Yes, I'm living in it now, thanks.' We're some way off that – but slowly and surely, and with your help, we are getting there.

Who are the Telecare workforce and why does workforce matter?

Sally Fowler Davis*

Principal Lecturer, Business Development and Innovation Faculty of Health and Life Science, York St John University

This paper aims to identify who are the workforces to deliver Telecare and briefly suggest how they may be enabled to become competent in 'Telecare practice'. No one currently seems to prioritise the training and development needs of the people who will deliver services which include Telecare (and telehealth) although some are beginning to recognise the risks of designing and improving services for older and disabled people without addressing some fundamental concepts such as whole systems working and client centred care, both of which are significant learning agenda.

The investment in a different way of working with and for the elderly, frail and disabled using technology and specifically using Telecare needs to include the cost of 'training'. Decision makers and change agents need research evidence to support their planning but the health and social care workforce also need to be enabled to use technology in a way that they feel certain will promote positive outcomes for the user. The process of learning to use Telecare is an investment in the realisation of a major goal, and this learning needs to be a widespread opportunity for the formal and informal workforce.

The technical and research community has dominated the discussion around Telecare implementation for sometime and until recently the focus of the major research funding councils has not been on dissemination or on any requirement for the research to directly inform decision making processes to benefit services or service users. The tide is turning and the emphasis on useful, relevant knowledge to support learning packages is a pressing demand. Housing and health and social care practitioners are familiar with the need to generalise professional learning to meet new policy requirements, but they need to be convinced with practical examples and the experience of the users and carers, demonstrating how Telecare can make a difference to personal safety and enhance independence. Users and carers need to learn something of the capability of Telecare so that they can become informed consumers and

Users and carers need to learn something of the capability of Telecare so that they can become informed consumers

offer critical end user experience back to the manufacturers and designers.

Healthcare technology industries often identify their technical knowledge needs but less often recognise the 'human' knowledge, their need to become bi-lingual and 'translate' the capability of their products into the language and priorities of the social and health care market. The workforces can be brought together to exchange custom and practice and develop a shared value system sharing understanding of 'what works' within a complex system of delivering services to vulnerable people. The decision to share information, especially in innovative design puts greater emphasis on spreading best practice and using best knowledge. The conditions which need to sustain Telecare are rooted in a learning culture;

Learning culture for Telecare; is it a course or is it a set of 'conditions' within the practice setting where implementation is taking place? Managers need to encourage;

- Learning from and in the community of practice
- Critical thinking about complex needs
- Cross sector conversation about common purpose
- People orientated not technology centred innovation
- Expansion of knowledge across boundaries
- Self regulation and incentives to build common knowledge

West Lothian Council recently published their report on the outcomes of the implementation programme and the workforce has been shown to have found Telecare service delivery rewarding. The report outlines that the shifts in practice have been towards shared delivery and independence promotion as opposed to traditional modes of care. Interestingly the report suggests that workers changed their practice because of the introduction of the smart technology and saw the benefits to their clients and themselves. The evaluation of services in Kent also points up some of the workforce issues in Telecare implementation and rather usefully identifies a range of competencies for the training and development of the 'human aspect' of the service delivery. The qualifications and experience required, relate not solely to the use of the kit but to the complex negotiations with carers, users, call centres and other services to actually make the difference to the overall package of care.

Change agents across regions are seeking to 'mechanically' construct new modes of delivery and some may succeed but they will be aware that the best methods of creating and sustaining change are participative, emergent and dynamic and are based on experience and learning from experiences and learning from Telecare implementation. All stakeholders need to learn together about Telecare and share a client centred perspective as formulaic planning will gradually misalign the practitioner from the original goal to redesign services.

Services are delivered by practitioners to meet the needs of patients and carers and training and development is what makes the services work as a functioning system. Is it time to bring in the staff and managers in Telecare and ask them what learning and support they need and what incentives to adapt to and implement Telecare? Ask them what new knowledge they need to 'make Telecare happen'.

York St John University

Telecare – stimulating integration between health, social care and housing services?

Professor James Barlow*

Deputy Director, Innovation Studies Centre, Tanaka Business School, Imperial College London

Jane Hendy**

Research Associate, Innovation Studies Centre, Tanaka Business School, Imperial College London

The need for partnership working between health, social care and housing authorities has long been acknowledged. The vision is for 'joined up solutions' to 'join up problems', with integrated, seamless, multi-agency and multi-disciplinary teams. This drive towards partnership has acquired increasing impetus as demand on care services from an aging population grows.

Central to the successful restructuring of care services are new information and communication technologies. Connecting for Health is putting in place a multi-billion pound infrastructure which aims to give healthcare professionals access to information about their clients' needs safely, securely and easily. Less high profile, but potentially as transformational, is Telecare. Over the next two years well over £100m is being made available by government to help local authorities develop Telecare services.

Fixing the structural problems that affect the integration of care services has proved tricky. Because Telecare spans health, social care and housing authorities, the question is whether it can help to erode boundaries and act as a catalyst for new levels of joint activity.

Telecare, as a service innovation, is highly complex because of the many stakeholders that need to be involved. Different types of Telecare service – from simple home safety to monitoring complex medical conditions – will require different levels of integration. Moving away from small pilot projects to mainstream integrated services will require authorities to think carefully about how they plan, commission, procure, deliver and supply Telecare. And it will need responsive, flexible service structures that can work well across different agencies and stakeholders.

Achieving this will not be easy. Initial findings from research underway at Imperial College suggest there are significant challenges that may make integration difficult:

- **Data sharing.** This is a cornerstone of integrated Telecare services and the linchpin of the Connecting for Health programme. But with data sharing amongst NHS staff proving elusive, it's hard to envisage that the added involvement of social services will be less problematic. The challenge appears to be cultural rather than technical, relating to the way health and social services are organised, different management styles, and the professional autonomy of care professionals, especially within the NHS, who may feel threatened by attempts to change the status quo.

- **Finance.** With both health and social care under financial pressure it can be difficult to fund innovative schemes. This situation is further complicated by the tensions between the NHS three-year financial planning cycle and the annual council cycles. Added to this is the uncertain and hard to predict impact of Telecare on costs and benefits across the entire care continuum, such that the organisation making the investment may not be the one receiving the benefit. Current policy initiatives have made social services departments primarily responsible for Telecare investment costs, having received the Preventative Technologies Grant and its counterparts across the UK. However, exactly who will benefit from this expenditure and in what ways is unclear.

- **Evidence base.** The emergent nature of Telecare and its complexity as a care system intervention mean that robust scientific evidence for its effectiveness is limited. This may be problematic. Increasingly healthcare provision is influenced by evidence of cost and clinical effectiveness. Part of the problem is that what constitutes appropriate evidence for Telecare is far from clear. Its complex nature means Telecare does not lend itself to the traditional blueprint of randomised controlled trials. And in any case, even if more scientific evidence were available it may not be sufficient to ensure uptake. 'Evidence' is unlikely to be valued and applied in the same way throughout the care system. The challenge is to produce evidence that convinces across professional and disciplinary boundaries.

These factors all suggest that achieving integration across care services through the introduction of Telecare will be extremely challenging. Nonetheless, recent government support and other initiatives are helping to increase momentum. The knowledge gained from the practical experiences of implementing Telecare is beginning to be harnessed and shared. Small changes are slowly moving Telecare forward. This more incremental approach may mean that initially Telecare will only be available for relatively small groups of service users. However, a well thought out service that forms an integral part of health and social care provision is probably more sustainable in the long run.

The vision is for 'joined up solutions' to 'join up problems'

Telehealth successes in Australia

Prof Nigel Lovell*

Graduate School of Biomedical Engineering Director, University of New South Wales Australia

Prof Branko Celler**

Biomedical Systems Laboratory, School of Electrical Engineering and Telecommunications, University of New South Wales Australia

More than a decade ago, Researchers from the Biomedical Systems Laboratory (BSL) at the University of New South Wales (UNSW) in Sydney, Australia pioneered the use of information and communications technology in health, with the development of the first unobtrusive monitoring system for the remote assessment of functional health status of the frail elderly living alone at home. Since then, these forms of "social alarms" have proliferated both in the UK and internationally.

In 1998, the Biomedical Systems Laboratory recognised that in almost every industrialised country in the world, 78-80% of the cost of health care was associated with the management of chronic disease or its exacerbation. The BSL then began to work intensively on developing one of the first home telehealth systems ever tested and trialled clinically. The key philosophy underlying this work was that the monitoring technology had to be embedded in an effective clinical model of care which improves patient self management, improves case management by a clinical team and makes more effective use of scarce clinical resources.

The telehealth technology was first trialled in both a city and rural setting in 2001, with excellent results. Patient compliance was almost 100%, and both doctors and patients reported that it was an effective way of detecting early adverse trends that would lead if untreated, to an unwanted admission to A&E.

Whilst the policy environment for home telehealth in the UK is substantially more evolved than that in Australia, every agency of government both at state and federal level is acutely aware of the increasing burden of chronic disease precipitated by ageing populations. The Hospital Admission Reduction Program (HARP) initiated by the Department of Human Services in Victoria is one of the early initiatives which have led to a significant reduction in unplanned hospital admissions. The program however is very expensive, and because of its heavy use of nursing staff may be unsustainable. The

UNSW
THE UNIVERSITY OF NEW SOUTH WALES

. . . if readmissions in the high risk group are reduced by 50%, then net savings are greater than AUD63 million per annum.

Victorian DHS thus commissioned the Austin Hospital to carry out a large trial of home telehealth for the management of COPD and CHF at home. Similar state based initiatives are in progress in Western Australia with a community based trial of home telehealth for managing CHF. Another innovative project is a community based initiative led by the Loddon Mallee Health Alliance (located in rural and remote Victoria, on the banks of the Murray River) which is deploying a range of single user home telehealth systems and some multiuser systems in homes, GP surgeries and nursing homes.

Telehealth initiatives from the Department of Health and Ageing are also targeting the provision of improved clinical care of residents in residential care facilities. The IT in Aged Care initiative has funded numerous telehealth projects to evaluate systems for improved medications management, better vital signs monitoring and improved communication between the GP, pharmacist and Nursing staff in residential care facilities. A second round of this funding is about to be released in trial deployments and evaluation of a range of telehealth and ICT technologies targeting applications in residential care facilities.

In summary, whilst there are few large scale policy initiatives targeting substantial levels of funding towards the deployment of telehealth technologies, both state and federal government agencies in Australia are acutely aware of the need to evaluate, test and deploy new ways of delivering health care in the context of ageing populations, the increasing burden of chronic disease and the developing large deficits in clinical HR.

Another differentiating feature between the UK and Australia may be a smaller reliance in Australia on personal and social alarms (Telecare applications) and a larger investment in more sophisticated telehealth applications. There may also be a greater awareness that investments in teleheath applications may be more effective if targeted throughout the continuum of care, from early prevention (over-weight, obesity and diabetes) to the management of early stage chronic disease (hypertension and COPD) through to the management of complex chronic disease with often multiple co-morbidities. This will require the development and testing of more sophisticated risk stratification strategies and the development of flexible telehealth technologies to ensure that the allocation of funds is made in a rational and cost effective manner.

The case for deployment for high risk CHF patients in New South Wales:

- 23,000 patients admitted to hospital with CHF every year
- Account for 58,000 hospital admissions
- Cost of each admission in NSW is AUD7,882
- 4,000 patients admitted four or more times a year (high risk frequent flyer)

Taking into account the capital cost of Telehealth amortized over three years (including installation, technical support and clinical review) – if readmissions in the high risk group are reduced by 50%, then net savings are greater than AUD63 million per annum.

Home Telehealth in the United States

Mark VanderWerf*

Member of the Board of Directors of both the American Telemedicine Association (ATA) and the International Society for Telemedicine and eHealth (ISfTeH)

Home Telehealth is showing significant improvements in the care for chronic disease patients as well as compelling reductions in the cost of healthcare delivery in the United States. Over 30 studies and operational implementations offer consistent and compelling results. This experience plus a growing concern about healthcare delivery costs is driving a rapid expansion in the use of home monitoring systems in both the private and public sectors.

Healthcare costs are escalating in all developed countries and represent a significant and increasing portion of GDP. In addition, changing demographics are expected to accelerate demand for healthcare resources. In the US, 77 million Americans are part of the baby boom population bubble (in a total population of 300 million). This population begins to reach age 60 this year, the highest healthcare demand period of their lives, and will continue to do so for the next 20 years. The expected impact on healthcare demand of this demographic shift is having a profound impact on health care policy and costs in the US.

Escalating healthcare costs are now seen as a significant factor in the competitiveness of US industry. The majority of healthcare in the United States is paid for by private insurance and most of this insurance is provided through employers – this includes healthcare coverage for retirees. For many US industries healthcare costs for current and retired employees are among the highest costs of doing business.

In order to control these rising costs, the US must focus on the patients who demand the most services. In the US, approximately 4.5% of the patient population consume over 40% of healthcare delivery costs. The most costly and the most vulnerable patient population are those with advanced chronic disease. Most are elderly. Most live at home and want to stay at home. Unfortunately chronic disease exacerbation causes this population to place a disproportionate demand on healthcare resources.

Home Telehealth has proven to provide a valuable tool to improve the care and reduce the cost of chronic disease patients. Home Telehealth is the use of monitoring devices in the home to take vital signs, to assess the condition of the patient, to remind the patient to take medication and other events and, in the newest technologies, to provide reinforcement and education to the patient to add learning and encourage compliance.

In the US, home care is delivered by approximately 13,000 independent home care companies (both for profit and not for profit) plus the US Veteran Administration and a few other public agencies. The VA has been a leader in the use of Telehealth and case management. A large number of private companies are now using similar home monitoring as well. It is estimated that approximately 30% of these agencies have implemented, or are in the process of implementing, some form of home monitoring technology.

The US Veteran Administration has completed the largest study to date and they are now in broad implementation of the technology. The VA manages the healthcare for over 6 million chronically ill and disabled military veterans. The VA's high use/high cost patients consume the majority of costs (4% of patients consume 41% of costs). Their case management/home monitoring program started in response to a shortage of resources. The Objectives of their Home Monitoring and Care Coordination Program included: Improve the level of care to veterans, reduce demand on Physicians Hospitals and emergency rooms, and reduce demand for nursing home beds. The initial study covered 500 patients. The published results are compelling:

- **72% reduction in ER visits**
- **68% reduction in hospitalizations**
- **71% reduction in bed days of care**
- **81% reduction in nursing home admissions**
- **74% reduction in overall costs**
- **97% patient satisfaction**
- **Clinical outcomes – Patients stayed well**

The VA is now into volume rollout of this program with the goal of adding 11,000 patients per year. There is another driver for the implementation of Telehealth in the United States. Recent legislation has implemented a program called Pay for Performance (P4P). This creates a national report card for healthcare providers that will rate providers based on their health outcomes performance. Providers that rate in the top 10% will also be rewarded by higher reimbursement levels. Providers in the lowest 10% will be penalized with lower reimbursement rates. It is critical that providers are rated well and the improved outcomes resulting from Telehealth is a compelling reason to implement.

What will the future look like? The current product trend appears to be toward complete systems that offer wide flexibility in vital signs, custom questions with easy changes, education and behavior reinforcement. There is also a trend toward standardized assessment questions to be used across all systems. Standardized device interfaces and interfaces to electronic patient records (EMRs) and practice management systems are also becoming common. These standards are being driven by broader acceptance of interfaces (such as Bluetooth) and the need to share data between systems. An alliance of industry players (Continua) has been formed to drive the development and implementation of technical standards.

In the US, approximately 4.5% of the patient population consume over 40% of healthcare delivery costs.

Continua Health Alliance

David Whitlinger*

President and Chair of the Board of Directors, Continua Health Alliance

What is Continua?

Continua is a non-profit making, open industry alliance of the finest healthcare and technology companies in the world who have joined together in collaboration to improve the quality of personal health care.

The Continua Health Alliance is committed to helping people live healthier, more secure lives by facilitating an ecosystem of connected devices and services that will enable a more efficient exchange of personal health, wellness and fitness information.

Who's involved?

Founder members include BodyMedia, Cisco, GE, IBM, Intel, Kaiser Permanente, Medtronic, Motorola, Nonin, Omron, Panasonic, Partners HealthCare, Royal Philips Electronics, Polar Electro, RMD Networks, Samsung Electronics, Sharp, Tunstall, Welch-Allyn and Zensys. There are now nearly 100 organisations involved, including the NHS.

The Continua developments are targeting three overlapping application areas

1. Fitness

Key Stats: 1 billion people are overweight in the world. From 60% to 85% of the world population is not physically active enough to gain health benefits

Users: From the fitness fanatic to the worried well

Benefit: Improved fitness helps individuals stay healthy, improving their quality of life and reducing the pressure on already over extended healthcare systems

Solution: Monitoring of fitness levels, weight, blood pressure, glucose, cholesterol, activity levels

2. Managing Chronic Disease

Key Stats: 860m people worldwide have one or more chronic diseases. By 2020 chronic diseases will account for almost three quarters of all deaths worldwide

Users: People with a wide range of conditions from diabetes, congestive heart failure, COPD, Asthma, high blood pressure

Benefit: Enables people to play a greater role in managing their disease by connecting them to both informal support networks and the patient's care team through personal information systems

Solution: By using the home network we aim to use devices in the home in a much more user friendly and efficient way and avoid the white box focal point of sickness

3. Ageing Independently

Key Stats: 600m people over 60 worldwide. By 2025 there will be 1 billion

Users: Older and frail people, those prone to falling, dementia, mental health, learning disabilities, physical disabilities

Benefit: Help provide a sense of security and peace of mind to the elderly and their families, through systems that allow the most appropriate action to be taken to enable the person to continue to live independently with dignity and in circumstances in which they feel comfortable, secure and in control

Solution: Telecare, information systems and sensors that collect health and wellbeing information

What difference will Continua bring?

By creating a set of interoperability guidelines which specify how to use existing standards, along with a product certification programme with a recognisable logo or seal of approval which signifies interoperability with other certified products, products are future proofed so they won't become prematurely obsolete and solutions will be free of inefficient technology duplication.

What about Telecare?

Acting for the UK interests of Telecare and telehealth, Continua has elected Steve Sadler of Tunstall as Chairman of the Ageing Independently technical sub-team and Ali Rogan as Vice Chair of the Government Affairs Working Group who will be representing Alliance members' interests both in the UK and with suppliers globally. From a European perspective Kees Smedema (Philips) and Petra Wilson (Cisco) have worked hard on EMEA Government Affairs and acknowledgement is given to all of the European member companies for their efforts in the various working groups.

A case study example of future Continua compliance solutions is described below.

Case study

Carol is a 79 year old widow who lives alone with cardiovascular conditions and slight cognitive decline. Her three children do not live nearby. At 9:00 am, a prompt appears across the TV screen reminding Carol to take her blood pressure, which she does with a wireless-enabled blood pressure cuff that is sitting next to her easy chair. Each morning around 10:00 am, Michelle, Carol's daughter, receives a text message on her mobile phone that says "Mum's status checks report okay" – meaning that systems throughout her mother's home were able to determine that she got out of bed, she used the bathroom, her weight had not dramatically shifted, she took her pills correctly, the gas on the cooker is off, and her blood pressure is stable. If Carol had forgotten to take her pills that morning or if something else about her daily living had been abnormal, Michelle would have been alerted and she could have called her mother to help coach her or preventively called for more specific professional health care support.

Continuum of care

From infancy to ageing independently, there will be occasions where we will all have to interact with healthcare and technology, from baby monitors, temperature checks, fitness devices or health monitors. Continua is looking at the whole continuum of care and its vision aims to make a difference to people's lives and will benefit health and care systems across the world.

To find out more please visit **www.continuaalliance.org**

Continua
HEALTH ALLIANCE

Case Study*

Independent Living In Salford

Donna Jones, Telecare Training and Development Officer
Susan Herbert, Telecare Project Coordinator
Fiona Missell, Telecare Administrator
Doreen Kinsey, Telecare Training and Development Officer
Lynn Dixon, Principal Manager, Community Occupational Therapy and Equipment Services, Community Health and Social Care Directorate.

The Community Occupational Therapy Service has been a joint service between Salford City Council and Salford Primary Care Trust for over 22 years. The service works with clients to assess the difficulties they face at home and to look at new ways of doing tasks. One of the new ways is to add Telecare to the range of available services.

The vision in Salford is to offer Telecare to everyone who has an assessed need. In order to achieve this, the team leading Telecare developments are putting emphasis on training colleagues across the local council and health services. The team's aim is to embed Telecare into everyday practice and for staff to use and think about Telecare as one of the options when carrying out assessments.

As well as educating colleagues, the team believed that they needed to build a professional relationship with a Telecare supplier that shared their vision and beliefs. After looking at all the options they decided on a partnership with Initial Attendo for its reputation, quality, flexibility, support and shared values.

The team is working in partnership with Salford Care on Call, the community alarm service, celebrating its 21st anniversary this year. Salford Care On Call provides monitoring and response for Salford residents over the age of 18 years old who need extra support to maintain their independence and stay in their home. Care on Call will be providing the monitoring and response element of the Telecare service.

Susan Herbert, Telecare Project Co-ordinator for Salford said "We believe that Telecare is an exciting development that enhances our existing skills and assessment tools. We will be launching our strategy across the city in March and training has already commenced so that colleagues are already implementing Telecare within the city."

Lesley Thomas, Care on Call Manager said "Telecare is becoming very important especially with the emphasis placed on care in the community and keeping individuals at home independently for longer. With our partnership with the Community Occupational Therapy Service we will be able to provide users with the best service possible."

Salford is also part of a Greater Manchester bid for a demonstrator site to bring together Telecare and Telehealth for people with long term conditions.

Case Study*

Community Lives Consortium

Mainstreaming Telecare for People with Learning Disabilities

The Community Lives Consortium provides valuable care and support for people who have a learning disability and live in the Swansea, Neath and Port Talbot areas.

The Consortium's philosophy is to ensure people have the best opportunity to increase their independence and meet their full potential, and in 2003 it began exploring more flexible and cost effective approaches to providing the 24 hour support its service users needed.

The solution that stood out was Telecare.

The Consortium's Telecare journey began by installing basic intruder management systems in the homes of service users who particularly needed extra support. It then widened its programme to installing a wide range of Telecare sensors, and continued to see the positive differences the equipment was making. It proved to be so successful that it is now fitted in all 60 of its properties, subject to the individual needs of each tenant.

Working alongside Tunstall, The Consortium is constantly pushing the boundaries of Telecare. Some of the Telecare equipment it is utilising includes:

Epilepsy Sensor

Around 50% of people with learning disabilities have Epilepsy and managing the condition can be difficult and expensive. However, providing someone with an Epilepsy Sensor, which sends an immediate alert if a fit is detected, can alleviate the need for staff to be awake all night, saving an incredible £20,000 per tenant, per year.

Enuresis Sensor

The Enuresis Sensor provides an immediate alert if an event occurs. This means that instead of having to make hourly physical checks, staff don't have to be permanently on site and can be notified if they need to attend. The sensor also helps promote privacy and dignity and can help tenants with behavioural problems, where interaction can lead to an increase in stress on the individual and can often aggravate the situation.

Case Study

Mr S, who has severe learning disabilities, had fallen and badly hurt his hip. He was admitted to hospital and couldn't return home without a member of staff being available to sit beside him all day. The Consortium installed Bed and Chair Occupancy Sensors to eradicate the need for staff to be constantly by his side. Instead staff had pagers and received an alert if he tried to get out of his bed or chair, they would then visit immediately to ensure he was ok.

Conclusion and Next Steps

The Consortium continues to use Telecare in innovative ways to help people with learning disabilities, and has demonstrated that Telecare has a significant role to play in providing targeted support.

Pete Russell, Head of Community Solutions said: "The people we provide support to, want to live independent lives. Telecare can help them achieve this goal, by providing low level, unobtrusive support, 24 hours a day, 365 days a year. We are always looking for new ways of adapting the equipment, and will continue to do so, to help the people we support live their lives to the full."

TSA Operational Review 2006

Marian Preece*

Operations Manager, Telecare Services Association

TSA took major steps forward in 2006. It was an excellent year of achievement which saw:

- Membership grow to 291
- TSA's sphere of influence expand substantially
- New categories of Membership introduced
- A significant increase in the number of Code compliant Members

Representing Members

TSA continues to invest considerable time and effort in representing the interests of the Membership at government level. Through its membership of the Department of Health's TAN (Telecare Advisory Network), TSA has been able to influence both policy development and implementation programmes in England. The Association also works closely with the DTI and during 2006 was regularly invited to contribute to working parties in respect of strategic infrastructure issues and the long term development of Telecare in the UK.

Other key working relationships are well established with CSIP (Care Services Improvement Partnership), HOPA (Housing for Older People Alliance), CSHS and Ricability.

Promoting the Industry

During 2006 TSA continued to reach out to those interested in and involved with Telecare by participating in high profile events to promote the Telecare industry and support Member Organisations.

Almost 4000 copies of the annual report: Telecare – at the Tipping Point, have been distributed by Members locally to their partners and by TSA centrally to key government contacts. The document is positioned as independent corporate literature for Telecare and has been highly acclaimed. An average of 200 downloads from the website are experienced each month, underscoring the need for this type and quality of information.

TSA speakers have been in high demand. Formal presentations were delivered at: the annual Laing & Buisson Telecare Conference; the NHS PASA Telecare Procurement Events; the Carmarthenshire Telecare Conference; the Wales Supporting People Information Network; the CSHS Annual Conference and WMSCI in Florida.

Membership

2006 saw the development of a benefits based approach to broadening the Membership base in order that all who have a role across the end to end process of Telecare could find a Membership package that suited their needs. The benefits based approach agreed at the AGM in May was structured to achieve two objectives:

- To broaden the Membership base and to attract professionals from a wide range of Organisations and disciplines
- To promote options for Service Providers who did not provide the Alarm Receiving Centre function

Membership at 31 December 2006:

Membership Category	2005	2006
Service Providers with Alarm Receiving Centres	214	223
Service Providers without Alarm Receiving Centres	36	38
Supply Sector	23	27
Relevant Professional Interest	–	3
TOTAL:	**273**	**291**

Code of Practice

2006 saw the TSA quality standard, the Code of Practice, identified within the NHS PASA Telecare Framework Agreement as the quality standard for the delivery of Telecare services. In addition through the Preventative Technology Grant many English Local Authorities commissioning Telecare services were demanding the Code of Practice as the appropriate quality standard for Telecare services.

The advent of the Telecare Development Programme in Scotland led to a number of meetings with the Scottish Executive Joint Improvement Team regarding the role that the Code of Practice may play in the delivery of Telecare in Scotland.

The Code of Practice during 2006 saw significant increases in the number of Service Provider Member Organisations achieving compliance:

Code of Practice	2005	2006
Part One – Telecare Calls Handling Operational Requirements	48	62
Part Two – Telecare Installation Operational Requirements	17	36
Part Three – Mobile Response Operational Requirements	1	15

Code of Practice Development

2006 saw fundamental building blocks put in place for the future development of the Code of Practice. These included:

- Development of a wide ranging programme of review for the Code of Practice to be completed during 2007
- Tendering of the Code of Practice Inspection Service
- Agreement to establish a Code of Practice Management Board during 2007. The objective is to "recruit" a range of external volunteer stakeholders to inform the standard setting process and to help prioritise development. Through this structure it is hoped to gain valuable external perspective and a more widely accepted quality standard. Nominations are to be sought from Health, Social Services and the Nation State Governments for suitably qualified individuals.
- Development of a Telehealth Code. TSA is lobbying the Department of Health in respect of the development of a Telehealth dimension.

Code of Practice Training Programme

2006 saw the delivery of nine one day training events covering the three Parts of the Code of Practice, with feedback from delegates indicating excellent levels of satisfaction with the course content. *'Found all areas covered comprehensibly in a relaxed and easily absorbed format'.*

In total 131 delegates attended the courses from 71 Member Organisations. The Association appreciates greatly the support of Cheshire Peaks and Plains Housing Trust and Chester and District Housing Trust in the delivery of this training programme.

Member Forum Programme

Member Forum events provide Member Organisations with the opportunity to meet regionally, to network, share best practice and influence the work of the Association. 2006 saw a deliberate attempt to welcome non Member Organisations to the Member Forum Network and attendance statistics indicate that the TSA network is vibrant and very healthy:

Member Forums held	17
Total Attendees	400
Member Organisations represented	247
Non Member Organisations represented	27

The Link Magazine

2006 saw the Link Magazine's four editions, a total of 6,000 copies, grow in stature as a vehicle for reaching out to all those involved in Telecare linking the strategic perspective with the operational focus. TSA appreciates the support of those Organisations that have assisted in the development of the Link Magazine over recent years.

Annual General Meeting and Spring Conference 'Telecare – At the Tipping Point'

Attendance at this key event in the Association's calendar demonstrated that this event is *not to be missed* with 20% representation from the Membership. Those that attended indicated that the programme was engaging and informative. The Spring Conference was supported by presentations from Niall Dickson, Chief Executive of Kings Fund, Neil Griffiths from NHS PASA and Vance Gallagher from Cheshire County Council. The presentations by the speakers were forward looking and challenging.

Niall Dickson, Chief Executive of the King's Fund presents the recommendations of the Wanless report to TSA Members and their guests at the AGM in May 2006

"This week he fell again during the night. I am extremely grateful for your prompt and caring response, in fact your actions may well have saved his life."

Dr Brian Gibbons, Minister for Health and Social Services, Welsh Assembly Government, formally opens the National Telecare Conference in Cardiff and sets a vision for Telecare in Wales

The National Telecare Conference

2006 established the Conference as a cornerstone event in the Telecare calendar. A total of 389 delegates attended – a rise of 31% on 2005. From the evaluation forms received, delegates rated the Conference highly in terms of value for money.

Dr Brian Gibbons, Welsh Minister for Health and Social Services formally opened the Conference – the first time a Government Minister had attended Conference. Dr Gibbons spoke passionately about the potential role of Telecare in Wales and warmly about the role of TSA in its delivery.

The diverse range of plenary speakers and workshops available within the Conference Programme ensured that all delegates found areas of interest, from the strategic perspective to operational and implementation solutions. Such was the demand for places in The Exhibition Zone that an overflow space in the Hotel's main reception had to be used to accommodate exhibitors.

BT21CN

TSA is facilitating the relationship between the Supply Sector and BT. This work is in preparation for the roll-out of the 21st Century Network in 2008, following the pathfinder project in the Cardiff area during 2007. Co-operation has been excellent with BT demonstrating a high level of empathy and understanding of the vulnerability of Telecare service users. Manufacturers are organising an equipment testing in a simulated 21CN environment to ensure that the risks of both current and legacy systems can be identified, assessed and managed by service providers.

Progress towards Interoperability continued during 2006. The Supply Sector agreed on a range of enhancements to the BS4369 protocol, which was submitted in the autumn, to BSI for their independent review. However, until the impact of 21CN has been fully understood through the test programme results, BSI have suspended their formal evaluation pending any engineering amendments found to be necessary.

Board Structure

The TSA Board is the principal policy and decision making body of the Association, a company limited by guarantee. All members of the Board serve as directors of the Company and are bound by Company law to make all decisions in the best interests of the Association. Other than the Chief Executive, members of the Board serve in a voluntary non-executive capacity.

During 2006 the following individuals served on the Association's Board:

Name	Representing
Malcolm Fisk, Chair	Supply Sector
Aileen Stewart, Vice Chair	Scotland
Chris Smith, Treasurer	England
Robert Redman	England
Fran Taberner	England
Val Parsons	Wales
Kevin McSorley	Northern Ireland
David Foster	Supply Sector
Jon Lowe	Supply Sector
Paul Gee, Chief Executive	

Keynote presentations – Cardiff 2006

John Gatward pulls no punches with the audience and speaks up loudly for the service user and challenges established thinking

Kevin Doughty, Deputy Director, JRF Centre for Usable Home Technology, University of York, delivers an empassioned presentation 'Total Telecare' setting the current technologies into a much broader context to facilitate independent living

Tricia Stewart (a real life Calendar Girl from the film of the same name) offers a very personal and intimate account of the original story that turned into a box office success and touched millions across the world

Adam Oliver, BT's Head of Corporate Social Responsibility and Age and Disability Programmes, discusses the issues and possible solutions in terms of the digital divide

John Woolham, Senior Research Officer, Northamptonshire County Council, Community Services Directorate, outlines the experience in Northamptonshire of using Telecare with dementia clients

George MacGinnis, Programme Director, Connecting for Health, outlines the options for a future Telecare model, the opportunities and challenges before us

Professor Sarah Fraser challenges the audience to 'Undress the Elephant' in her analysis as to why good practice doesn't spread easily

Blind adventurer Miles Hilton-Barber (ably assisted by his labrador Skipper) inspires and energises conference delegates with tales of his remarkable achievements

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