Telecare and Dementia – A to Z of Resources and References

Prepared by Mike Clark

If you have further information that would be of value to organisations implementing telecare, please contact Mike Clark at telecare@dhcarenetworks.org.uk

Date: 14 September 2009

A

Access to local telecare services for users and carers

The Prevention Package (DH, July 2009) and following web sites provide information and access to telecare arrangements. The ATDementia site provides information about access.
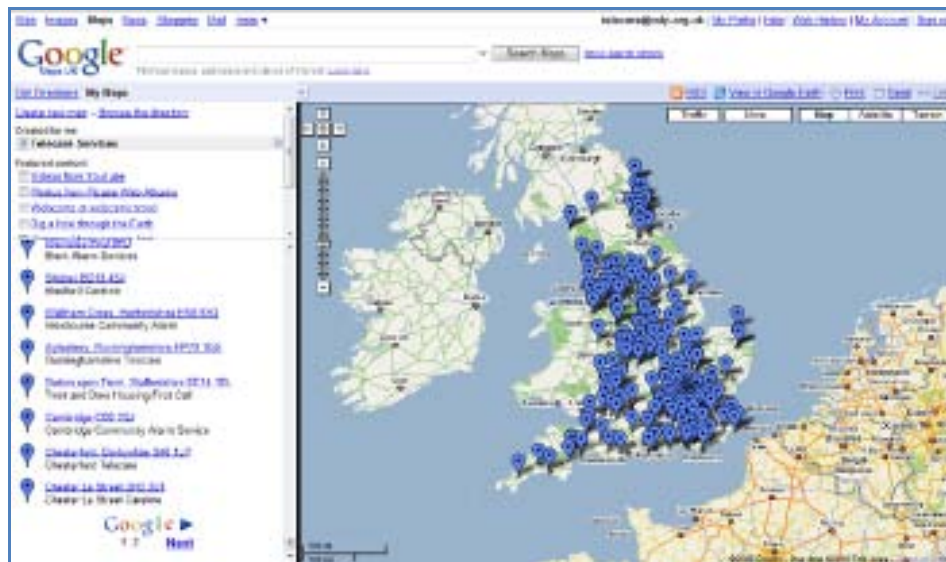
Links:
Prevention package
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103146

DH Care Networks
www.dhcarenetworks.org.uk/telecare services

For web site links to telecare services in England go to:
http://maps.google.co.uk/maps/ms?hl=en&ie=UTF8&msa=0&msid=100406857045032193451.0004540c223f16f2d1c9d&z=6
Note: 200 service links are on Page 1 and a further 114 on Page 2 (Click 'Next' at the bottom of the list to see sites on the second page)

ATDementia site
http://www.atdementia.org.uk/editorial.asp?page_id=24

Local authorities in England - Direct Gov site
http://www.direct.gov.uk/en/DI1/Directories/Localcouncils/index.htm

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Age Concern

In August 2007, Age Concern published 'Improving services and support for older people with mental health problems". This made reference to telecare, telehealth and other assistive technologies.
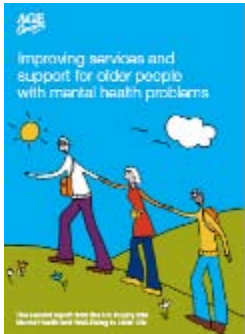
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"….Assistive technologies have developed to support older people, including older people with mental health problems, enabling them to feel safe and secure and to continue living in their own homes. They include monitoring options such as tele-health and tele-care and 'smart house' technologies such as sensors that can tell if someone has left their bed and verbal messaging units that remind residents to turn
off taps or cookers. These technologies help support people with daily activities and can enhance unpaid carers' abilities to provide care, thereby reducing their own risk of developing mental health problems. Government has invested in pilot sites. Further development of assistive technologies is needed, particularly for marginalised and excluded groups….". Page 68

Improving services and support for older people with mental health problems (Age Concern 2007)

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Web link:
http://www.mhilli.org/documents/Inquiryfinalreport-FULLREPORT.pdf

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Alzheimer's Society – UK and elsewhere

The Alzheimer's Society in the UK has been very much involved in the development of the National Dementia Strategy. The Society provides extensive background information on dementia, a knowledge centre and helpful factsheets on dementia and assistive technology.

Links:
Alzheimer's Society:
http://www.alzheimers.org.uk
Living with Dementia (Magazine):
http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200241
List of AS factsheets
http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200137
Factsheet – Adaptations, improvements and repairs to the home (428)
http://www.alzheimers.org.uk/factsheet/428
Factsheet - Equipment to help with disability (429)
http://www.alzheimers.org.uk/factsheet/429

Factsheet – Assistive Technology (437)

http://www.alzheimers.org.uk/factsheet/437

Walking about or 'wandering'

http://www.alzheimers.org.uk/factsheet/501

Safety in the home (503)

http://www.alzheimers.org.uk/factsheet/503

Dementia catalogue (knowledge base – search on 'telecare' or assistive technology'):

http://liberty3.alzheimers.org.uk/Liberty3/gateway/gateway.exe?application=Liberty3&displayform=frame&login=false

Alzheimer Scotland: OK
http://www.alzscot.org/

Alzheimer's Association (USA):

http://www.alz.org/index.asp

Medic Alert and Safe Return (USA):

http://www.alz.org/we_can_help_medicalert_safereturn.asp

Alzheimer's Australia:
http://www.alzheimers.org.au

Alzheimer Europe:
http://www.alzheimer-europe.org/

Alzheimer Canada:
http://www.alzheimer.ca/

Alzheimer's Support web site

Alzheimer's Support Case studies
http://www.alzheimers-support.com/en-GB/case-studies.html

Assessment – Common Assessment Framework

Information is available about the common assessment framework for adults from the DH and other web sites.

Links:
DH Site (CAF demonstrators)
http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/CommonAssessmentFrameworkforAdults/DH_089947

Common Assessment Framework (CAF) for Adults Network
http://www.dhcarenetworks.org.uk/CAF/

Centre for Policy on Ageing - From SAP to CAF
http://www.cpa.org.uk/sap/sap_home.html

ATDementia - web site providing information about assistive technology

The web site brings together information about assistive technology that has the potential to support the independence and leisure opportunities of people with dementia. There is a searchable database of products and advice on how to obtain assistive technologies and telecare. Useful advice and links are provided for practitioners, users and carers. The web site is managed by Trent DSDC.

Link:
www.atdementia.org.uk

Audit Commission – Older People – implementing telecare

In September 2004, the Audit Commission published "Older People – implementing telecare". This document set the scene for 'Building Telecare in England".

Link:
http://www.audit-commission.gov.uk/nationalstudies/health/socialcare/Pages/olderpeople6.aspx

Assisted Living Innovation Platform

The Assisted Living Innovation Platform is supporting innovation and research in the areas of healthcare technology.

"The Technology Strategy Board is to bring together government, business and the research community in an initiative to address healthcare challenges caused by the impact of living longer, the increasing demand for care for people with long-term conditions and the need to prevent the development of health problems such as obesity.

…The Assisted Living Innovation Platform will look at how technology can be harnessed to help address these societal challenges, and will support the development of new technologies.

The Innovation Platform's work programme will range from conventional collaborative R&D, and single company support for small companies R&D, to work in standards, research fellowships in business models, specific

projects in user centred design and a potentially ground breaking future care technology "test suite".

The first phase of work has been called Delivering Innovation in Assisted Living - User Perspectives (DIAL – UP). Commencing with a competition for shorter term R&D in subjects like home based intelligent processing, and value added services for well being, and health management – the patient portal.

Press Release, November 2007

Links
Technology Strategy Board:
 http://www.innovateuk.org/

Press Release:
 http://www.technologyprogramme.org.uk/site/IP/ALIP/default.cfm

Also reported at:
 http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=12579
http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=12578

ALIP Projects
http://www.alip-healthtechktn.com/al-directory.html

Aztec Project – Croydon

Croydon local authority and the South London and Maudsley (SLAM) MH Trust have been leaders in telecare and dementia.

Telecare Case Study

- Mrs F is a 69-year-old Italian born lady who speaks both English and Italian
- Moderate verging on severe dementia
- Lives alone
- Risks identified – self neglect, falls, tampering with TV, heating, gas cooker fire, bogus callers, inappropriate walking

CROYDON COUNCIL

Successes

- Able to keep some clients with moderate – severe dementia at home with improved risk management
- Partnership working
- Creative applications
- Reduced carer stress
- Improved quality of life for client and carer

CROYDON COUNCIL

Links:
Telecare Event Slides from Croydon (Jan 2008):
http://www.icn.csip.org.uk/_library/Resources/Telecare/Telecare_Outcomes/TelecareLondon_Croydon_KathyGraf
ham.ppt

Aztec project:
Dunk, B. & Doughty, K. (2006). The Aztec Project; providing assistive technology for people with dementia and their carers in Croydon. Laing & Buisson Telecare & Assistive Technology Conference 2006.

B

Barriers to telecare adoption

There are a number of barriers to using technology to support individuals with dementia.

"…..These include: the difficulty of getting informed consent; a prevalent attitude amongst professionals and informal carers that human care is the only form of support which is appropriate; difficulties in identifying appropriate technology to be used for each individual; assessment that fails to identify specific risk factors in the accommodation of people with dementia; lack of knowledge on how to install and integrate devices into a system; and relative and carer anxiety about the use of the technology".

Piloting Telecare in Kent County Council: The Key Lessons (Final Report by CHSS, University of Kent, 2006)
http://www.kent.ac.uk/chss/docs/telecare_final_report.pdf

The following slides are from a recent DH Care Networks presentation showing Strengths, Weaknesses, Opportunities and Threats for telecare and telehealth adoption in England.

Link
http://hubola.kingsfund.org.uk/document.rm?id=8302

Building Telecare in England

In September 2004, the Audit Commission published "Older People – implementing telecare". This document set the scene for 'Building Telecare in England".

Link:

Audit Commission
 http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=BDBE0111-764C-44a4-8A66-1CB25D6974A4

The Department of Health's policy document, 'Building Telecare in England' was published in July 2005 and provides a broad definition of telecare. Case study examples for telecare and dementia are included.

Building Telecare in England (2005)

"Telecare is as much about the philosophy of dignity and independence as it is about equipment and services. Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone.

It can include detectors or monitors such as motion or falls and fire and gas that trigger a warning to a response centre.

 As well as responding to an immediate need, telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals. The same technology can be used to provide safety and security through bogus caller and burglar alarms.

Another form of telecare often known as telemedicine is designed to complement health care. It works by monitoring vital signs, such as blood pressure, and transmitting the data to a response centre or clinician's computer, where it is monitored against parameters set by the individual's clinician. Evidence that vital signs are outside of 'normal' parameters triggers a response. To be successful telemedicine needs to be part of the local health and social care pathway for managing long term conditions.

All the examples outlined above can be used on their own or in combination in order to best meet the needs of the individual and get the best fit with local services, including those provided by family and friends. All telecare packages need to balance technology with other forms of care and support and be reviewed in the same way as all other packages of health and social care".

Building Telecare in England
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4115303

Between 2006 and 2008, the Department of Health provided £80 million to social care authorities and their partners (PCTs, third sector organisations) through the Preventative Technology Grant to support an additional 160,000 telecare users in England.

Link:

Preventative Technology Grant (LAC (2006)5)

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/AllLocalAuthority/DH_4131935

In 2006, social care authorities were asked to provide information about how they would implement telecare – around a third of organisations indicated that support for users with dementia would be a priority. In 2008, the authorities were asked about telecare outcomes and arrangements for mainstreaming their services and making them sustainable. The Appendix covers information from local authority CSCI (now Care quality Commission) statements from 2006 and from 2008 making specific references to dementia.

Local authority progress on implementing telecare can be found at:
www.dhcarenetworks.org.uk/telecareprofiles
www.dhcarenetworks.org.uk/telecareservices

C

Carers

See **DH – Information and support for the carers of people with dementia/Carers Strategy**

Case Studies on telecare and dementia

Case studies, vignettes and scenarios appear in a number of locations.

Links:

Building Telecare in England
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4115303

Telecare outcomes and themed reports
www.dhcarenetworks.org.uk/telecareoutcomes

Telecare profiles for 150 social care authorities in England
www.dhcarenetworks.org.uk/telecareprofiles

West Lothian
http://www.jitscotland.org.uk/downloads/1208945790-37-Smart%20Technology%20-%20West%20Lothian%20Report.pdf

Kent
http://www.kent.ac.uk/chss/docs/telecare_final_report.pdf

Evaluation of the Telecare Development Programme in Scotland (YHEC)
http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/

Alzheimer's Support Case studies
http://www.alzheimers-support.com/en-GB/case-studies.html

See also Evaluation

Case studies on telecare and dementia – suppliers

A number of telecare suppliers have case studies on their web sites.

Chubb
http://www.chubbcommunitycare.co.uk/case-studies/

Just Checking
http://www.justchecking.co.uk/

Tunstall Healthcare
http://www.tunstall.co.uk/literature.aspx?PageID=32&LiteratureCategoryID=3

Charging for Telecare

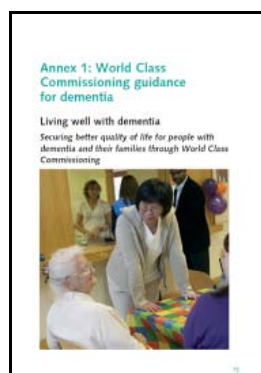A survey on charging for telecare was carried out in October 2008.

Link:

CSIP Survey
http://www.networks.csip.org.uk/_library/Resources/Telecare/Support_materials/CSIP_Networks_Telecare_Charging_Survey_-_October_2008.doc

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Commissioning

Annex 1 to the National Dementia Strategy covers world class commissioning guidance for dementia.

Links:
Living well with dementia: A National Dementia Strategy – Annex 1 (Page 75)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

National dementia Strategy - Joint Commissioning Framework
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100835?IdcService=GET_FILE&dID=197401&Rendition=Web

Understanding what commissioners want & need from telehealth and telecare – presentation by Mike Clark
(presentation at Leed WSDAN event (June 2009)
http://hubola.kingsfund.org.uk/document.rm?id=8302

Putting People First
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Personalisation Network
http://www.dhcarenetworks.org.uk/personalisation/

Commissioning Network
http://www.dhcarenetworks.org.uk/betterCommissioning/

Working together for change: using person-centred information for commissioning
http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=5802

World Class Commissioning
http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083204

Consent

See **Ethics**

Current position on dementia in UK

As well as providing information about the different types, The Dementia UK Report (2007 Alzheimer's Society) reached the following conclusions for the whole of the UK about the current and future numbers of people with dementia.

Dementia UK Report (2007)

- There are currently 700,000 people with dementia in the UK
- There are currently 15,000 younger people with dementia in the UK.
  This is likely to be a major underestimate by up to three times because of the way the data relies on referrals to services
- There are over 11,500 people with dementia from black and minority ethnic groups in the UK

- There will be over a million people with dementia by 2025
- Two thirds of people with dementia are women
- The proportion of people with dementia doubles for every 5 year age group. One third of people over 95 have dementia
- 60,000 deaths a year are directly attributable to dementia. Delaying the onset of dementia by 5 years would reduce deaths directly attributable to dementia by 30,000 a year
- The financial cost of dementia to the UK is over £17 billion a year
- Family carers of people with dementia save the UK over £6 billion a year
- 64 per cent of people living in care homes have a form of dementia
- Two thirds of people with dementia live in the community while one third live in a care home

Summary of the Dementia UK Report - First published 2007 by Alzheimer's Society:
http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1

There are currently 700,000 people in the UK with dementia, of whom approximately 570,000 live in England. Dementia costs the UK economy £17 billion a year and, in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year.

Links:

National Dementia Strategy (February 2009, totals for UK/England)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

Dementia: Summary report for the National Audit Office - international comparisons (2007)
http://www.pssru.ac.uk/pdf/dp2418.pdf
http://www.lse.ac.uk/collections/pressAndInformationOffice/newsAndEvents/archives/2007/AlzheimersReport.htm

Current position on dementia in USA

The increasing numbers of people with dementia is also impacting in other countries eg USA.

18% of all boomers expected to develop Alzheimer's - USA

"About 14 million, or roughly 18%, of the USA's 79 million baby boomers can expect to develop Alzheimer's or some other form of dementia in their lifetime, a newly released report shows.

The oldest baby boomers are turning 62 this year and are by definition entering the risk zone. Age is the single biggest risk factor for the disease: The likelihood of developing Alzheimer's doubles every five years after age 65.

The report, "2008 Alzheimer's Disease Facts and Figures," states that one out of eight boomers will be diagnosed with Alzheimer's, the most common type of dementia, at some point. If no cure for Alzheimer's is found, the nation will be faced with a half-million new cases of Alzheimer's in 2010 and nearly a million a year by the middle of the century.

According to the Alzheimer's Association, 70% of people with Alzheimer's and other dementias live at home, where friends and family members pitch in to help them, often at great cost. The report notes:

•In 2007, nearly 10 million Americans ages 18 and older provided 8.4 billion hours of unpaid care to Alzheimer's

patients — care valued at about $89 billion.

• A quarter of a million children ages 8 to 18 are providing care to loved ones with Alzheimer's. The care provided by young people ranges from companionship to more taxing duties such as helping an elderly relative get dressed, McConnell says.

• There are up to 1.4 million long-distance caregivers in the USA. About 1 million live more than two hours away, and an additional 400,000 live at least an hour away from their loved ones.

The coming Alzheimer's epidemic will, if left unchecked, put a huge strain on the health care system, including Medicare. In 2005, Medicare spent $91 billion on Alzheimer's and other dementias, and spending could jump to $160 billion by 2010 and $189 billion by 2015".

http://www.usatoday.com/news/health/2008-03-17-alzheimers-stats_N.htm

Other links:
http://www.medicalnewstoday.com/articles/101030.php

D

Dementia Strategy - Background

The development of a National Dementia Strategy was announced in August 2007 and published in February 2009.

At the launch of the Dementia Strategy in August 2007, Care Services Minister Ivan Lewis said "there is a need to place telecare at the heart of support for people with dementia and their carers".

Telecare to deal with dementia - *6 August 2007*

"…Care Services Minister Ivan Lewis said there is a need to place telecare at the heart of support for people with dementia and their carers".

The minister was speaking at St Charles Hospital, a mental health centre for older people in North Kensington, London, on 6 August 2007, where he launched a project to produce the first national dementia strategy.

Lewis said that most people with dementia would prefer to stay in their own homes, but harnessing all the resources available, including the best new technologies, will be "crucial" to enabling this.

"There are some really exciting things going on around the country with telecare, but it is by no means mainstream," he said. "So I think going forward that telecare will play not a side or an extra role, but it needs to be right at the heart of our capacity to support people to have maximum quality of life."

His view was echoed by Jenny Owen, executive director of adults, health and wellbeing for Essex CC. She said: "I think there is some really exciting potential (in telecare), particularly in the early the stages of the disease, where it's really possible to make a difference to people's quality of life."

Owen will lead the development of the dementia strategy, together with Professor Sube Banerjee, professor of mental health and ageing at King's College London and clinical director of mental health for older adults at the South London and Maudsley NHS Foundation Trust. Owen said that telecare is one of the areas the project group will focus on over the next 12 months.

Links:

http://www.kablenet.com/kd.nsf/Frontpage/FC04E602D2E586BC8025732F0047D191?OpenDocument
– link no longer available
http://www.publicservice.co.uk/news_story.asp?id=3542&topic=Health%20and%20social%20care

The Dementia Strategy was built on previous policies including 'Securing better mental health for older adults' (DH, 2005).
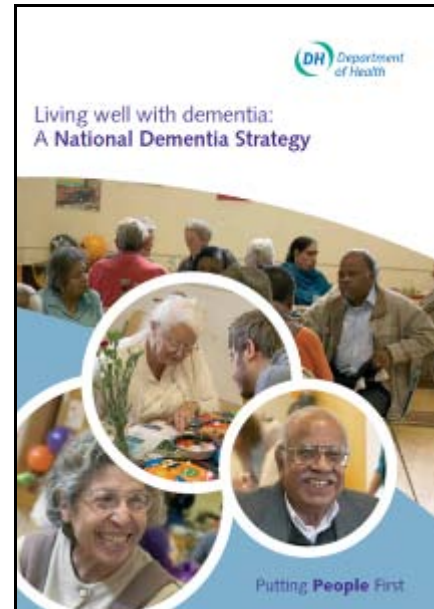
Link:
Securing better mental health for older adults
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4114989

Dementia Strategy

A number of objectives in the Dementia Strategy are relevant to telecare particularly Objective 10. A summary and implementation plan (updated 22 July 2009) are also available.

Link:
Living well with dementia: A National Dementia Strategy
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

Objective 1: Improving public and professional awareness and understanding of dementia. Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help-seeking and help provision.

Objective 2: Good-quality early diagnosis and intervention for all. All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis, sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.

Objective 3: Good-quality information for those with diagnosed dementia and their carers. Providing people with dementia and their carers with good-quality information on the illness and on the services available, both at diagnosis and throughout the course of their care.

Objective 4: Enabling easy access to care, support and advice following diagnosis. A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.

Objective 5: Development of structured peer support and learning networks. The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.

Objective 6: Improved community personal support services. Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable

services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, and people who pay for their care privately, through personal budgets or through local authority-arranged services.

Objective 7: Implementing the Carers' Strategy. Family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality, personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.

Objective 8: Improved quality of care for people with dementia in general hospitals. Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there and the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

Objective 9: Improved intermediate care for people with dementia. Intermediate care which is accessible to people with dementia and which meets their needs.

Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

Objective 11: Living well with dementia in care homes. Improved quality of care for people with dementia in care homes by the development of explicit leadership for dementia within care homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes.

Objective 12: Improved end of life care for people with dementia. People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.

Objective 13: An informed and effective workforce for people with dementia. Health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.

Objective 14: A joint commissioning strategy for dementia. Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These commissioning plans should be informed by the World Class Commissioning guidance for dementia developed to support this Strategy and set out in Annex 1.

Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers. Inspection regimes for care homes and other services that better assure the quality of dementia care provided.

Objective 16: A clear picture of research evidence and needs. Evidence to be available on the existing research base on dementia in the UK and gaps that need to be filled.

Objective 17: Effective national and regional support for implementation of the Strategy. Appropriate national and regional support to be available to advise and assist local implementation of the Strategy. Good-quality information to be available on the development of dementia services, including information from evaluations and demonstrator sites.

Sections relevant to telecare

Page 10
"Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services".

Page 22
Delivering the National Dementia Strategy – joint commissioning of services along a defined care pathway to enable people to live well with dementia.

Figure 1: Delivering the National Dementia Strategy – joint commissioning of services along a defined care pathway to enable people to live well with dementia.

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"A comprehensive community personal support service would provide…….

• ….assistive technologies such as telecare".

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Housing and telecare for people with dementia
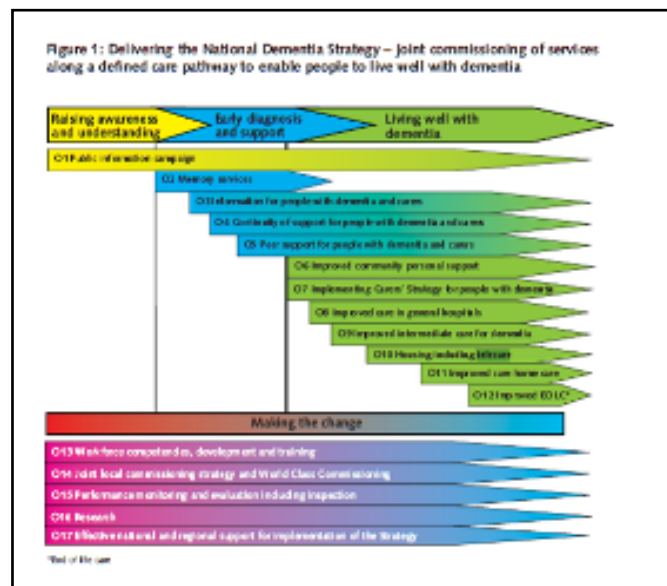
"Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

How this can be delivered….

• ….A watching brief over the emerging evidence base on assistive technology and telecare to support the needs of people with dementia and their carers to enable implementation once effectiveness is proven".

Page 56

"……There is a more substantial evidence base to show the opportunities offered by assistive technology and telecare to enable people with dementia to remain independent for longer, and in particular to help the management of risk. But the data on newer approaches are still sparse and inconclusive. An evaluation of one scheme demonstrated cost effectiveness and reports of improved quality of life. Large-scale DH field trials of such technology are currently under way. This is an evolving field, but one that is of potentially high and central importance in enabling people with dementia to live well with their condition. There is much that is being done currently that is positive in terms of housing options and assistive technologies that are part of mainstream care for people with dementia, and that contribute to their independence and safety. However, with respect to more recent innovations, this is not an area where the strategy is able at this time to make specific recommendations. Instead, central, regional and local teams should keep in touch with initiatives in the areas of housing and telecare and make appropriate commissioning decisions as data become available, for example from the Department's large-scale field trials of telecare and assistive technology".

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"**NDS objective 10**: People with dementia and their carers receive the right housing support, housing-related services and telecare at the right time. People with dementia are included in housing options and assessment for assistive technology and telecare solutions. People with dementia and their carers have access from an early stage to a wide range of low-level support services to help prolong independent living and delay reliance on more intensive services".

Dementia Strategy - Implementation Plan

The National Dementia Strategy Implementation Plan was updated in July 2009. There are references to telecare in the document.

Page 9

Figure 1: Implementing the Strategy: 2009 – 2014
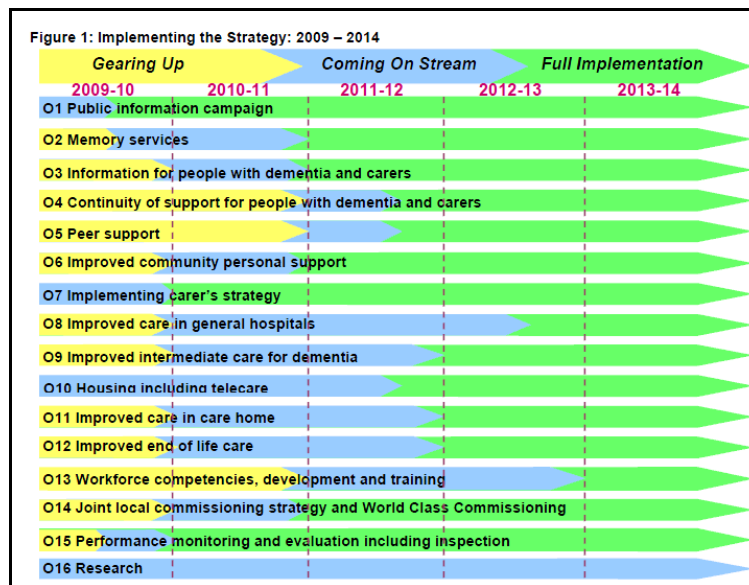
Page 28

Living Well With Dementia: A National Dementia Strategy – Implementation Plan

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103137

Dementia Strategy - Demonstrator sites – advisers and support networks

First specialist dementia advisors start work (July 2009)

Demonstrator sites, announced by Care Services Minister Phil Hope, will kick off in 22 areas around the country. An additional 18 sites will test different kinds of support networks for families and carers.

Dementia advisors will act as a guide to help people with dementia and their families navigate the care and support system throughout their illness. They will help provide easy access to care, support and advice.

The sites piloting support networks will test different ways of providing local practical and emotional support for people with dementia and their carers and give them an opportunity to take an active role in developing local services. Some of the services that will be piloted include dementia cafes – places where people with dementia and their carers can meet up - and a simple social networking site which will allow people with dementia to network with others.

Dementia Adviser sites (22) Bracknell Forest, Bradford, Bristol, Lancashire, Croydon, Medway, East Sussex, Enfield, Hampshire, Kingston upon Thames, Kirklees, Lincolnshire, Norfolk, Northamptonshire, North Tyneside, Oxfordshire, Redcar and Cleveland, Somerset, Suffolk, Warwickshire, Worcerstershire, Wigan

Peer support sites (18) Brighton and Hove, Cornwall, Cumbria, Derby, Hackney, Hertfordshire, Kent, Lambeth/Southwark, Leeds, Milton Keynes, Newham, Nottinghamshire, Salford, South End, Stockport, Surrey, Torbay, Wakefield

Links:
http://www.dh.gov.uk/en/News/Recentstories/DH_102222
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097629
http://www.dh.gov.uk/en/News/Recentstories/DH_102222

Joint Commissioning Framework
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100835

Dementia Strategy - Joint commissioning framework for dementia

The joint commissioning framework for dementia was published in June 2009.
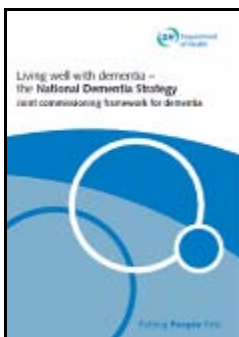
Page 17

"It is becoming increasingly possible for people with dementia to be cared for at home by appropriately vetted, well-trained and motivated staff where the familiarity of their surroundings is of positive benefit.

Commissioners need to use an outcomes-based approach and pay a fair price to ensure that providers have the flexibility to deal with needs that may differ over time, and which enables them to respond in creative ways, with dignity and to support family carers. Supporting and disseminating the use of telecare approaches is also vital as growing numbers of people with dementia require care."

Mike Padgham, chair, UK Home Care Association (UKHCA)

Page 36

Housing, telecare and assistive technologies are an integral part of services for people with dementia if improving quality of care and maximising choice, independence and control are to be achieved.

SCIE research briefing 28 *Assistive technology and older people*
http://www.scie.org.uk/publications/briefings/briefing28/index.asp

SCIE guide 3 *Assessing the mental health needs of older people*
http://www.scie.org.uk/publications/guides/guide03/needs/main.asp

The role of housing and housing-related services in meeting older people's mental health and social care needs has been neglected, but many services like sheltered and extra care housing are now more likely to accept people with a wide range of needs, including dementia.

Annex 1: NICE/SCIE guidance 53 Living well with dementia: the National Dementia Strategy – Joint commissioning framework for dementia
SCIE knowledge management report 15 *Using digital media to access information and good practice for paid carers: A feasibility study* (2006)

http://www.scie/publications/reports/report15.pdf

This report points out that much of the focus on telecare has been on its use in supporting people with dementia and their carers through systems tackling behaviour and monitoring cognitive decline.

Links:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100835?IdcService=GET_FILE&dID=197401&Rendition=Web

Original Dementia Strategy consultation
http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_085570

Resources
http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/DH_099192

Dementia Network

A Dementia Network is available at the DH Care Networks site.

Links:
Dementia Network
http://www.dhcarenetworks.org.uk/dementia/
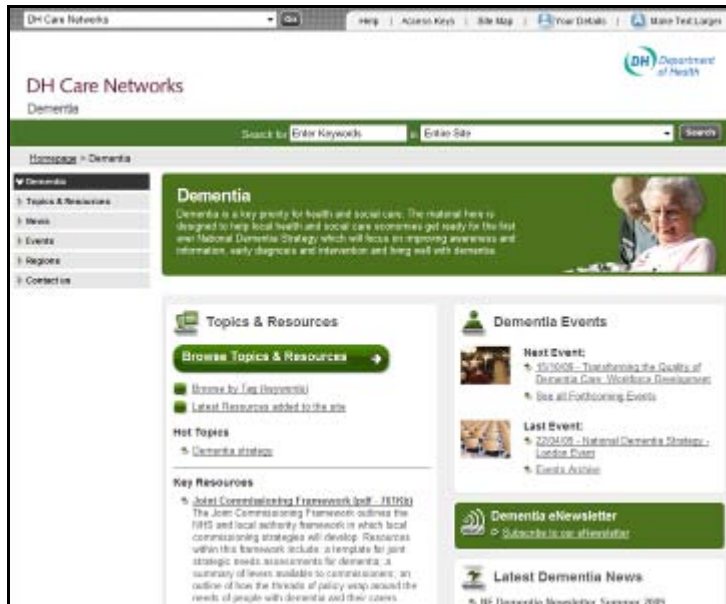
Dementia Events:
http://www.dhcarenetworks.org.uk/Dementia/Events/

Dementia Voice – At Home with AT

At home with AT – Dementia Voice publication.
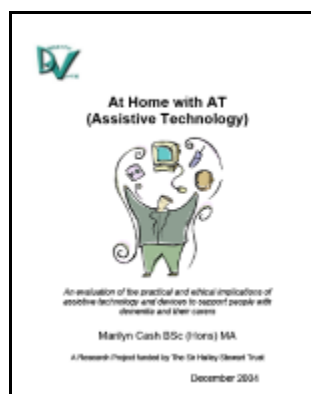
Link:
http://www.dementia-voice.org.uk/Projects/At_Home_with_AT_main.pdf

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Demonstration areas/smart homes

Some telecare services have demonstration facilities (sometimes called 'smart' houses) which can be helpful for user, carer and staff understanding as to how telecare could make a difference as part of a care plan.

Links:
DH Care Networks themed report on smart homes and demonstration sites
www.dhcarenetworks.org.uk/telecareoutcomes

ALIP – Health Technologies KTN – directory of sites
http://www.alip-healthtechktn.com/

DH – Information and support for the carers of people with dementia/Carers Strategy

In August 2007, the Department of Health Published "Who cares? – Information and support for the carers of people with dementia".
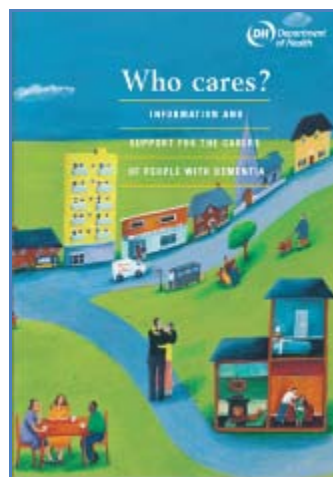
In June, 2008, the Government published 'Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own'. There are a number of references to telecare.
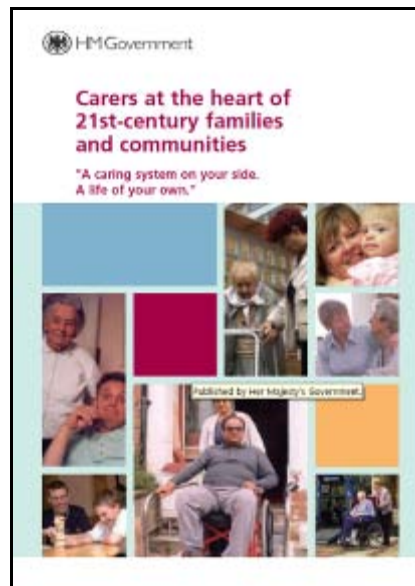
Page 76

"Technology can play a major part in giving carers peace of mind, and in doing so can provide space that they can call their own. one of the recent innovative solutions to enable independent living is telecare. this involves a range of technologies such as sensors placed around the house which are triggered by unusual activity such as opening the front door at night or leaving the gas on and unlit; triggering a sensor which sends an emergency call through to a monitoring centre".

Page 77

"Telecare provides carers with peace of mind and a degree of freedom based on the knowledge that the people being cared for still have support in place if they are not there. it can also allow carers to go about their daily activities: shopping, hanging out the washing or simply spending a bit of time on their own or with friends, which can be so important".

Case Study

"Barbara is in her 80s, has moderate dementia and lives alone. She had been leaving her home during the night, and her family had been keeping a close watch on her and escorting her home on occasions. this was causing a great deal of stress for the family. a telecare package was installed, including a 'property exit sensor' which sent an alert to a 24-hour 'careline' telephone service. the

operators managed to talk to Barbara and persuade her to come back into her house 87 times in a three-month period. only on three occasions were the family called out".

Page 79 - Factbox

The whole system demonstrators
In 2008, the Secretary of State for health launched a programme of whole system demonstrators to look at the benefits of integrated health and social care supported by advanced assistive technologies such as telehealth and telecare.
the evaluation of the demonstrators is the largest of its kind in the world and will assess the impact of the technologies on:

- user-reported quality of life, independence and psychological wellbeing;
- carers' quality of life;
- patterns of health and social care use;
- practitioners' working lives and relationships with patients/service users;
- clinical effectiveness;
- cost-effectiveness of care.

Three sites have been established – in Cornwall, Kent and Newham – and will introduce over 6,000 people to telecare and telehealth over a two-year period. As part of the evaluation, 660 carers will be questioned.
The demonstrators will lead to a better understanding of the level of benefit associated with such developments. They will also help to fast-track future change by addressing the key implementation barriers and providing solutions for the wider NHS and social care sector.

Link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

DH and Government – recent policy and guidance (June/July 2009)

A number of new policy and guidance documents were published in Mid-2009 with references to telecare.

1 Social Care Green Paper - Shaping the future of care together

'Shaping the Future of Care Together' sets out a vision for a new care and support system. The Green Paper highlights the challenges faced by the current system and the need for radical reform, to develop a National Care Service that is fair, simple and affordable for everyone.

Within the Green Paper, it sets out a number of consultation questions and asks everyone to provide their views about how they think Government can make this vision a reality and develop a care and support system fit for the 21st century.

The consultation will run from 14 July 2009 to **13 November 2009**.

There are some references to telecare within the green paper.

Extract from Page 51

"We also want to offer targeted support to help people who are likely to need greater amounts of care and support. By making sure that as few people as possible need ongoing care and support, we will improve the quality of life for people and make the system more efficient. We will achieve this through a number of routes……

- Telecare is any service that brings technology-based care and support directly into a person's home. Telecare services range from a basic community alarm service to more complex systems with sensors that detect motion, falls, fire or gas and let a response centre know when somebody needs help. Telecare can be particularly helpful in keeping people safe in their own homes, and giving them confidence. Using technology to enable delivery of high-quality support will be a vital element of the future care and support system. **We will continue to promote telecare so that people feel more confident about staying in their own homes for longer**.

- We will make sure that everyone can easily get hold of information about prevention and early intervention…."

Case study: Re-ablement and telecare (Page 52)

"After he had a stroke, Terence was at risk of falling and was not able to be at home safely on his own. Because he wanted to leave hospital, he was discharged two weeks early to a special flat with additional support. While he was there he received rehabilitation from the intermediate care team, but also built up his confidence to live independently and had a falls detector, bed sensor and gas detector. He returned to his own flat several weeks later and did not require further care".

Older People's Prevention Package (Page 52)

"….In 2009, the Government will introduce a package to encourage the use of prevention services for older people and improve their health, wellbeing and independence. The package will bring together information on current services for older people (including flu vaccinations, cancer screening, health checks and integrated care planning). It will also promote best practice on how to prevent and treat falls and fractures and provide footcare. It will review national intermediate care guidance, and summarise existing progress on audiology and telecare……

What kind of information do people need? (Page 56)

- …..Information and advice on the services that are available (both traditional care services and non-traditional services such as telecare and handyperson services) and how to choose between them….."

The Government has already started to build the evidence base in care and support (Page 78)

"There are ongoing studies of the effectiveness of telehealth and telecare – *www.wsdactionnetwork.org.uk*
"

Links:
Report:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102338

Consultation arrangements:
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_102339

2 Building Britain's future (26 June 2009)

On 29 June 2009, The Government published Building Britain's future.

<table>
<tr>
<td></td>
<td>

Chapter 6 Section 20
"…The Government will set out the details of a health prevention package for older people, which will bring together existing entitlements such as flu vaccination, cancer screening, eye checks and vascular checks. It will build on these entitlements by promoting best practice around footcare, falls and fractures prevention, as well as a review of national intermediate care guidance. It will set out progress on audiology and **telecare**. The package will evolve over time and will also include continence care, and treatment for depression and arthritis….."

</td>
</tr>
</table>

Building Britain's future
http://www.hmg.gov.uk/media/27749/full_document.pdf

Shaping the future of care (see item 1) is linked with Building Britain's future.

3 Building a society for all ages (published on 13 July 2009)

The Government has published a report entitled 'Building a society for all ages' that links with the social care green paper. There are references to telecare in the report and action plan.

Page 13

"…..The extension of telecare was boosted in 2006 by the £80 million preventative technology grant".

Page 41

"…We will shortly be publishing a Care and Support Green Paper. This will set out a new vision for care and support, explaining how services will change to deliver the vision, and setting out options for a fairer and more sustainable funding system. It will also look to make care more flexible for individuals and families by encouraging new technologies such as telehealth and telecare…".

Implementation Plan reference to telehealth and telecare

Publish a Care and Support Green Paper which will set out a new vision for care and support, explaining how services will change to deliver the vision, and set out options for a fairer and more sustainable funding system. It will also look to make care more flexible for individuals and families by encouraging new technologies such as telehealth and telecare.	Summer 2009	DH

Link:
Building a Society for all ages
http://www.hmg.gov.uk/buildingasocietyforallages.aspx

4 Working Together for Older People in Rural Areas (published on 13 July 2009)

The Cabinet Office has published a report on 'Working together for Older People in Rural Areas' that includes telecare references.

Page 27

"….Telemedicine can enable patients to access specialist consultations and diagnosis within their local community hospital. Telemedicine has already been widely used in remote Scottish areas to address access issues to outpatient and Accident and Emergency admissions…"

Page 29

"….Rural Whole system Demonstrator - Cornwall is one of 3 national evaluation sites for the demonstration of the whole system approach to supporting people with Long Term Conditions (LTC). The demonstrator will be evaluated using a randomised control trial (RCT) over two years and will test the benefits of both telehealth and telecare. Telehealth allows patients with LTC to be monitored from home. Patients submit biometric readings such as blood pressure, blood glucose and/or weight to a simple user-friendly device which automatically sends the information to a clinician for review. Based on these readings cases are prioritised. Those that are deemed a high priority are visited or called by the community matron and others with a lower priority are reviewed. Telecare devices are used for people who are frail, at risk of falling or have dementia. These monitor any unusual activity and alert

carers or a call centre if a problem is detected…."

5 Prevention package for older people (22 July 2009)

The prevention package raises the focus on prevention as a means of ensuring good health, well-being and independence in later life, by promoting and encouraging uptake of comprehensive health and social care services for older people. Announced in 2008, the health prevention package was launched on 22 July 2009.

As health and well-being are major concerns for people in later years the health prevention package forms the Department of Health's main contribution to the government's ageing strategy Building a Society for All Ages which was launched on 13 July 2009 by Phil Hope, Minister of State for Care Services and Angela Eagle, Minister of State for Pensions and an Ageing Society.

The prevention package:

- brings together information on existing health 'entitlements' including sight tests, flu vaccination and cancer screening;
- promotes best practice around falls prevention and effective fracture management;
- introduces measures to improve access to affordable footcare services;
- updates national intermediate care guidance;
- summarises existing progress on audiology and telecare.

Additional resources will be incorporated over time.

There are publications for Telecare, the Whole System Demonstrator Programme, prevention for older people – the policy context as well as falls and intermediate care.

Falls and fractures - *Effective interventions in health and social care*

Page 14

The falls care pathway should agree:

- the contribution of each professional group to the pathway

- specific proposals for incorporating falls prevention and awareness into mainstream health and social care services, with criteria for identifying people suitable for falls assessment, including bone scanning where appropriate

- what sort of assessment activity is undertaken between GPs, a primary care-based falls team, and secondary care based falls clinics.

- opportunities to consider any adaptations needed to a home environment, including the use of aids and adaptations, community equipment and assistive technology, such as fall detectors and related community alarm or telecare packages

Link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103146?IdcService=GET_FILE&dID=201686&Rendition=Web

Telecare Services for Older People

Links:
Telecare Services for Older People
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103146?IdcService=GET_FILE&dID=201590&Rendition=Web
Press notice: Keeping older people fit and healthy
http://www.dh.gov.uk/en/News/Recentstories/DH_103157
Prevention Package main page
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103146

6 Consultation on the revision of the Fair Access to Care Services guidance to support councils to determine eligibility for social care services (14 July 2009)

This paper is a consultation carried out by the Department of Health on the revision of the statutory guidance providing local authorities with a framework to determine individual eligibility for social care – the "Fair Access to Care Services" guidance. The draft revised guidance now put to consultation aims to reset the eligibility criteria framework within the policy context of personalisation and prevention set out in the cross-sector agreement for the transformation of adult social care - Putting People First.

In light of the independent review undertaken by the Commission for Social Care Inspection (CSCI) on the application of eligibility criteria, the draft revised guidance also aims to support councils to implement eligibility criteria in a way that is as fair, consistent and transparent as possible, taking into account the needs of the wider community as well as individual need for support.

There are some references to telecare in the document.

Page 12 - Targeted interventions to support individuals at increased risk

"….Councils may also wish to consider commissioning for assistive technologies, designed to help people with long-term conditions or support needs to maintain their independence and to reduce unnecessary hospital and care home use. An evaluation of the Telecare Development Programme commissioned by the Scottish Government suggests that telecare can provide opportunities to promote independence and improve the quality of life of service users and carers, particularly for older people and those with dementia. The Nuffield Trust is also currently leading a multidisciplinary evaluation of the impact of telecare and telehealth on the use of NHS and social services, and the associated costs….."

In recognition of the benefits of re-ablement, telecare and targeted information, the Care and Support Green Paper puts forward proposals for making targeted support services more universally available to help people regain confidence and retain independence in their own home.

References:
York Health Economics Consortium, Evaluation of the Telecare Development Programme (2009)
http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/

The Nuffield Trust, *Evaluation of the Whole System Demonstrator Project*
http://www.nuffieldtrust.org.uk/projects/index.aspx?id=294 The evaluation is ongoing and due to be completed at the end of 2010.

Page 14
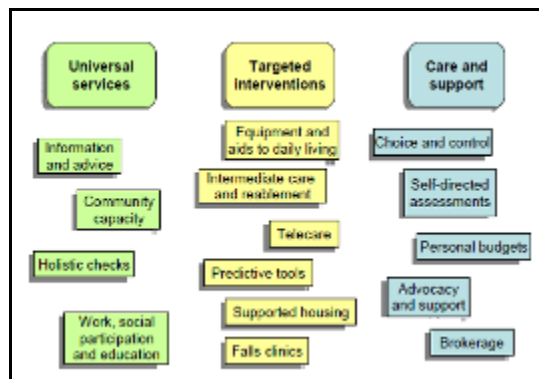
Link:
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_102362

7 Fairer contributions guidance: calculating an individual's contribution to their personal budget (14 July 2009)
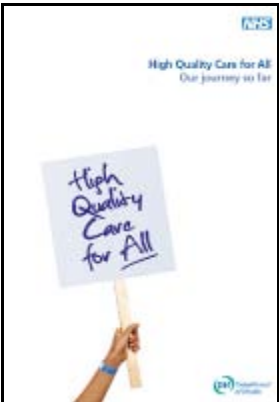
This guidance supplements the current fairer charging guidance. This new guidance provides councils with a model for calculating a person's contribution to their personal budget. Councils providing personal budgets should implement this section 7 guidance by March 2010.

Link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102450

8 A year of progress towards High Quality Care for All (30 June 2009)

Lord Darzi has published his report 'High Quality Care for All: Our Journey So Far', which examines the progress that has been made since 'High Quality Care for All' was published a year ago. Across each dimension of quality - patient experience, patient safety and clinical effectiveness - Lord Darzi has found that there has been real progress with patients already seeing the difference.

"The NHS continues to be at the forefront of finding new ways of harnessing advancements in technology for the benefit of patients. For example, technology can help patients to better manage their own health – the NHS is leading the world in telehealth and telecare. In Cornwall and the Isles of Scilly they are being used to support people with long-term conditions as a part of the largest clinical trial of these technologies anywhere in the world. Telehealth allows patients to record vital signs such as blood pressure with easy-to-use equipment installed in their homes. Community matrons and GPs, who can intervene early if they are needed, monitor the results remotely. Telecare is helping people to live independent lives – for example, it is being provided to help people with dementia or those at risk of falling to stay at home more safely, using devices that track movements and prevent incidents such as the bath overflowing. Patients are better able to understand and take control of their care and remain where they want – in their own homes".

Link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101670

9 Transforming community services: ambition, action, achievement (24 June 2009)

New guidance to help "transform community services"

New guidance has been launched by Health Minister Lord Darzi to support the NHS in delivering the highest quality healthcare services within the community.

The *Transformational Guides for Community Services* will support clinical leaders in transforming services locally, providing local staff with the information and tools they need to modernise and improve services in their community.

The guides focus on six key areas: health, well-being and reducing inequalities; acute care closer to home; people with long-term

The guides include advice on how IT can be harnessed to improve patient care, particularly through the sharing of information.

On long term conditions, it is suggested that visits could be replaced with a telephone contact where appropriate, and that technology could be used to help people manage their own conditions.

The guidance says the DH is also exploring the extension of Patient Reported Outcome Measures (PROMs) to cover patients' experience of one of six long term conditions – asthma, chronic obstructive pulmonary disorder, stroke, heart failure, epilepsy and diabetes.

conditions; rehabilitation services; services for children, young people and families; and end-of-life care.

The guides are also intended to help commissioners understand community services better and managers to identify areas where improvements can be made. They contain best-practice examples, which the Department of Health says has been shown to improve patients' experience of community healthcare.

A *Quality Framework Guidance for Community Services*, published alongside the Guides, will help measure and improve the quality of community services provided. The guidance includes more than 70 proposed quality indicators, which will be tested over the coming months.

These range from improvements in health outcomes and perceived quality of life to how long wounds take to heal, and waiting times to access services. They cover aspects of effectiveness, safety and patient experience across community services.

Lord Darzi said: "Patients have told us that whenever it is safe, they prefer to be treated close to home. The guides I am launching today will give frontline NHS staff all the information they need to help them change the way care is delivered to patients."

Link:
http://www.managementinpractice.com/default.asp?title=Newguidancetohelp%22transformcommunityservices%22&page=article.display&article.id=17347

These best practice guides have a vital role to play in the delivery of the intentions for High Quality Care for All: the Next Stage Review. They set out ambitions, taking action and measurement of the achievement and link with, should be read in conjunction with the quality framework/quality indicators.

a) Transforming services for acute care closer to home

Pg 19 "Use technology to help empower patients to monitor their own condition, for example, telehealth. This will enable patients to remain at home".

Link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101425?IdcService=GET_FILE&dID=200084&Rendition=Web

b) Transforming services for people with long term conditions

Page 14 Summary of high impact changes

- Use a proven tool like the combined predictive model (PARR+) to risk stratify your local population.

- Support and enable people to take appropriate and effective self directed care and greater responsibility for managing their own health.

- Use case managers as key workers to work proactively with very high intensity users (VHIUs) and those with complex care needs. Develop shared care plans with realistic goal setting.

- Invest in telehealth and telecare to empower patients to take control of their health needs, under the guidance and support of the case manager.

- Develop personalised care plans using joint care planning/integrated assessment and join up multidisciplinary working along the care pathway.

Page 18

".…..Use technology (e.g. telehealth/remote monitoring), to help people monitor their own condition to enable independence and, where practical, to avoid inappropriate admissions to an acute trust".

Page 21

Transmitting symptom data to clinicians and followup

"……Telemonitoring, using computers or telephones to transmit data about clinical indicators, like blood pressure, can empower service users to monitor their readings and enable distance checking by professionals. The key to the success of this intervention appears to be the review and followup by a professional".

Page 27

Clinical innovators

- Maximising the potential of technology, providing support and information to people with long term conditions and using telemedicine to enable home monitoring of symptoms and active management of risk factors for exacerbation.

- Developing skills and extending roles to enable patients with exacerbations of their illness to be managed at home and in other community settings.

See also High Quality Care for All at http://www.ournhs.nhs.uk/

10 Whole Systems Demonstrators: an overview of telecare and telehealth (15 June 2009)

The Whole System Demonstrator (WSD) programme is a two year research project funded by the Department of Health to find out how technology can help people manage their own health while maintaining their independence. The WSD programme is believed to be the largest randomised control trial of telecare and telehealth in the world to date.

Link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100946

DH Care Networks (formerly CSIP) and dementia – publications

DH Care Networks provides access to a number of networks including the Telecare Learning and Improvement Network.
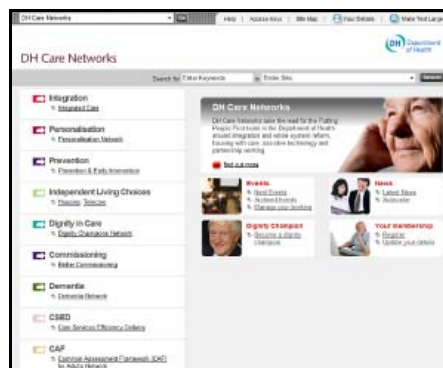
Link:
www.dhcarenetworks.org.uk

The telecare LIN provides implementation support for local authorities, health trusts, third sector organisations and their partners for telecare and telehealth as part of care closer to home and independent living. This includes a range of resources including newsletters, networks, events etc. The Telecare Advisory Network brings together representatives from a wide range of organisations to share information, learning and progress across the country. There is a telecare profile for each social care organisation in England. Nearly 10,000 contacts receive update information on telecare each month via the CSIP Networks telecare e-newsletter.

Links for telecare LIN

www.dhcarenetworks.org.uk/telecare
Telecare newsletters

www.dhcarenetworks.org.uk/telecarenewsletters
Telecare outcomes

www.dhcarenetworks.org.uk/telecareoutcomes
Telecare services

www.dhcarenetworks.org.uk/telecareservices
Telecare profiles

www.dhcarenetworks.org.uk/telecareprofiles

Links for housing LIN and dementia:
Housing and dementia - three new resources
http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/HousingNews/HousingNewsItem/?cid=5229

Housing LIN Briefing on Dementia Strategy
http://www.dhcarenetworks.org.uk/_library/Resources/Housing/Support_materials/Briefings/Briefing29_dementia_strategy.pdf

Housing and dementia – new Housing LIN web pages (includes Commissioning; Provision; Design and Built Environment; Practice, Worforce, Training; Legislation and Regulation; Useful Links

http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingandDementia/

Extra care Housing and Dementia (Commissioning for quality - an overview of the issues)
http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingandDementia/Commissioning/?parent=5048&child=5092

Other - New homes must cater for ageing (BBC):
http://news.bbc.co.uk/1/hi/uk/7261944.stm

Department of Health Extra Care Housing Fund: bidding guidance 2008-2010
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083285

E

Electronic tracking – news items

There have been a number of recent news stories about electronic tagging or tracking of people with dementia. See also **GPS**

Links:

http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=239
http://news.bbc.co.uk/1/hi/health/7159287.stm
http://www.timesonline.co.uk/tol/life_and_style/health/article3097496.ece
http://www.dailymail.co.uk/pages/live/articles/health/thehealthnews.html?in_article_id=504694&in_page_id=1797
http://www.guardian.co.uk/society/2007/dec/27/longtermcare.socialcare
http://www.guardian.co.uk/society/2007/dec/28/longtermcare.socialcare
http://blogs.guardian.co.uk/joepublic/2007/12/dementia_tagging_is_the_way_ah.html
http://www.allheadlinenews.com/articles/7009554583
http://www.telegraph.co.uk/health/main.jhtml?view=DETAILS&grid=&xml=/health/2007/12/31/htag131.xml
http://news.scotsman.com/uk/Charity-backs-dementia-patient-tags.3621482.jp

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Technology could help those with dementia by Neil Hunt, *Chief Executive of the Alzheimer's Society* (May 2007)

"We need a considered debate on the use of technology to support patients with dementia, says Neil Hunt. Malcolm Wicks, the science and education minister, prompted a media frenzy when he suggested that satellite technology could be used to track people with dementia. His comments, made to the House of Commons Science and Technology Committee, sparked debate over whether technology will empower or infringe the rights of people with dementia. Satellite technology, which uses a global positioning system (GPS) to track the location of an individual, and electronic tagging, which alerts carers when someone moves outside a set boundary, were the two new types of technology at the heart of the controversy.

More independence for those with dementia
The Alzheimer's Society welcomes this debate. Technology has the potential to give people with dementia greater freedom and independence. However, the practical and ethical issues, and the concerns of people with dementia and their carers, needs full consideration. It is estimated that 40 per cent of people with dementia get lost outside their home and this can be extremely distressing for both the individual and their carer. However, walking in a safe environment is a good source of exercise and can provide valuable time outdoors. Assistive technology could enable people with dementia to enjoy these benefits without the worry of getting lost.

Tracking the movements of a person with dementia with their consent may help reduce the use of physical restraints and sedative drugs, which are still prescribed to up to 45 per cent of people with Alzheimer's disease in care homes. However, we need to ensure that technology both promotes independence and respects a person's human rights. The new Mental Capacity Act will help to do this and reinforces the importance of using the least restrictive option when caring for a person with dementia.

Technology is not a substitute for good-quality care
Therefore, assistive technology should only be considered as part of a comprehensive care package, not as a substitute for good-quality care or as a way to reduce care costs. Technology may not be suitable for everyone and would need to be used as part of a personalised care package. People with dementia have the right to choose whether they use assistive technology and it is essential that consent is sought. If a person appears to lack capacity, every effort would have to be made to discuss the benefits and risks.

There are many practicalities that still need to be addressed to ensure that assistive walking technology can be used as part of a care package. One of the issues that people with dementia have identified as a potential concern is deception, such as

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someone hiding the electronic device on them. Further research and consultation with people with dementia is needed to assess the effectiveness of assistive technology and whether it improves quality of life.

The number of people with dementia is rising steadily and will break the one million mark over the next 20 years. A national plan for dementia is long overdue in the UK and assistive technologies should be explored as part of this".

Source: *http://www.healthcarerepublic.com/news/opinion/657216/Technology-help-dementia/*

In the USA, there is a successful project called 'Project Lifesaver' managed at community level in conjunction with police services to locate people in the community. A type of GPS device is being piloted in England. In the future, there will be wearable sensors and increased functionality within mobile phones.

Project Lifesaver – USA:
http://projectlifesaver.org/public_html/aboutus.htm

Journal articles:

Evaluation of an activity monitoring system for people with dementia – Celia Price – Journal of Assistive Technologies, Vol 1(2) Pages 11-17 December 2007
http://pierprofessional.metapress.com/content/d51221v1l547271k/?p=ebb53ceeff5d4ece94dc181fa8109dac&pi=2

Safer walking? Issues and ethics in the use of electronic surveillance of people with dementia, Rhidian Hughes Journal of Assistive Technologies, Vol 2(1) Pages 45-48 March 2008
http://pierprofessional.metapress.com/content/98821x4k533533m6/?p=e6ef387d67894c2f93c1c6b99a18c879&pi=6

Safe walking technologies for people with mild to moderate cognitive impairments   Kevin Doughty, Barbara Dunk Journal of Assistive Technologies Volume 3, Number 2 / June 2009 Pages 54 – 59
http://pierprofessional.metapress.com/content/w387505249966t82/?p=863f713ff5464354ba49509826b489f4&pi=6

Enable Project

Can technology help people with dementia and their carers? – Reports from the international study are available.

Links:
Main site
http://www.enableproject.org/
Finland
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20Finland.pdf
Lithuania
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20Lithuania.pdf
Norway
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20Norway.pdf
UK
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20UK.pdf
Hybrid Report
http://www.enableproject.org/download/Enable%20-%20Report%20-%20PG%20hybrid10.5.pdf
Slides
http://www.enableproject.org/download/ppt/Jura_Macijauskiene.pdf

End of Life Care Strategy

Links:
End of Life Care Strategy - Promoting high quality care for all adults at the end of life
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

End of Life Care – General
http://www.dh.gov.uk/en/Healthcare/IntegratedCare/Endoflifecare/DH_299

Equipment – telecare devices

The main areas of risk and sensors reportedly used by telecare service providers for people with dementia are as follows (not exclusive):

- Fire/smoke – various detectors
- Temperature extremes (hot and cold) – temperature sensor
- Flooding in bathrooms, kitchens etc – flood sensor
- Leaving the gas on – gas detector and shut-off valve
- Carbon Monoxide from a faulty gas appliance
- 'Wandering' from home, property exit – door sensors, PIR sensor, GPS tracking (safer walking technologies)
- Falling – falls monitor, bed occupancy sensors
- Bogus callers – various sensor configurations
- Medication compliance - prompting and reminder devices
- Nocturnal enuresis problems – enuresis sensor

Case Study

- Elderly lady with Downs Syndrome
- Early signs of Dementia
- Receives domiciliary support
- Started wandering
- Installed Tunstall Property Exit Sensor
- Link to NKDSS who then can accompany her
- Can assess any deterioration

Tunstall
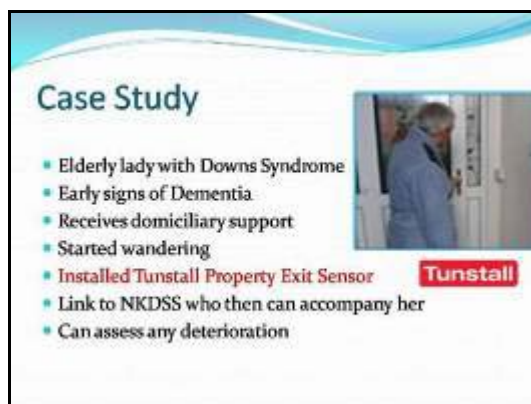
Case study from Kirklees Council at the CSIP Networks Event in Leeds (January 2008)

Link:

http://www.dhcarenetworks.org.uk/_library/Resources/Telecare/Telecare_Outcomes/TelecareLeeds_West_Yorks_SharonJarvis.ppt

Although not strictly classified as 'telecare', a range of small assistive technology devices for date/time or locating keys and other items around the home have also proved very useful.

Other devices used by service providers include:

- covered thermostats to prevent service users from adjusting heating inappropriately;
- locked socket covers to prevent tampering with electrical items
- non-toxic fireproof sprays for furniture, clothing and bedding for service users who were a high fire risk (particularly as a result of smoking
- 'wired-in' sensor lights for service users who were unable to operate lights, were at high risk of falls and who would tamper with standard sensor lights
- bath plugs that automatically allow water out when the level exceeds a threshold
- memo minders which allow a recorded message to be played when a person approaches an area of potential risk (such as an exit door or open fire)
- worn bracelet devices which provide local alarm if care and service users become separated
- lockable isolation switches for gas appliances
- electronic stop cocks
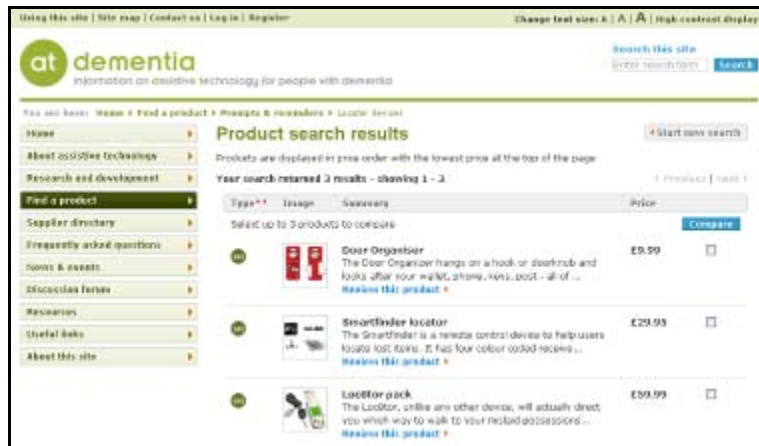
In addition, many social care organisations have been using telecare as part of the assessment process to improve care planning. Monitoring devices can be used to identify time spent in various parts of the home, use of kitchen and bathroom etc – lifestyle patterns can assist with care plan design.

Case Study

- Lady with Dementia
- Family and neighbour concerned about night-time wandering.
- Lady not aware – thought she stayed in bed
- Installed Just Checking system
- Established clear picture of activity
- Working with Community Mental Health team to maintain her independence
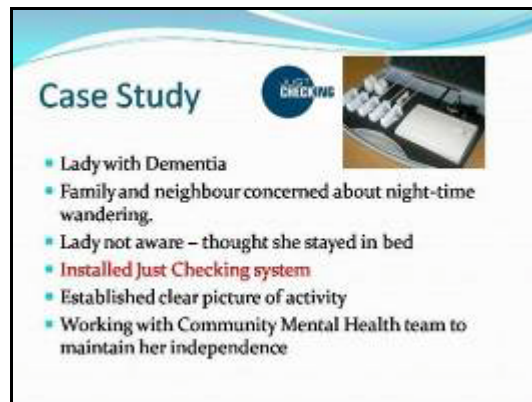
Case study from Bradford Council at the CSIP Networks Event in Leeds (January 2008)

Link:
http://www.dhcarenetworks.org.uk/_library/Resources/Telecare/Telecare_Outcomes/TelecareLeeds_West_Yorks_SharonJarvis.ppt

A control centre with appropriate equipment can effectively monitor the alerts from sensors and peripherals. Suppliers can also advise on whether a control centre is capable of monitoring alerts from individual devices. Also, some services are looking at providing equipment to carers to receive the alerts directly without going through a control centre. Care needs to be taken to ensure that risks are included within care plans and appropriate review systems are in place. In some cases, lifestyle patterns need to be established to reduce the numbers of false alarms.

Telecare has the potential to benefit people with mild as well as severe dementia but the kinds of sensor, social response protocols and service design may need to differ.

CSED have examined activities in a number of local authorities.

http://www.dhcarenetworks.org.uk/csed/Solutions/AT/caseStudies/
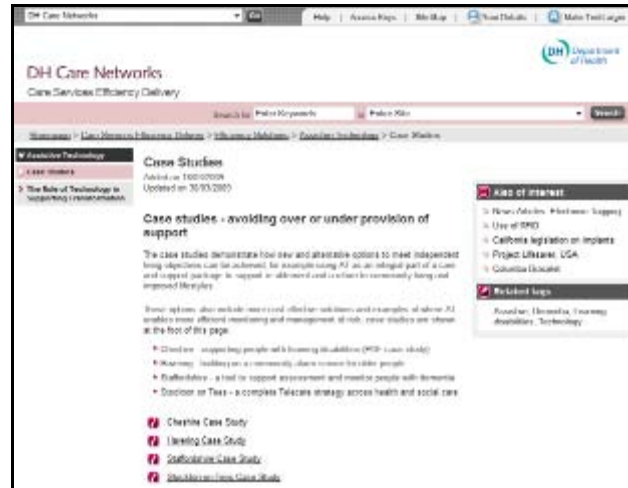
Links:
Range of equipment/services at the atdementia site:
http://www.atdementia.org.uk/productSearch.asp?page_id=16

Living made easy – telecare (DLF site)

http://www.livingmadeeasy.org.uk/telecare/

Signal Catalogue (Leicestershire)

http://www.leics.gov.uk/signal_catalogue.pdf

CSED dementia case study – Staffordshire
http://www.dhcarenetworks.org.uk/csed/Solutions/AT/caseStudies/?parent=5233&child=5373
http://www.justchecking.co.uk/downloads/pdfs/staffordshire_case_study.pdf

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Ethics

There are now a wide range of technological devices, solutions and services that may be of benefit to people with dementia and those who help care for them. However it is important to think carefully about the pros and cons of any potential solution, whether it be technological or otherwise.

Organisations implementing telecare should consider the ethical and consent issues for supporting people with dementia. These are considered in the Astrid Guide and in an old Telecare LIN factsheet. Work is currently being carried out by University of Cardiff on telecare and ethics.

The web site ATDementia examines the ethical use of assistive technology.
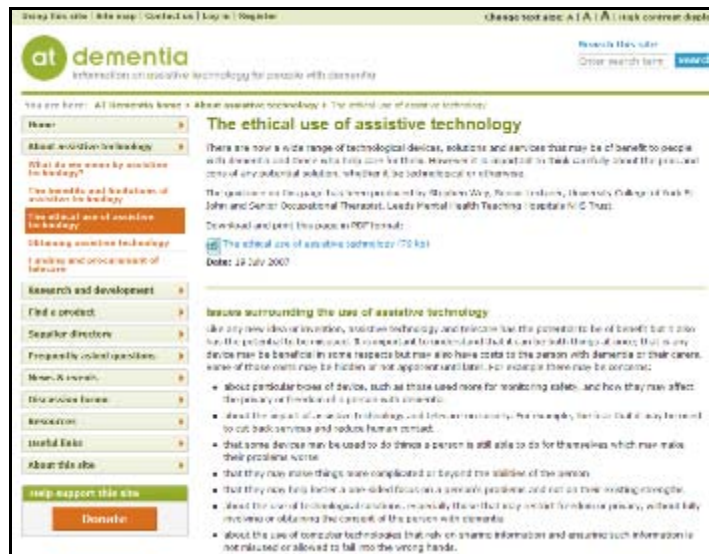
http://www.atdementia.org.uk/editorial.asp?page_id=47

Links:
Telecare LIN factsheet
http://www.dhcarenetworks.org.uk/telecare/index.cfm?pid=541&catalogueContentID=1139

Suzanne Martin Presentation on Ethics for JIT Scotland
http://www.jitscotland.org.uk/downloads/1239290152-Suzanne%20Martin%20Presentation.pdf

Organisations implementing telecare should have regard to the Mental Capacity Act for England.

Mental Capacity Act:

http://www.england-legislation.hmso.gov.uk/acts/acts2005/ukpga_20050009_en_1
http://www.england-legislation.hmso.gov.uk/acts/acts2005/en/ukpgaen_20050009_en_1
http://www.dca.gov.uk/menincap/legis.htm
http://www.dca.gov.uk/menincap/legis.htm
Independent mental capacity advocate (IMCA) services:
http://www.dhcarenetworks.org.uk/betterCommissioning/index.cfm?pid=864

In respect of electronic tagging or tracking, the following references are of interest.

Radio tagging ethic needed
http://www.australianit.news.com.au/story/0,24897,22785408-5013038,00.html

The Emerging Ethics of Humancentric GPS Tracking and Monitoring
http://csdl2.computer.org/persagen/DLAbsToc.jsp?resourcePath=/dl/proceedings/&toc=comp/proceedings/icmb/2006/2595/00/2595toc.xml&DOI=10.1109/ICMB.2006.43

As telehealth involves the use of peripheral devices for vital signs monitoring of COPD, heart failure etc and regular question prompts on well-being, further progress will need to be made with wearable and other sensors to support people with dementia.

Links:

Technology, Ethics and Dementia: a guidebook on how to apply technology in dementia care. Bjørneby, S., Topo, P. & Holthe, T. (1999). Norwegian Centre for Dementia Research. 1999
http://www.uni-bamberg.de/fileadmin/uni/fakultaeten/sowi_professuren/urbanistik/ted.pdf

Astrid: a social and technological response to meeting the needs of individuals with Dementia and their carers. A guide to using technology in dementia care. Hawker Publications 2000
http://www.careinfo.org/books/

Astrid Guide
http://www.astridguide.org/

Communication and consultation: exploring ways for staff to involve people with dementia in developing services. Allan, K. Joseph Rowntree Foundation (2001)
http://www.jrf.org.uk/publications/exploring-ways-staff-consult-people-with-dementia-about-services

Safe to wander? Principles and guidance on good practice in caring for residents with dementia and related disorders where consideration is being given to the use of wandering technologies in care homes and hospitals. Mental Welfare Commission for Scotland 2005.
http://www.mwcscot.org.uk/web/FILES/mwcstw.pdf

Reflections on ethics, dementia and technology. Baldwin, C. in Woolham, J. (ed) Assistive Technology in dementia care. Hawker publications 2006. Paperback, 105pp. ISBN 1 874790 83 3
http://www.careinfo.org/books/

Ethical issues in dementia care: Making difficult decisions. Bradford Dementia Group Good Practice Guidelines. Hughes, J.C. & Baldwin, C. (2006). Jessica Kingsley Publishers 2006. ISBN: 978-1-84310-357-8
http://www.jkp.com/catalogue/book/9781843103578

Independence, choice and risk: a guide to best practice in supported decision making. Department of Health 2007
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074773

Evidence for the use of telecare

A CSIP Networks factsheet by Professor James Barlow from November 2006 covers the evidence base for telecare.

Link
http://www.dhcarenetworks.org.uk/telecare/index.cfm?pid=541&catalogueContentID=1110

The 2006 'Securing Good Care for Older People' Report by Sir Derek Wanless for the Kings Fund concluded:

"Most telecare pilot studies have provided positive results, but there has been no consensus framework for the cost assessments, so it is difficult to model the future cost impact of telecare if implemented nationally. However, enough lessons have been learned from pilot studies that the emphasis should now shift to moving telecare into the mainstream".

Link
Securing Good Care for Older People
http://www.kingsfund.org.uk/publications/kings_fund_publications/securing_good.html - Chapter 9.

Major evaluation reports on telecare from Kent and West Lothian were published in 2006.

	"One area in which the mainstreaming strategy may be of particular interest is that of people with dementia. Many people experience undiagnosed memory problems, which may present certain risks, and the smart technology packages provide support against common risks. Also, mainstreaming may prevent some of the stigma attached to dementia (whether diagnosed or not) by making protection against some key risks". Page 131

Smart technology and community care for older people: innovation in West Lothian
http://www.ageconcernscotland.org.uk/pdf.pl?file=age/file/publications/A10375%20The%20House-Smart%20Technology.pdf
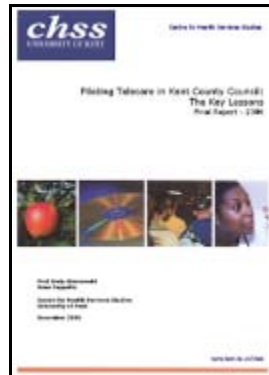
DH Care Networks

Piloting Telecare in Kent County Council: The Key Lessons (Final Report by CHSS, University of Kent, 2006):
http://www.kent.ac.uk/chss/docs/telecare_final_report.pdf

During 2008, further qualitative outcome information was being made available on the DH Care Networks web site and is included in the CSCI (now Care quality commission) performance assessment for 2008.

Links:
 www.dhcarenetworks.org.uk/telecareoutcomes (*see themed reports*)
www.dhcarenetworks.org.uk/telecareprofiles *(Individual social care profiles for 150 local authorities)*

Qualitative feedback from delegates and presenters at the five CSIP Networks events held in early 2008 is available. This includes examples of cost saving calculations in Havering and Southwark.

Link:
Havering

Both Northamptonshire and Croydon have identified areas for potential savings in supporting users with dementia at home in their telecare projects.

CSED have examined some recent cases studies (including Staffordshire, Cheshire, Stockton, Barnsley) and covered areas of assessment, provision and the development of a business case for telecare.

Link:

http://www.dhcarenetworks.org.uk/csed/Solutions/AT/
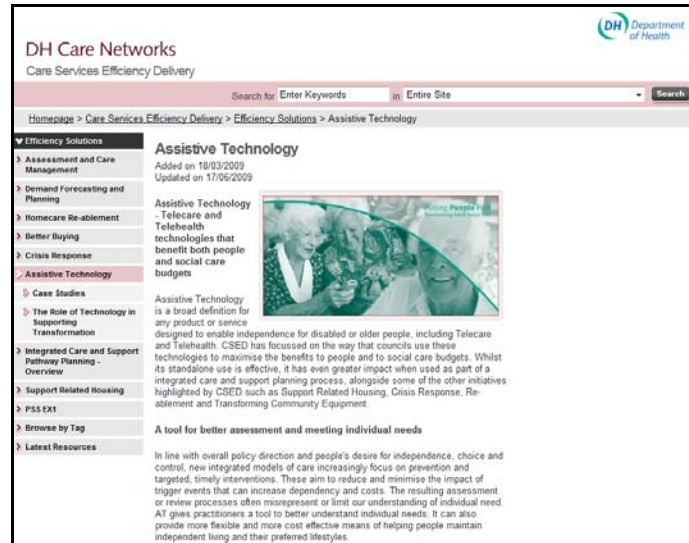
Other CSIP (Now DH Care Networks) Presentations from 2008 are listed below.

Links:

- *Barnet* - Guy Dewsbury
- *Barnsley* - Michael Breeze
- *Birmingham* - Andrew Sheehan
- *Bristol* - David Baines and Mary Breeze
- *ChesterCare* - Fran Taberner
- *CSIP - Mike Clark*
- *CSIP - Simon Brownsell*
- *Department of Health Demonstrators* - Tim Ellis, Claire Whittington
- *Havering* - Sue Blakeley
- *Newham* - Charles Lowe
- *Croydon* - Kathy Grafham
- *Lancashire* - Steve Sylvester, Mark Luraschi
- *Lincolnshire* - Deborah Shepherd, Alex Newton
- *London Telecare* - Doug Miles, June Curran, John Chambers
- *NHS Connecting for Health* - George Mac Ginnis, Michael Dillon
- *Southampton* - Chris Webb
- *Southwark* - Jacqui McLaughlin
- *Staffordshire* - Jim Ellam
- *Stoke* - Peter Ball
- *Surrey* - Gerry Allmark
- *Telecare Services Association* - Marian Preece, Gerry Allmark, Malcolm Fisk

- *Walsall - Tony Diaram*
- *West Yorkshire Group (Calderdale, Kirklees, Leeds, Bradford, Wakefield) - Sharon Jarvis*

Professor James Barlow and Dr Jane Hendy of the Tanaka Business School at Imperial College have been examining progress made in mainstreaming telecare in five areas since the commencement of the Preventative Technology Grant.

Link:

http://www.dhcarenetworks.org.uk/_library/Resources/Telecare/Telecare_Outcomes/Telecare_London_-_Imperial_College_-_Jane_Hendy_and_James_Barlow.ppt

In 2008, The White Paper Long Term Condition Demonstrator Programme commenced the largest randomised control trial to include telecare and telehealth across three sites (Cornwall, Newham, Kent) in April 2008.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100946

A number of relevant references appear in the **Ethics** section. Here is a list of additional journal articles of relevance.

Additional Links:

There's no place like a smart home. Chapman, A. Journal of Dementia Care Volume 9, Issue 1, Pages 28-31 (Jan/Feb 2001)
http://www.careinfo.org/cgi-bin/articles.pl (then use search on title)

Technology and practice: issues and implications. Gilliard, J. (2001). Journal of Dementia Care Volume 9, Issue 6, Pages 18-19 (Nov/Dec 2001)
http://www.careinfo.org/cgi-bin/articles.pl (then use search on title)

Memory aids for older people. Goodman, J., Brewster, S. & Gray, P. Proceedings Volume 2 of the 16th British HCI Conference. September 2002. Glasgow multimodal interaction group's publications
http://www.dcs.gla.ac.uk/utopia/papers/default.html

A systematic assessment of assistive technology. Hagen, I. et al. Journal of Dementia Care Volume 10, Issue 1, Pages 26-27 (Jan/Feb 2002)
http://www.careinfo.org/cgi-bin/articles.pl (then use search on title)

Building a Local Infrastructure that Supports the Use of Assistive Technology in the Care of People with Dementia. Woolham, J. Research Policy and Planning Vol. 20 (1) (2002)
http://www.ssrg.org.uk/publications/rpp/2002/issue1/article2.pdf

How technology can help people feel safe at home. Woolham, J. and Frisby, B. Journal of Dementia Care March/April 2002.
http://www.careinfo.org/cgi-bin/articles.pl (then use search on title)

Technology and technophobia. Mary Marshall. Journal of Dementia Care Volume 10, Issue 5, Page 14 (Sept/Oct 2002)
http://www.careinfo.org/cgi-bin/articles.pl (then use search on title)

Not just because we can do it. Marshall, M. Journal of Dementia Care Nov/Dec 2003
http://www.careinfo.org/cgi-bin/articles.pl (then use search on title)

At Home with AT: An evaluation of the practical and ethical implications of assistive technology and devices to support people with dementia and their carers. Cash, M. (2004). December 2004
http://www.dementia-voice.org.uk/Projects/At_Home_with_AT_main.pdf

Development of a protocol for the assessment of assistive aids for people with dementia.. Hagen, I. et al Dementia Vol 3, number 3, October 2004 p 281-296.
http://dem.sagepub.com/cgi/content/abstract/3/3/281

Assessment of a music-based multi-media program for people with dementia. Topo, P. et al Dementia. Vol 3, number 3, October 2004 p 331-350.
http://dem.sagepub.com/cgi/content/abstract/3/3/331

Enabling Technologies for People with Dementia: Cross-national analysis report. August 2004. Gilliard, J. & Hagen, I. (2004).

http://www.enableproject.org/
Finland
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20Finland.pdf
Lithuania
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20Lithuania.pdf
Norway
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20Norway.pdf
UK
http://www.enableproject.org/download/Enable%20-%20National%20Report%20-%20UK.pdf
Hybrid Report
http://www.enableproject.org/download/Enable%20-%20Report%20-%20PG%20hybrid10.5.pdf

User involvement in dementia product development. Orpwood, R. et al Dementia. Vol 3, number 3, October 2004 p 263-279 (2004)
http://dem.sagepub.com/cgi/content/abstract/3/3/263

Safe at Home - The effectiveness of assistive technology in supporting the independence of people with dementia: the Safe at Home project John Woolham ISBN 1874790779
http://www.careinfo.org/books/

Astell, A. (2005). Developing Technology for People with Dementia. Psychiatric Times. November 2005: Vol 23 (13)
http://www.psychiatrictimes.com/display/article/10168/52726?verify=0

The Sandwell Telecare Project. Waddington, P. & Downs, B Journal of Integrated Care. June 2005. Vol 13 (3). (2005).

How assistive technology can improve well-being. Chalfont, G. & Gibson, G. Journal of Dementia Care Volume 14, Issue 2, Pages 19-21 (Mar/Apr 2006)
http://www.careinfo.org/cgi-bin/articles.pl

Implementing telecare: practical experiences Brownsell, S., Blackburn, S. & Aldred H. Housing, Care and Support October (2006)
http://direct.bl.uk/bld/PlaceOrder.do?UIN=197717097&ETOC=RN&from=searchengine

Assistive Technology in Dementia Care: Developing the role of technology in the care and rehabilitation of people with dementia current trends and perspectives. Edited by John Woolham. Hawker Publications 2006.
http://www.careinfo.org/books/

Dyllis Faife reports on the JDC Technology Conference, held in Birmingham in October where speakers discussed the essentials of a good assistive technology service Volume 14, Issue 6, Page 14 (Nov/Dec 2006)
http://www.careinfo.org/cgi-bin/articles.pl (then use search on title)

The Aztec Project; providing assistive technology for people with dementia and their carers in Croydon. Dunk, B. & Doughty, K. Laing & Buisson Telecare & Assistive Technology Conference 2006.
http://www.alzheimers-support.com/downloads/case-study-the-aztec-project.pdf

Local responses to the preventive technology grant: findings from a two stage survey of local stakeholders Woolham, J., Gibson, G., & Clarke, P. (2007)
http://www.atdementia.org.uk/content_files/files/SurveyoflocalresponsestothePTG.pdf

Technology in dementia care. Technology and Disability Cahill, S. et al. Vol 19, number 2-3, p 55-60 (2007)
http://www.iospress.nl/pressreleases/pr_tad_special_issue.pdf

Health economic and process evaluation of AT interventions for persons with dementia and their relatives - a suggested assessment model. Alwin, J. et al. Technology and Disability. Vol 19, number 2-3, p 61-71 (2007)
http://iospress.metapress.com/content/y11t774282m37782/

'It gives me a sense of independence' - findings from Ireland on the use and usefulness of assistive technology for people with dementia. Cahill, S. et al Technology and Disability. Vol 19, number 2-3, p 133-142 (2007)
http://iospress.metapress.com/content/k78ux2h1v665x382/

User-led Design of Technology to Improve Quality of Life for People with Dementia R. Orpwood, J. Chadd, D. Howcroft, A. Sixsmith, J. Torrington, G. Gibson and G. Chalfont Springer ISBN 978-1-84800-210-4 (2007)
http://www.springerlink.com/content/q3qr525728358351/

Cost-benefit analysis of assistive technology to support independence for people with dementia - Part 1: development of a methodological approach to the ENABLE cost-benefit analysis. Duff, P. & Dolphin, C Technology and Disability. Vol 19, number 2-3, p 73-78 (2007)
http://iospress.metapress.com/content/j7686155207463t6/?p=804f98cfaf6c43388acbfcd34d523cdf&pi=0

Cost-benefit analysis of assistive technology to support independence for people with dementia - Part 2: Results from employing the ENABLE cost-benefit model in practice. Duff, P. & Dolphin, C. Technology and Disability. Vol 19, number 2-3, p 79-90 (2007)
http://iospress.metapress.com/content/23006688k445047j/

Living at home with acquired cognitive impairment - can assistive technology help? Molin, G. et al Technology and Disability Vol 19, number 2-3, p 91-101(2007)
http://iospress.metapress.com/content/a17464u748565q21/

Using context awareness within the 'Smart Home' environment to support social care for adults with dementia. Technology and Disability. Martin, S. et al Vol 19, number 2-3, p 143-152 (2007)
http://iospress.metapress.com/content/31p3555522783102/

The use of technical devices to support outdoor mobility of dementia patients. Rasquin, S.M.C. et al Technology and Disability. Vol 19, number 2-3, p 113-120 (2007)
http://iospress.metapress.com/content/u47481757848nl77/

Designing technology to support quality of life of people with dementia. Technology and Disability. Orpwood, R. et al Vol 19, number 2-3, p 103-112 (2007)
http://iospress.metapress.com/content/t2273882037g7h66/

Telehealth Home Monitoring of Solitary Persons With Mild Dementia Gle nn E. Smith, PhD Angela M. Lunde, BA Julie C. Hathaway, MA Kristin S. Vickers, PhD American Journal of Alzheimer's Disease and Other Dementias®, Vol. 22, No. 1, 20-26 (2007)
http://aja.sagepub.com/cgi/content/abstract/22/1/20

A systematic review of the benefits of home telecare for frail elderly people and those with long-term conditions James Barlow, Debbie Singh, Steffen Bayer and Richard Curry Journal of Telemedicine and Telecare 2007; 13: 172–179
http://jtt.rsmjournals.com/cgi/content/abstract/13/4/172

Don't know about the past or the future, but today it's Friday' - evaluation of a time aid for people with dementia. Topo, P. et al 'I Technology and Disability. Vol 19, number 2-3, p 121-131 (2007)
http://iospress.metapress.com/content/b34327w137457h30/

Automatic Medication Dispensers - a review of the evidence. McArthur, M University of Birmingham. (2008)
http://www.westmidlands.csip.org.uk/silo/files/automatic-medication-dispensers-research-september-08.pdf

SCIE Research briefing 28: Assistive technology and older people Beech, R. & Roberts, D. (2008)
http://www.scie.org.uk/publications/briefings/files/briefing28.pdf

Age related cognitive impairments and assistive web-based technology
European and Mediterranean Conference on Information Systems 2008 Senaka Fernando, Arthur Money, Tony Elliman and Lorna Lines
http://www.iseing.org/emcis/EMCIS2008/Proceedings/Refereed%20Papers/Contributions/C%2068/Age%20Related4.pdf

Applying telecare in dementia: what psychiatrists need to know. Siotia, R. & Simpson, C. Advances in Psychiatric Treatment. Vol 14, p 382-388 (2008)
http://apt.rcpsych.org/cgi/content/abstract/14/5/382

Evaluation of an assisted-living smart home for someone with dementia Roger Orpwood1, Tim Adlam, Nina Evans, James Chadd, David Self Journal of Assistive Technologies Volume 2, Number 2 / June 2008 Pages 13-21
http://pierprofessional.metapress.com/content/31897k7v88m55773/?p=2e1188707aea47f597610d8497d7fa3a&pi=3

Individualised telecare and electronic assistive technologies to support vulnerable people Peter King, Gareth Williams Journal of Assistive Technologies *Volume 2, Number 3 / September 2008 Pages 48-52*
http://pierprofessional.metapress.com/content/7021360882270104/?p=4f789740c3f04d0c90d852f0b2a448e8&pi=8

Special journal issue on housing and dementia - The Journal of Care Services Management recently published a special issue on Housing and Dementia (Vol 3 Issue 3) 2009
http://www.henrystewart.com/care_services_management/special.html

Safe walking technologies for people with mild to moderate cognitive impairments   Kevin Doughty, Barbara Dunk Journal of Assistive Technologies Volume 3, Number 2 / June 2009 Pages 54 – 59
http://pierprofessional.metapress.com/content/w387505249966t82/?p=863f713ff5464354ba49509826b489f4&pi=6

'Extra Care' Housing and People with Dementia: A scoping Review of the Literature 1998 – 2008 (DH Care Networks, July 2009)
http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingandDementia/Provision/SpecialistHousing/?parent=5050&child=5844

If you have information or evidence that would assist with Objective 10 of the Dementia Strategy, then contact Jane Gilliard (Jane.Gilliard@dh.gsi.gov.uk). You can also write to Mike Clark at the telecare LIN mailbox telecare@dhcarenetworks.org.uk). If you have evidence or a local evaluation to submit to the WSDAN evidence database then send it to wsdnetwork@kingsfund.org.uk (mark your e-mail 'evidence database')

F

Future for telecare and dementia

As well as reviewing telecare outcomes over the past two years, the CSIP Networks events from January/February 2008 and the WSDAN events from 2009 have looked to the future for these services. How will home hubs develop? What is the future for mobile and wearable technology? How will data be monitored and trends analysed? How will design improvements for telehealth provide support for people with long term conditions?

The technology is now evolving rapidly and major global organisations have entered the market.

Progress is being made towards interoperability of the technology and connectivity. The NHS PASA Telecare Framework will be updated through an OJEU advertisement in 2009 for commencement in 2010.

A wide range of information is available via the DH newsletters and web sites.

Links:
www.dhcarenetworks.org.uk/telecare
www.wsdactionnetwork.org.uk

In addition, a series of events is being held to share the findings from the three Whole System Demonstrator Sites (Next event is in Bristol in September 2009, Manchester in December 2009).

Link:
http://www.wsdactionnetwork.org.uk/events/integrated_care.html

The future is likely to bring more pervasive, ambient and wearable sensors that can monitor activity, lifestyle, falls, heart rates etc in addition to some of the wrist based devices that are currently available.

Ethical and consent issues will continue to be important as chip sensors will be so small that they will not be obvious in the same way as a smoke alarm, flood detector or PIR device. Devices could be embedded under the skin, implanted in an artery or even contained in a tablet that is swallowed.

The main hub devices are likely to be based at home and as part of a mobile smartphone. These will send alerts and monitoring information to a control centre or via broadband to a laptop or via SMS text message or mobile broadband to a mobile phone.

There are a number of design issues associated with pendants, bracelets, falls monitors and other wearable devices in terms of people using them and how they may be perceived by others that will need to be addressed in future.

The Assisted Living Innovation Platform is supporting innovation and research in the areas of healthcare technology. See **Assisted Living Innovation Platform**

From April 2008, local authority social care organisations will be making personal budgets available to people. It will be important that sufficient money is made available to maintain and incorporate telecare for service users and carers as part of an integrated service for personal budgets and self-directed support.

Links:

Putting People First
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

LAC (DH)(2008)1: Transforming social care
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

LAC (DH)(2009)1: Transforming Adult Social Care
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719

Local authorities and their partners will need to examine how they commission telecare to ensure that choice is made available and charging arrangements are transparent. This will include access to independent information about products/services as telecare becomes more available in the high street. In Croydon, the Aztec Centre provides information, advice and small items for purchase. A mobile unit is also planned which will include telecare information.

As part of transforming community equipment services, many local organisations are looking at self-assessment. In Lincolnshire, self-assessment for telecare is available.

https://www.adlsmartcare.co.uk/adlsmartcare_new/adl_files/adl_pstool/adl_cat_pstool.aspx

It is likely that telecare sensors will be used in care homes as well as hospitals in addition to a variety of home settings including extra care housing and lifetime homes standards.

Links:
Havering *Croydon* *Lincolnshire*

Local authorities, health trusts, housing associations and third sector organisations will need to continue to build on the considerable achievements of the last two years in integrating telecare and telehealth solutions into care pathways to support a growing number of older people with dementia at home through strategic commissioning and innovative service provision.

F

Foundation for Assistive Technology

The Foundation for Assistive Technology provides a wide range of useful information about research, workforce development, policy and events in the telecare and AT fields.

Link:
Foundation for Assistive Technology
http://www.fastuk.org/home.php
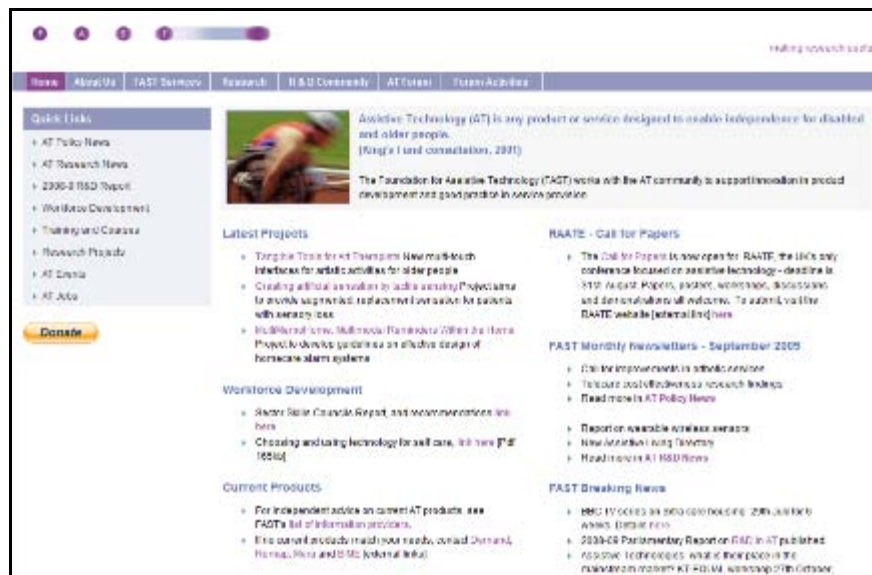
G

GPS

A small number of organisations are looking at the possibility of locating people via GPS and other technologies where they are away from home.

Links:

Tracking dementia patients with GPS
http://news.bbc.co.uk/1/hi/health/7946767.stm

Using GPS to track dementia patients
http://news.bbc.co.uk/1/hi/health/7948082.stm

Alzheimer's Society
http://alzheimers.org.uk/site/scripts/news_article.php?newsID=239

Launch of Alzheimer's Support web site
http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=17355
http://www.alzheimers-support.com/

Westminster Council – tracking technology
http://www.westminster.gov.uk/press-releases/2009-04/westminster-to-trial-tracking-technology-to-help-d/

Wandering in Dementia web site
http://www.wanderingindementia.com/

See also **News**

H

Housing and dementia

The Housing LIN has recently updated its web site on housing and dementia.

Links:

Housing LIN
http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingandDementia/

L

Lifetime Homes (February 2008)

The recent 'Lifetime Homes' report from DCLG commented on the potential impact on hospitals and care homes of the increasing numbers of disabled people and those with dementia.

Lifetime Homes, Lifetime Neighbourhoods; A National Strategy for Housing in an Ageing Society "The number of disabled older people is projected to double from approximately 2.3 million in 2002 to approximately 4.6 million in 2041. Based on current prevalence rates, the number of older people with dementia could rise from 684,000 to 1.7 million by 2051, an increase of 154 per cent.

.....If we do nothing to change the current housing situation, occupied places in care homes and hospitals would need to rise by 151 per cent, from around 450,000 to around 1,130,000 by 2051, and some estimates project long-term care expenditure as rising by around 325 per cent in real terms between 2002 and 2041".

http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods

M

Mental Capacity Act

See Ethics

N

National Audit Office - Improving services and support for people with dementia (July 2007)

In July 2007, the National Audit Office published "Improving services and support for people with dementia" and made reference to telecare and assistive technology.

"In the community, people with dementia face risks. For example, they may forget to switch off a cooker or turn off taps, risking fire or flood; they risk injury from wandering or falls and some may hurt themselves or be violent to others. Self-neglect is another risk – forgetting to take medication, to wash, eat or drink. Both statutory and voluntary/private sector services can help mitigate risks and keep people with dementia at home for longer, particularly if they work together. Assistive "telecare" solutions can provide an essential component of support in enabling people with dementia to live more independently within their communities. Investment in such provision provides choices and alternatives to institutional care, however funding is means-tested and access is therefore variable".

Improving services and support for people with dementia (NAO, 2007)

Link:

NAO – Improving services and support for people with dementia
http://www.nao.org.uk/publications/nao_reports/06-07/0607604.pdf

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National Mental Health Unit publications

Links:

Everybody's Business
http://www.mentalhealthequalities.org.uk/equalities/en/our-work/later-life/everybodys-business/

Strengthening the Involvement of People with Dementia Toolkit
http://www.mentalhealthequalities.org.uk/our-work/later-life/strengthening-
involvement/?keywords=Strengthening+the+Involvement+of+People+with+Dementia+Toolkit+

National Service Framework for Older People

The importance of setting standards for dementia care was identified in the National Service Framework for Older People.

Dementia and the NSF for Older People – Standard 7
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003066

News – recent news items (6 Sept 2009)

Nottingham's pioneering social care technology wins national award – care home laundry ID buttons
http://www.nottinghamcity.gov.uk/index.aspx?articleid=6084

Tracking dementia patients with GPS
http://news.bbc.co.uk/1/hi/health/7946767.stm

Technology used to track Warwickshire dementia victims
http://www.coventrytelegraph.net/news/rugby-town-news/2009/08/24/technology-used-to-track-warwickshire-dementia-victims-92746-24511837/
http://www.techradar.com/news/portable-devices/satnav/sat-nav-used-to-help-dementia-sufferers-629317
http://www.warwickcourier.co.uk/news/Satellite-technology-helps-dementia-sufferers.5588331.jp
http://www.ehealtheurope.net/news/5149/bvmed_sets_out_medical_technology_plan

Westminster Council – tracking technology
http://www.westminster.gov.uk/press-releases/2009-04/westminster-to-trial-tracking-technology-to-help-d/

Healthtalkonline – for carers of people with dementia
http://www.healthtalkonline.org/Nerves_and_brain/Carers_of_people_with_dementia

Mental Health Foundation – Dementia Choices
http://www.mentalhealth.org.uk/our-work/older-people/dementia-choices/

An Intelligent System Helps Elderly Or Memory-impaired To Remember Everyday Tasks
http://www.sciencedaily.com/releases/2009/08/090827101219.htm

Journal article - Burden of Alzheimer's Disease and Association With Negative Health Outcomes

This US study examined the association of Alzheimer's Disease (AD) with common chronic conditions, acute events and hospitalisation using 5396 people with the disease matched with the same number without the disease.

Researchers concluded that people with AD have higher odds of a fracture, being hospitalised, and requiring acute care than those without AD. The disease was also associated with a higher prevalence of common chronic conditions.

http://www.ajmc.com/issue/managed-care/2009/2009-08-vol15-n8/AJMC_09augMalone_481to488

NHS Choices – guide to dementia

NHS Choices has a number of useful pages on dementia that provide background information.

Links:
http://www.nhs.uk/pathways/dementia/Pages/Landing.aspx
http://www.nhs.uk/conditions/dementia/Pages/Introduction.aspx
http://www.nhs.uk/pathways/dementia/pages/symptoms.aspx
http://www.nhs.uk/pathways/dementia/pages/living.aspx

NICE

In November 2006, NICE and SCIE published guidelines entitled "Dementia: Supporting people with dementia and their carers in health and social care" (CG42).

Link:
CG 42 Guidance
http://www.nice.org.uk/guidance/cg42

O

Our health, our care our say

The Department of Health's 'Our Health, our care, our say' (DH, January 2006) identified the need for more integrated, person-centred approaches to health and social care and made references to telecare (including the Whole System Demonstrator Programme – Sections 5.36 to 5.41).

"**A.20** In the consultation on *Independence, Well-being and Choice,* people were concerned about shortages in home care services, with many parts of the country experiencing staff shortages. People thought more emphasis should be placed on exploring the potential of assistive technologies to

support people and their carers in their own homes. For example, passive movement sensors can detect if a person has fallen and trigger early help,

or can detect if a person with dementia has left a safe environment and alert the carer. Technology can be used to monitor some long-term conditions,

such as diabetes, in the home, and can help the individual retain more control over their health and condition".

Our Health, our care, our say (DH 2006, Page 201)

Link:
Our health, our care, our say
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

P

Partnerships for Older People Projects

Information about the POPP programme is available on the DH web site including the evaluation and growing evidence base for prevention and early intervention.

Links:
POPP – main site
http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/DH_080122

Prevention and Early Intervention Web Site
http://www.dhcarenetworks.org.uk/prevention/index.cfm

Evidence for prevention and early intervention
http://www.dhcarenetworks.org.uk/Prevention/Evidence/

Personal Budgets for health and social care

Information about the personal health budget pilot sites is available on the DH web site together with a useful leaflet 'Understanding personal health budgets'.

A range of information is available on the DH and SCIE sites on personalisation and personal budgets.

Links:

Personal Health budgets
http://www.dh.gov.uk/en/Healthcare/Highqualitycareforall/DH_090018

Personal health budgets learning network
http://www.dhcarenetworks.org.uk/PHBLN/

Personalisation Network
http://www.dhcarenetworks.org.uk/personalisation/index.cfm

Individual budgets evaluation report
http://www.dhcarenetworks.org.uk/PHBLN/Topics/latest/Resource/?cid=4525

SCIE publications on personalisation
http://www.scie.org.uk/publications/list.asp?st=7

PowerPoint Presentations (CSIP, DH Care Networks, WSDAN)

In early 2008, 440 delegates from around the country attended five CSIP Networks events to bring together qualitative outcomes from telecare. Many of the presentations from around the country included references to support for people with dementia including the increasing interest of using telecare as part of the assessment process.

Presentations from CSIP Networks events (Jan – Feb 2008):
www.dhcarenetworks.org.uk/telecareoutcomes

Presentations from the WSDAN events in London, Birmingham, Leeds and Bristol (from mid Sept 2009) are available on the web site.

WSDAN events – January to September 2009
http://www.wsdactionnetwork.org.uk/past_events/index.html

Procuring telecare equipment (local authorities, health trusts and third sector organisations)

The NHS PASA National Framework Agreement for telecare provides an electronic catalogue (E Cat) of equipment and services that can be used in supporting people with dementia.

Procuring telecare for people with dementia
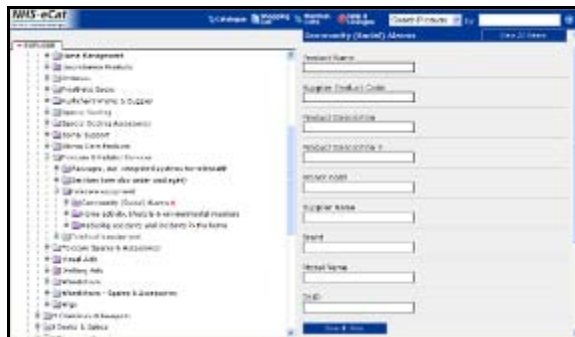
The NHS PASA National Framework Agreement for Telecare Equipment and Services has an electronic catalogue covering over 2500 telecare products and services for use by local authorities, health trusts and their partners. The Catalogue can be searched for relevant equipment and services for people with dementia.

Link:
http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/

Centre for Aging Services Technologies (CAST – USA)
http://www.agingtech.org/index.aspx

See also *equipment*

Note: DH Care Networks does not endorse specific telecare products or services.

Putting People First

In December 2007, the Government published a Concordat called "Putting People First". This indicated that "….telecare to be viewed as integral not marginal"

Section 3.3 "…… Person centred planning and self directed support to become mainstream and define individually tailored support packages. Telecare to be viewed as integral not marginal……"

Putting People First – 10 December 2007

Link:

Putting People First
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

R

References and Research

See **Evidence**

Ricability

Ricability is an independent consumer research charity providing free, practical and unbiased reports for older and disabled people

Link:

Ricability
http://www.ricability.org.uk/

S

Safe at Home - Northamptonshire

The Safe at Home Project examined the use of telecare for people with dementia in Northamptonshire.

Links for Safe at Home Project:

AT Dementia
http://www.atdementia.org.uk/editorial.asp?page_id=104
TEIS:
http://www.teis.nhs.uk/jsp/search/activity.jsp;jsessionid=B4E29C62A2F4B13DBDA2C5B7D28B4AE8?project=1270
Tunstall
http://www.tunstall.co.uk/assets/literature/6_2_14Safe%20at%20Home%20Dementia%20Project%20-%20Northampton.pdf
http://www3.northamptonshire.gov.uk/NR/rdonlyres/220FD3A5-722D-4701-AFF5-C0EE1FBC1B0D/0/Appendix8.pdf
Public Technology
http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=4027

Others
http://www.ehiprimarycare.com/news/item.cfm?ID=1569
http://www.prweb.com/releases/2005/11/prweb313515.htm

The effectiveness of assistive technology in supporting the independence of people with dementia: the Safe at Home project. Woolham J. Hawker Publications, 2005. ISBN 1-874790-77-99 See *http://www.careinfo.org/books/*

See **Evidence**

SCIE

In November 2006, NICE and SCIE published guidelines entitled "Dementia: Supporting people with dementia and their carers in health and social care".

In 2008, SCIE published 'Research briefing 28: Assistive technology and older people'.

Link:
NICE/SCIE Guidance – CG42
http://www.nice.org.uk/guidance/cg42

Research Briefing 28
http://www.scie.org.uk/publications/briefings/briefing28/links.asp

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Securing Good Care for Older People - Taking a long-term view

In 2006, the King's Fund published "Securing Good Care for Older People Taking a long-term view" ("Wanless Report"). The main document and appendices covered "Dementia Care" and "Telecare and Older People".

Link:
http://www.kingsfund.org.uk/publications/kings_fund_publications/securing_good.html

Chapter 9 – New influences on care – includes telecare
"Specialist dementia care, for instance, can successfully be provided in extra care housing units fitted with a range of telecare systems.

Telecare and extra care housing are often elements of new models of dementia care. Technology, including 'wander monitors', can make it considerably safer for someone with dementia to remain living in an extra care unit or at home, although there are ethical issues including the question of obtaining informed consent for the installation of monitoring devices".

Dementia Care (Appendix 9)
"Technology, including 'wander monitors', can make it considerably safer than otherwise for someone with dementia to remain living in an extra care unit or in their existing home, although there are ethical issues including the question of obtaining informed consent for the installation of monitoring devices. The range of telecare devices usually includes safety and security sensors, which monitor whether taps and cookers are left on, if doors are not closed, and if a person leaves the bed in the middle of the night and does not return for a long time.

The Northamptonshire 'Safe at Home Project' is the biggest telecare pilot scheme (with 233 people with dementia) and has achieved promising results in helping people remain living in their own homes in the community and relieving stress on carers. It also offers a basic evaluation of cost-effectiveness. The most frequently used items were calendar clocks and medication dispensers but in total more than 50 kinds of technology were used during the study. An evaluation in April 2005 found that relatives and carers said the technology reduced levels of concern about risk and that it had not led to any reduction in social contact with the patient. The technology appeared to enable people with dementia to remain living independently for longer and could address some of the reasons given by carers for a person with dementia seeking admission to hospital or residential/nursing care.

"…..The April 2005 evaluation looked at the costs of the care of 233 Safe at Home users compared with those of the comparator group in Essex. This covered the total costs of the telecare project, and the costs of residential, nursing and hospital care for the two groups of people with dementia over the 21-month period. The net saving emerged as £3,690 per person for each of the 233 people who received help from the project. However, it did not include costs of the community-based care package, mostly because of shortcomings in the data. Nevertheless, the evaluation concluded that even after a significant adjustment for this, there would still be considerable cost savings.

The Alzheimer's Society has reported that people with dementia and their carers 'feel that they would benefit enormously from assistive technology, but access to it is limited' (Alzheimer's Society 2005). Its assessment identified the following technology as potentially useful: alarms, emergency cords, sensors to detect whether a person has left the bed or house to minimise harm, flood detectors and telephones in each room of the house.

Although many pilot studies include a relatively small number of people, there is a mounting body of evidence that is broadly positive about the potential for new forms and settings for service provision for people with dementia. This will increase the choice of care packages even if, in the late stages when needs become complex and unpredictable, a nursing home environment may become appropriate".

See also Appendix 7 – Telecare and Older People
http://www.kingsfund.org.uk/publications/kings_fund_publications/appendices_to.html

SPARC

Presentations are available from a workshop on Enabling people with dementia and their carers through use of new technologies (March 2009).

Link:

http://www.sparc.ac.uk/workshops/2008-03-16-enabling-people-with-dementia/downloads.asp

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Suppliers

NHS PASA - suppliers on the telecare national framework
http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/

KTN Assisted Living Directory
http://www.alip-healthtechktn.com/al-directory.html

The ATDementia site maintains a list of suppliers
http://www.atdementia.org.uk/editorial.asp?page_id=157

DLF – Living made easy – supplier information
http://www.livingmadeeasy.org.uk/telecare/

W

Whole Systems Demonstrators: an overview of telecare and telehealth (June 2009)

The Whole System Demonstrator (WSD) programme is a two year research project funded by the Department of Health to find out how technology can help people manage their own health while maintaining their independence. The WSD programme is believed to be the largest randomised control trial of telecare and telehealth in the world to date.
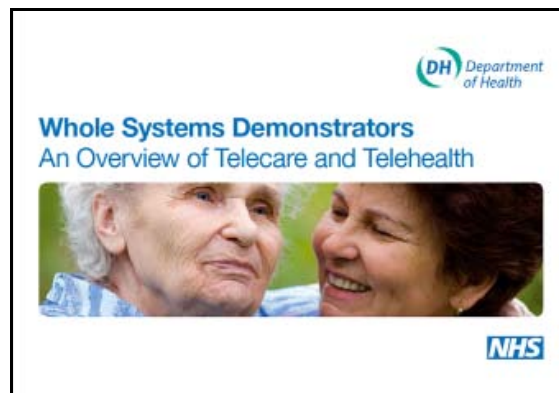
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100946

The Whole System Demonstrator Action Network provides information on the progress of the WSD programme together with feature and news articles, events, online reading rooms and evidence database.
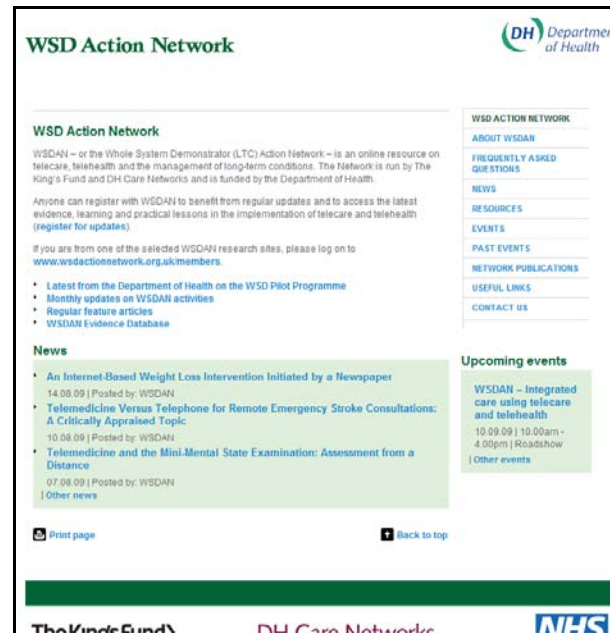
Link:
WSD Action Network
www.wsdactionnetwork.org.uk

Workforce

As new care pathways and personalised approached are developed using telecare as part of an integrated, whole system approach, it is important to look at the workforce issues.

"There is a danger that efforts will focus on the technological aspects of the service, but it is important to recognise and assess the human elements of the system. The implementation of Telecare requires appropriately qualified and experienced staff to recruit service users into the service; identification of monitoring centres that have the appropriate facilities to receive and take actions on calls and maintain necessary records; and the development of an appropriate response mechanism by agreements with named contacts, informal carers or with an appropriate service. For carers who are supporting people with dementia, but also potentially the case for all carers, there is scope for more formal back-up mobile response services to provide more respite for informal carers, otherwise Telecare may increase the pressure on them.

Link:
http://www.kent.ac.uk/chss/docs/telecare_final_report.pdf

Many local authorities in their presentations for the CSIP Networks events identified the numbers of staff that needed to have different levels of training from basic awareness to installation, monitoring and response. As many of the products are proprietary, suppliers are very much involved in this process.

A simple stakeholder map could easily identify over 100 different people and organisations involved in care pathways from care managers to community matrons to GPs to housing scheme managers to monitoring centres. It is important to identify the key contacts for individual care and support plans.

Implementing telecare and telehealth needs to be an important part of a complex change management programme whilst the technology is constantly evolving and local authority, health trust and housing services are going through organisational change. This will present a challenge in many areas as part of transforming social care and further integration of health, housing and social care services.

Workforce issues are being considered by FAST UK and others as part of the broader changes in assistive technology management.

The Whole System Demonstrator programme is likely to identify key workforce and organisational issues that will need to be addressed for future service mainstreaming.

Link:
http://www.fastuk.org/atforumactivities/workforcedevelopment.php

Appendix – Summary of social care authority responses in 2006 and 2008 (sources CSCI data, 2006, 2008)

Telecare profiles for ALL local authorities based on CSCI data can be located at:
www.dhcarenetworks.org.uk/telecareprofiles

Themed reports based on CSCI data including 'dementia' are available at:
www.dhcarenetworks.org.uk/telecareoutcomes

Local Authority	Description of telecare service
Barking and Dagenham	2006 - The telecare grant will be used for environmental checks / vital signs monitoring for people with dementia in support of the LAA stretch target in relation to people with dementia.
Barnet	*2008 - In Barnet, a local evaluation together with telecare reviews have demonstrated that telecare is resulting in support and independence through risk alerts for people with dementia wandering outside their home. One in three of those referred to Telecare have dementia and there is an example where a telecare smoke alarm saved the life of a service user with dementia.*
Barnsley	2006 - The Preventive Technology Grant will be utilised to support the Barnsley Telecare Strategy in two specific areas. To support the Falls Service and Intermediate Care, bed monitors and pressure mattresses will be provided for frail older people linked to the Council's Central Call facility providing an alert if the person does not return to bed within a given time. Low level lighting will automatically turn on when the person gets out of bed. A range of developments will be funded to support people with dementia including door opening and closing warnings linked to Central Call, fridge door alarms (to signal if the person may not be eating), temperature extreme monitors, flood detectors, gas detectors/shut-off valves and medication detection alerts. The grant will also provide funding for an Assistive Technology Development Manager.
Bath & North East Somerset	2006 - To use telemedicine to assist people with chronic chest conditions manage their condition to improve quality of life and prevent unnecessary admissions to hospital. To use telecare to assist in the assessment of older people with dementia in their own homes to prevent the necessity for residential assessments in a care environment or hospital. To use telecare in an extra-care setting to ensure better quality of life and better use of staff resources. *2008 - Bath and North East Somerset have used a telecare assessment system as part of their dementia care programme. Outcomes have included improved assessment of behaviour leading to medication reviews, more effective prescribing, increased family/carer re-assurance, strategic use of services to support the individual and an overall reduction in placements. Their telecare pilot concluded that the most significant benefits and the most positive outcomes could be evidenced for people with early to moderate dementia, who were supported to remain at home indefinitely, or for longer*

than anticipated periods, before being admitted to residential or nursing care.

Bexley	2006 - In line with the on-going development of telecare provision Bexley Council is developing a model of practice to support carers who are looking after relatives with dementia. This service model will aim to provide telecare products to people with dementia to enable them to remain in their own homes for as long as possible. This model will link in with current BELL, OT and Out of Hours response teams to create a robust, responsive care alternative. This model will be costed out to demonstrate savings in residential care, emergency respite care and reductions in acute hospital bed days. *2008 - In Bexley, The Telecare Dementia Project provided more detailed outcomes based on advanced equipment in situ in peoples homes. Carers have responded positively stating that anxieties have reduced and they are now able to undertake tasks such as shopping. In a case example, Mr A, an older man with dementia lives with his wife and daughter. Identified risks included leaving the property alone and becoming lost, flooding the bathroom, and unsafe use of the gas cooker. Various sensor and detector equipment were provided which alert his wife so she can immediately deal with the problem before it reaches a crisis. Mrs A is very pleased with the telecare system as it gives her the reassurance that effective systems are in place. Also she no longer needs to follow her husband around and says she is now able to do more in the garden which gives her pleasure and relaxation.*
Bracknell Forest	2006 - The Borough is planning to implement the following telecare services in year one of the Assistive Technology Grant allocation of £45k: • Telecare overlay to five sheltered housing schemes. This will allow for the use of all SMART technology within these settings. • Individual smoke alarms to sheltered scheme residents which will be linked to the Forest Care Control room to ensure speedy response and action. • Funding for a worker to promote, assess and install the assistive technology. This worker will support Care Managers when reviewing and preparing Care Support Packages in the community. • We plan to have a store of assistive technology for speedy access to supplies. • Funding will be set aside to assist with dementia care once research into the benefits have been concluded. • The SMART flat will include newly developed environmental controls for people with a disability to trial and assess if these new controls can assist with their independence *2008 - In Bracknell Forest, a 90 year old man with type 2 diabetes and high blood pressure with short term memory loss has been given a medicine dispenser which saves his son ringing several times a day to remind his father to take his medication. In another example, a 78 year old with Alzheimer's Disease, lives with her daughter and son in law who both work full time. She has good physical health and is quite active. She has a history*

	of wandering during the day and leaving taps on. A flood detector in the bathroom, a property exit sensor and a passive infrared detector for inactivity were installed. Both family members are relieved to know that they will be informed in a timely manner for prompt action should their mother leave the house or leave taps on. They are both able to continue in employment.
Bradford	2006 - We have a comprehensive approach to the development of telecare. This involves developing the telecare infrastructure by enhancing call centre (Careline) and fast response capability. Priority will be given to older people with dementia (part of the POPPS programme) and those with moderate to intense needs where evidence shows the greatest benefits are to be had. We will deliver training for practitioners to develop knowledge and awareness of the potential of telecare and develop protocols covering assessment, commissioning, response times and equipment and maintenance. Telecare equipment will cover activity monitoring, environmental sensors and medical/ personal sensors. Core telecare systems are being built into the extra care housing schemes we are developing such as at Rowanberries, which is being developed jointly with the Methodist Homes Association *2008 - In Bradford, carers report that they are reassured about management and reduction of risk and given more personal freedom and support. Assessment equipment (lifestyle monitoring) and a voice prompt system reduced risks to a service user with dementia to live on her own and prevented admission to a care home.*
Bristol	2006 - After consulting with CSIP, we are piloting an exciting range of AT projects and developing the local infrastructure: · £35,000 to test out the effectiveness of a range of AT in preventing deterioration inc avoiding unnecessary hospital/long term care admissions. The team case find vulnerable people whose needs fall below Bristol's FACS threshold. · £60,000 for AT in intermediate care eg in an intermediate care flat in partnership with Housing 21 and Bath Institute of Mechanical Engineering who developed the technology. · £45,000 to pilot AT for older people with dementia in partnership with AWP. · £10,000 to pilot telehealth technology in partnership with health partners. All work is undertaken in partnership with corporate and external partners eg health, housing, voluntary, service user and carers.

Bromley	In the past 6 months LBB has been conducting extensive analysis of how we will be implementing telecare. A working group is investigating specific pilots to trial in 2006/07, some of which will be based on our own care link service and will be an extension of this, others will be stand alone and be more creative use of telecare. LBB are concentrating on the following areas · Supporting people to stay in sheltered housing · Supporting people with LD to live in the community · Supporting people with epilepsy to live in the community · Supporting people with dementia to live at home · Supporting people with ABI to live at home · Working with the PCT to investigate a telemedicine scheme for people with a LTC · Supporting carers A final decision will be made in the summer as to which directions our focus will be on.
Bury	2006 - Telecare pilot project will commence in July 2006 and target older people who: have had two or more falls in the last 12 months, are in intermediate care, have a long term condition and are actively case managed, have early onset dementia and a small pilot with a group of people with learning disabilities. Minimum of 200 people with a view to increasing this to 500 people in 2007/8. To roll out the service further following evaluation. A Smart Flat for staff training/user/carer demonstrations and Telecare Flats in intermediate care establishments to enable people to use the equipment before returning home. There will be a 24-7 response service and equipment will be fitted via the Age Concern Service. *2008 - Bury has identified examples of clients supported in their own home who have dementia who as a result of telecare equipment have not gone into residential care.*
Calderdale	*2008 In Calderdale, the daughter of an an older woman with dementia continues to provide care with the confidence that when she is not with her mother there is monitoring of any risks to her safety. This has enabled the mother to remain in her own home rather than move to long term care.*
City of London	*2008 - In the City of London, two individuals suffering from different levels of dementia had monitoring equipment installed, in order to provide a more comprehensive assessment of their assumed wandering at night as well as during the day. The outcome provided social workers and cccupational therapists with a better knowledge of the individuals resulting in better targeted provision enabling both to continue living in their own homes. A voice activated message asking a client suffering from dementia not to go out has contributed to ensure that he is able to live at home, and has stopped his wandering.*
Coventry	2006 – 1.Telecare services for Older People being implemented May 2006. 2. Focus on service users living in own homes in community.

3. Promote independence through supporting people to live at home.
4. Increase choice & independence for service users.
5. Improve support to people with dementia & their carers.
6. Reduce burden on carers & provide them with more personal freedom.
7. Initially service will be delivered in one area of the City with plans being developed to roll out to other
   areas by the end 2006 followed by other service user groups.
8. Telecare is a workstream of the Older Peoples Partnership whose membership includes user & PCT
   representatives.
9. Plans are also being developed with the PCT to introduce Telemedicine services from April 2007.

2008 - In Coventry, a man with dementia whose wife recently died has had to take on new roles around the house but has memory problems. Telecare has provided positive outcomes for him and his daughter as main carer through support to him and reassurance to his daughter that he is able to live independently and safely. In another example, a care home admission for a woman at risk of night time wandering has been avoided.

Croydon	*2008 - Croydon has pioneered a number of services for people with dementia in conjunction with the mental health trust. They provide a range of equipment at the Aztec Centre for people to view. They are continuing to work with manufacturers to develop new safer walking technologies.*
Derby	*2008 - In Derby, an evaluation has been carried out based on interviews and questionnaires given to service users and their carers as well as analysis of the impacts of telecare on traditional services. Feedback from service users and carers indicates quantifiable reductions in carer stress, incidence of falls and dementia-related risks.*
Derbyshire	*2008 - In Derbyshire, 343 telecare cases were analysed, of which 161 people had cognitive impairment with dementia type symptoms 267 people were at risk of falls (the main reason for the telecare referral). 288 had carers supported by telecare. Referrers estimated that without telecare 110 of the 343 sampled would need admission to residential care. 118 of the 343 sampled were thought to need hospital admission if the telecare was not provided. Of people already in hospital, 34 were assessed as needing to remain in hospital if the telecare were not provided. An estimated 20 service users had a reduction of up to two home care hours per week.*
Devon	*2008 - Devon has undertaken three pilots to trial the use of telecare. Evidence from these trials suggest outcomes to users of telecare include: (1) Reduced stress & anxiety to carers leading to a reduction in the need for respite and sitting services and reduced levels of carer exhaustion, (2) Delays in admissions to residential settings for older people with dementia (3) Improved levels of safety and security felt by people remaining in their own*

	homes.
Doncaster	2006 - NRF funding secured for 06/07 and 07/08 to improve provision of specialist equipment for people with disabilities or sensory impairment. A telehealth pilot project for people with chronic obstructive pulmonary disease will seek to reduce emergency admissions to hospital and facilitate early discharges. Telecare equipment will enable life style monitoring to promote independence and quality of life for older people including those with dementia. Inter professional training will raise awareness and knowledge on use of assistive technology to promote independence.
Durham	2006 - Durham has developed a telecare service model in one locality. We now plan to develop telecare across the county as a mainstream service in partnership with District Councils & PCT using pooled budgets. We aim to develop a sustainable, appropriate & responsive telecare service which can be commissioned to meet assessed health & social care needs. We will target people with dementia, hospital discharge patients, those at risk of falling & going into residential care, people with LT conditions & support carers. We will use a range of telecare equipment including bed sensors & wandering devices, etc., but will not include telehealth at this stage. We have found that using telecare helps to maintain people safely in their own homes for longer. It helps prevent 'revolving door' syndrome & provides respite for informal carers. Main barriers faced have been lack of funding & political uncertainty. We plan to pilot & develop telecare with Learning Disabilities & Children's Services.
East Sussex	Service Model: Aiming to implement seamless service able to respond to local needs i.e. equipment, monitoring, maintenance, response from one provider. Target Client Groups: older people mental health, older people in extra care housing, people with learning disabilities, older with complex needs, older people with low needs/preventative issues e.g. falls. Partners involved; Health, Housing Departments, Voluntary Sector. Aims and Objectives of the service: To maintain independence at home, to prevent admission to acute in patient care or prolonged hospital stay. Delay the need to long-term residential care, offer support through multi-disciplinary approach, identify early stage dementia, falls prevention. Equipment: Falls detector, Flood Detector, Pill Dispenser, Occupancy Sensor, Temperature Sensor, Wristcare or similar. The aim is to mainstream telecare using social care and further thought is being given to evidence based performance assessment and cost benefit evidence.

Gateshead	2006 - * Technologies installed include Lifelines, Movement Sensors, Falls Detectors, Gas/Flood detectors. * Service available 365 days 24/7 to support people to live independently through Carecall. * Upgrade to PNC4 planned for June 06, to extend information held on users, range of equipment available, and out of hours response. * 50% clients are older people. Access via assessment or private purchasing. * Short-term access to Lifelines available to support hospital discharge. * Partnership agreement with PCT in place to deliver call handling for District Nurses (OOH) and community matrons as part of Long Term Conditions. * Partnership arrangements in place with PCT, Gateshead Housing company and OOH calls for Council emergency Duty Team. Link to Gateshead @ Your Service, being explored. * Positive outcomes being achieved supporting people with dementia to live at home (89 users).
Hammersmith and Fulham	2006 - Target group is the over 65s particularly those with dementia, those discharged from hospital & intermediate care, with continuing work to support PwLD / PD & their families. We plan to create a specialist assessor / co-ordinator post, & set up an appropriate assessment process. Develop response service linked to home care & rapid response team. Have established a demo suite of equip't including environmental sensors, safety & security monitors & equip't to support individual need including deployment of bed / chair occupancy sensors, pressure mats, movement detectors etc. Link the OT service with telecare through the development of an extended demo area & OT shop. Telecare and OT equipment will be available for assessing users linked in the same workspace as the telecare support centre to create a more seamless experience for users. Work is continuing with other partners (community & voluntary sector, statutory services such as health & social services, Police and Fire Services).
Hampshire	*2008 - In Hampshire, a 79 year old with dementia had a history of wandering from her home at night. Worried about her safety, her family felt she needed residential care. The property exit sensor was put above the front door, it activates when she goes out at night alerting the family so they can help her back to bed. This has given peace of mind to her family and she no longer needs to move.*
Harrow	2006 - Infrastructure is being put in place during 2006/7 to deliver staff training and development, and to aid the supply and management of equipment through the existing Technicians service. There will be an additional supply of 24-hour/seven day contact services and response services through the existing Helpline service. It is intended that Telecare should in the long term be an integrated health, housing and social care service. The Core Package for Falls will include Flood Detectors, Smoke Detectors and Light Sensors. Core Package for Dementia will include Flood Detectors, Smoke Detectors, Light Sensors and Door Sensors. Pilot (Apr – Sep 2006) will target service users with Dementia and service users at high risk from falls. Analysis and Rollout (Oct 2006 – Mar 2007) will target wider groups of service

	users. Enhanced package (Mar - Oct 2007) targeted rollout to all FACS eligible over 75's in the community. Phase 4 : Exit Strategy – Joint Way Forward in order to sustain cost benefits
Havering	*2008 - Havering have worked closely with the Community Mental Health Team, where a number of gas shut off solutions and property exit sensors have been installed for people who have dementia, who ordinarily would have been referred for residential care.*
Hertfordshire	*2008 - In Hertfordshire, Telecare is key element of two new extra care schemes with property exit sensors and bed occupancy sensors for ten people with dementia.*
Hillingdon	The strategy for telecare services aims to provide alarm, risk management and monitoring technology in a service users home in order to help reduce risk, the likelihood of an emergency arising or if an emergency occurs, to provide a timely response. The implementation of telecare is taking a phased approach, targeting higher risk needs (older people with dementia) initially. A phased approach will enable explicit parameters to be set for the target group, and the outcomes to be achieved. The range of services available are individual to meet assessed needs, and will include enhanced assistive monitoring technology to vulnerable/at risk individuals (e.g. alarm pendants, sensors, cameras) and enable emergency response care services to prevent hospital admission, further deterioration and promotion of personal safety.
Isle of Wight Council	2006 - Older people with a history of falls &/or at risk due to dementia, 2 areas proven amenable to reduction of risk via Telecare. Anyone at immediate risk (e.g. person with dementia who has left gas turned on) will be offered emergency assessment & installation. A simultaneous pilot project of a more substantial nature is to be facilitated through a local community development project in an area of documented high need. FACS ensured through assessing personal independence, prioritising the critical & substantial levels of need. Aim:sustained reduction of over 65's falls injuries % harm/risk to people with dementia. Equipment: Occupancy monitors, lights, shut off valves & alarms. Service: Based on existing community alarm service. Multi-agency/not for profit sector/community implementation.Integrated Health & Social Care referral pathways.Mainstreaming issues in this context and financial. Data collection built-in. Cost/Benefit: PTG reduces cost of injuries / loss of independence
Kensington and Chelsea	2006 - A partnership has been agreed with the Tenants Management Organisation (TMO), an arms length organisation managing former council housing stock, which runs a community alarm service (CAS). This service includes a 24/7 call centre and a mobile warden service and is available to all local residents. Most of the 2,300 alarm service users are not TMO tenants. The technology currently being used will support up to 12 sensors in each home. Following an assessment a referral is made to CAS requesting that they fit the appropriate sensors. The focus will be on people with dementia or at risk of falling. In addition to this mainstream service there will be some small scale trials of

different devices, including telemedicine devices.

Kingston Upon Thames	2006 - The aim of the scheme is to support people with dementia and their carers within their own home through Telecare services. Objectives are to - -- enable people with dementia to remain living at home if the wish -- promote independence and choice for both client and carer -- reduce the risks of accidents and safety related incidents in and around the home -- reduce the available entry into residential, nursing and hospital care -- reduce carer stress and improve the quality of life for client and carer -- develop the project in partnership with users, carers and the independent sector Target Group – -- people with dementia who are at risk of causing a fire or wondering -- people at risk of admission to a residential/nursing home and or hospital -- carers having difficulty coping The scheme has been developed in partnership with SWL&StGs MHT. Our intention is to include service users and carers in defining the outcome measure for the scheme. *2008 - In Kingston upon Thames, Telecare sensors have been installed in respite rooms at two residential homes, one being a rehabilitation & assessment unit & the other for people with advanced dementia. When people return home after respite, devices can then be installed which are most beneficial.*
Kirklees	*2008 - In Kirklees, bed sensors and fall detection devices have enabled people with low level dementia to stay at home longer with their partners/families.*
Knowlsey	*2008 - In Knowsley, Telehealth pilots have include assessment equipment that monitors activity of individuals with dementia.*
Leicestershire	2006 - A conference was held in September 2005 to identify priorities for telecare. It was agreed that services will be focused on: • Supporting older people with dementia (and their carers) living at home • Preventing admissions to hospital and residential care as a result of falls • Supporting older people with long term conditions. We will do this by: • Replicating 'Signal', our demonstration flat, in another area of Leicestershire in order to promote the use of assistive technologies and the overall benefits of telecare to users, carers and professionals • Promoting Community Alarm Services (CAS) and increasing the type of equipment and services available to meet the needs of older people with dementia and those at risk of falls • Working to improve responses and services linked to CAS and our overall telecare strategy.

Lewisham	Assessment for Telecare service has been integrated into the core assessment process in older adult social work and Intermediate Care services. Following the social work assessment, a service user who qualifies under FACS is financially assessed under Fairer Charging. In addition to those who receive Telecare services as part of their care package, the Council also provides Telecare to those deemed ineligible under FACS, who are then charged at the unit cost for the service. Our priorities for 2006/07 are • To raise awareness of new telecare sensors with social care and health professionals, and provide information and training to support expansion of service options • To focus on new target groups including adults with dementia, younger vulnerable adults, and victims of hate crime.
Liverpool	*2008 - In Liverpool, a 78 year old man with dementia and history of leaving the gas turned on used the 'gas alert' so the contact centre could call him when gas was detected and his cooker was switched off. Gas alerts continued and the advisor rang emergency services, Transco responded and visited the property where a gas leak from the cooker pipe was identified. The property was made safe thus preventing a more serious incident and enabling him to remain in his own home.*
Luton	*2008 - In Luton, Mrs J with a diagnosis of vascular dementia and confusion, myocardial infarcts and glaucoma was wandering at night and had fallen outside. She was at risk of falls at night as she forgot to use her walking aid. A bed occupancy sensor and property exit unit were installed The sensors have been helpful and she remains living at home in her own flat.*
Merton	2006 -Merton will implement telecare using its already established MASCOT service. Merton will provide telecare to people at home, promoting independence and well-being, targeting clients with chronic conditions, dementia and those who fall, especially where admissions to hospital can be avoided. To allow timely discharge from hospital and reduced admissions to institutional care, partnerships have been formed with Housing, Health, PCT, voluntary sector and telecare suppliers. Monitors are installed to detect wandering, falls and inactivity. Personal safety and security will be maintained using smoke detectors, flood detectors, natural gas and CO detectors and support against bogus callers. To date, working with Hospital Discharge, up to eight patients a week are discharged on time. Mascot intends to help 65 more people with telecare in 2006 - 2007 period.
Milton Keynes	2006 - The Council's community alarm service is leading the implementation of the telecare strategy working in partnership with other social care and health services. The target groups are - long term conditions; older people with dementia and intermediate care. The service is being led by the Telecare project manager. There is open referral and joint assessment and then installation of the most appropriate package of sensors. A wide range of sensors are available. A standard charge of £1.50 a week per household and equipment free. Training and service user consultation/ evaluation all in place. Telecare backed by 24/7 mobile response

	service.
North Somerset	2006 - There are three main projects: 1) to provide falls detectors and bed occupancy detectors for a targeted group of older people with a history of falling who live in sheltered accommodation (in Partnership with North Somerset Housing) 2) to provide a range of equipment for an identified group of older people with dementia care managed by one of our Older People's Mental Health Teams to improve compliance with medication, relieve pressure on carers and control wandering 3) to supply equipment as appropriate to older people who are receiving services from the intermediate care service and who have been recently discharged from hospital: equipment to include: Falls detectors, medication dispensers, pressure mats/exit sensors, bed/chair occupancy sensors, PIR unit, low temperature sensors as appropriate Response will be via the Community Alarm service, wardens, carers. The service will also be accessible to care managers more generally according to need (resources permitting). *2008 - In North Somerset, More than 100 users of older people's mental health services have been supported with telecare devices during the year. In one case, expenditure of £348 on installation of a bed alarm and vibrating pager enabled an older person to leave the dementia care home where she had lived for two years and move in with her daughter who had recently moved back to this country after working abroad.*
Nottingham	2006 - Nottingham City Council is entering into a partnership agreement with Tunstall Telecom and the Northern Housing Consortium to facilitate a procurement and service development process for a range of monitoring and alarm packages. The project will initially focus on the Clifton area of Nottingham where a group of health and social care teams have been co-located in the new Clifton Cornerstone LIFT building. The project will aim to build on the current substantial infrastructure of fixed and dispersed alarms provided in partnership with Tunstall Telecom, and will aim to benefit an extra 900 service users over the 2 year period up to 2007. The target group will include older people with physical disabilities and those who suffer from dementia. *2008 - In Nottingham, a user with dementia was refusing to let in carers and the family wanted her to move into a care home. A door entry system as part of a telecare service allows her to remain at home.*

Nottinghamshire	*2008 - In Nottinghamshire, Evidence from assessors shows that telecare is being used to prevent or delay the need for residential care, reduce the burden on carers and manage the risks associated with supporting vulnerable older people to remain in their own homes. Use of telecare in extra care schemes has enabled people with dementia who wander to continue to be supported in their own home and avoid the need for residential care.*
Oldham	*2008 - In Oldham, telecare has enabled people with dementia to stay at home for as long as possible through the installation of bed sensors, door alerts and other devices. Progress has been made in enabling rapid discharge from respite or hospital, installing the equipment if required on the day of request.*
Oxfordshire	Our telecare strategy development includes PCT's, Vol Org, alarm Providers, carers & users. We will coordinate our Telecare purchasing to achieve efficiencies, including the using exiting contracts and PASA Framework, as appropriate. Initially we will focus on environmental monitoring and target those diagnosed with early dementia, fallers, users receiving 'check visits', intermediate care users, those being considered for care home placements, medication only visits and hospital discharges. We will link our telecare strategy with the redesign of community alarm services and older people review currently being undertaken by our supporting people team. It is anticipated that we will be in a position to deliver a targeted service to those who are assessed as requiring a service. With close working with the falls service we aim to reduce hospital bed days through early intervention. Robust evaluation mechanisms will be in place and we will consider future proposals to include telehealth
Plymouth	2006 - Telecare services will be provided through a partnership between Plymouth City Council and Plymouth Teaching Primary Care Trust. We have developed a joint strategy. The main aim of the strategy will be to enable more people to live independently in their own homes using technology as an additional support. Basic equipment will be used in the first instance such as falls detectors and door alerts moving to more advanced technology such as blood pressure monitoring equipment towards the end of year 1. It is intended to pilot clients suffering from dementia (10 outputs) and then implement the service across all other client groups. Running along side this a demonstration facility will be set up to be used for staff training (10 outputs). The service will also be promoted to those not eligible for social care support. *2008 - In Plymouth, Supporting People funding is also meeting the costs of the floating support element of a telecare dementia pilot, which has worked with 15 users over the last 18 months.*

Portsmouth	*2008 - In Portsmouth, a case study involves a couple, both of whom have dementia. Telecare (plus a half-hour per day care package) is enabling them to remain at home, where previously residential care for one or both would have been the option.*
Redbridge	*2008 - In Redbridge, people with dementia and those who go through the Intermediate Care Team are enabled to continue living in their own homes with simple telecare devices (e.g. falls, carbon monoxide and natural gas detectors), complex devices (e.g. gas cut off value), stand alone devices (e.g. pagers for carer, providing less disturbed sleep patterns and improving stress levels) and mixed telecare packages. In addition, eight teams have been issued with internet based telecare systems used primarily for assessment and care planning. The system highlights what a person is still able to do safely for themselves in the familiarity of their own home. Professionals are able to keep some service users with moderate to severe dementia at home with improved risk management.*
Redcar and Cleveland	2006 - Coast & Country Housing identified as equipment provision, installation and monitoring/response plan initiator provider – already have infrastructure compatible with Telecare systems. Multiagency professional/user group consultation Initial priority groups: people with dementia, people who have fallen, people who need sitting services 'in case' and people with safety/security issues. Eligibility criteria will take preventative approach, could provide to people below FACS service bands. Demonstration/training suite (including mini monitoring centre) developed at community centre by C&CH – will be used with staff and also with potential service users/carers (mobile demonstration kit also available). C&CH identified as equipment provider after consideration of potential role of community equipment store – C&CH better placed to respond rapidly to requests to provide equipment, install and demonstrate and initiate monitoring service. Activity reports will inform reviews.
Richmond	*2008 - In Richmond, a pilot project assessing effectiveness of telecare for older people with Alzheimer's Disease & carers installed telecare devices (50 sensors) for ten people. This included smoke, natural gas & carbon monoxide detectors, property exit (for wandering) detectors & temperature extreme sensors. Flood, bed, sensor pillow alert & sounder/visual beacon sensors were also installed. Feedback from carers indicates decreased anxiety & stress. Users were supported to continue living at home through this risk management approach. The incidence of wandering, home safety (gas/smoke/carbon monoxide), flooding & falls has reduced.*

Salford	*2008 - In Salford, examples include: (1) An elderly man with dementia and a history of wandering, which often involved the police, remained in extra care housing for a further 12 months following the installation of door contacts. Without this provision he would have required residential care (2) A couple, Mrs A with dementia & a history of falls and Mr A is hard of hearing and was not getting any sleep listening out for his wife. The provision of a telecare bed sensor has provided a solution to the problem & enabled him to get a good nights sleep. The new dementia care resource centre will provide a demonstration base for telecare. The central response service 'Care on Call', managed through housing services, will be located within this centre which will assist service development. The Preventative Technology Grant was used to develop these services.*
Shropshire	*2008 - In Shropshire, carers of people with dementia are alerted by door systems that warn them when the service user is leaving the house and mobile GPS systems that enable people to be quickly and easily located.*
Solihull	*2008 - In Solihull, one client with Alzheimer's Disease had begun to leave gas appliances on unlit and as a heavy smoker, she also left lit cigarettes in ashtrays. Smoke detectors and a gas detector/shut off valve were installed to manage the risk and as a result the lady was able to continue to live safely in her own home. Carers were also reassured about her safety. A cost benefit analysis in this case also demonstrated a purely finance saving of £14,500 per annum as compared with the financial cost of residential care. Another service user with Alzheimer's lived alone and frequently left her home in the middle of the night. Sensors were installed which ensured assistance was summoned if she left the house and this meant the risk was reduced and her son felt reassured his mother could continue to live in her home rather than need admission to residential care.*

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Somerset	2006 - Developments will include setting up a referral process linked to Falls Services across the PCTs, which will include Fall detectors aimed at those of highest risk of falling. Pilot work on Telehealth will include projects for Learning Disability service users with Enuresis, Epilepsy and Fall detectors. Community alarm providers will have addition money for alarms for very vulnerable and will link with Somerset Partnership to provide smoke, flood and activity detectors. In addition work on issuing service users with dementia a range of stand alone assistive devices such as pill dispensers and pressure pad pagers to help maintain them at home and reduce carer stress. Additional money will be used to develop hospital discharge schemes and ensure consistency of community alarm provision across the county. Our Somerset Direct Service will continue to be developed to promote self-help in access to simple telecare equipment for those who fall outside our FACS criteria. *2008 - In Somerset, there has been some evidence that telecare can support carers to care for relatives with dementia and reduce the stress of caring. In some cases there have been reductions in home care packages and prevention of admission to long term care.*
South Gloucestershire	2006 - Prevention of admission into care homes for people discharged from hospital enabling them to live in their own homes and who would otherwise go from hospital into care homes using sensors linked to using Piper Lifeline Younger disabled people under 65 to improve their quality of life using sensors linked to using Piper Lifeline Patients of two GP practices at risk of falling in order to prevent and if not possible achieve early detection of falls thereby reducing their health and financial impact using sensors linked to using Piper Lifeline People with dementia enabled to live independently whilst reducing the stress on their carers by using movement sensors monitored by carers through website Telehealth project for patients with LTC living in Kingswood locality through proactive monitoring thereby reducing the cost to the NHS.
Stoke on Trent	1 Pilot underway with show home established and technician/training officer in place. 2 Range of services provided linked to Life lines service (4000/pendants) such as Smoke detectors, Flood detectors, PIR detectors, Wandering client, Temperature extremes, Gas/CO detectors, Falls detectors, Pressure mats/bed sensors 3 Review existing Telecare Pilot to enable decisions be made regards equipment purchase arrangements & fine-tuning of ref & assessment routes to incorporate FACS 4 Expansion of pilot for older people with mod. to high level needs incl frail elderly, dementia & chronic disease 5 Pilot objectives to provide focused support to carers, enabling older people remain & live more safely at home, assist in hosp. discharge, & support fall & accident prevention strategies

	6 Co-location opportunities explored as ICES service moves to same site as monitoring service & base for technician
Suffolk	*2008 - In Suffolk, Jim runs the house and cares for his wife who has severe dementia; he self-assessed and collected the equipment from his local Independent Living Centre. He reported "This (pressure mat sensor which alerts the carer to his wife getting out of her bed/chair or leaving the room/house) is just what I need to help me care for my wife".*
Surrey	2006 - Telecare developments taking place at local/county level. LPSA Vulnerable Older People agreed - community alarms provided free for first 12 weeks by participating D&Bs, in addition to the Surrey Safe at Home Project (within LAA). Multi-agency steering group estab overseeing LAA project plus multi-agency area boards established working on local initiatives. PTG planned to be used to assist partners e.g. districts/boros, PCTs to deliver locally. Target group primarily over 65s, but also PLD & PSD. Equip focuses on safety at home & falls prevention supported via community alarm teams providing 24 hour support. PI's agreed thru LAA e.g. reducing admissions. Columba project combines environment of a residential home with telecare to re-enable OP/return home. Plans to extend project to Walton Hosp. ward to support OP with dementia to return home. Barrier = lack of awareness; fast changing tech. developments - annual conference held and training plans in progress to address this.
Sutton	2006 - Our Telecare Strategy aims to support more people to live independently in their homes, to delay entry to residential/nursing care and to support initiatives to reduce hospital admissions and facilitate hospital discharges. A programme of 6 projects focusing on falls, dementia, leaning disabilities, extra care, intermediate care and people living at home will be delivered in partnership with existing services i.e. Safecall, Ageing Well and Intermediate Care. In the first 2 years, a basic set of telecare sensors will be offered through an integrated service model, with a view to expanding this to include telemedicine in the medium-term (3-5yrs). Stakeholders in social care, health, housing, voluntary and private sectors, users and carers are closely involved in developing, implementing and monitoring the service through participation in a working group. *2008 - In Sutton, the telecare is part of their extra care housing development programme. Continuous promotion of Telecare will take place through the use of portable telecare demonstration kits and a marketing stand to demonstrate and promote the use of telecare at local hospitals, dementia forums, neighbourhood watch schemes, domiciliary care provider forums and older people's groups to increase the general awareness of the benefits of telecare within the community.*
Trafford	2006 - We are aiming to enhance and improve our existing telecare services by developing a strategic approach with partners in health and housing. We have established a number of pilots to inform our strategy, and these are based on a service model which uses telecare as part of a preventative approach. We are targeting frequent fallers, people with early stage dementia and carers. We have joined the Northern Housing consortium for Telecare and through this we are purchasing a wide range of equipment including, gas monitors and movement

sensors. The pilots will be evaluated on a multi-agency basis to establish and measure cost benefits and outcomes for service users.

2008 - In Trafford, Ms X has advanced dementia and due to issues of personal safety (wandering at night, leaving cooker on, bogus caller incident) her son was considering residential care as he could no longer sustain the caring relationship because of the impact on his job. The installation of bed sensor, wanderer alarm, bogus caller warning and smoke detectors mean that Ms X has been supported to safely remain in her own home, promoting her choice and independence, while her son has been able to remain in employment and has reported a huge reduction in the stress he was experiencing.

Wakefield	*2008 - Wakefield has installed 64 dementia packages. Packages have promoted independence and safety as well as supporting hospital discharge. Telecare is used in extra care.*
Wandsworth	2006 - Telecare systems linked to the Housing Department's in-house dispersed alarm control centre targeted in the first instance on older people with dementia and their carers subject to community care assessment, working with the SW London and St George's Mental Health Trust. Expanding to include younger people with dementia and people with severe disabilities, working with the PCT. In addition the Housing Department will be making a limited range of sensors available for access for people with dispersed alarm units as part of its open access WATCH service and providing a show "flat" for demonstration and training purposes. On the basis of experience in 2006/07 proposals for further development of the scheme will be recommended later in the year (exc. from 2159/60 above).
Warrington	The Telecare strategy aims to support vulnerable people and their carers, by enabling people to remain as long and as safely as possible in their own homes. The service is key to reducing risks, preventing hospital admissions and allowing safer discharges from hospital back into the community. Initially the service has been targeted at older people who are at the early stages of a dementia-type condition, delaying the need for more extensive services and slowing down the requirement for residential and nursing home placements. The Council and its partners are currently exploring ways of extending this service to other groups such as people with learning disabilities. The service is supported and monitored by Carecall, Warrington's community alarm service which is part of the Community Services Directorate A barrier to full mainstreaming of this service will be the increased demand on response services in the context of limited availability of additional resources *2008 - In Warrington, Installation of wandering client alarms has led to positive outcomes for service users suffering with dementia.*

Warwickshire	2006 - Our strategic aim is to link telecare to the development of an integrated low intensity service and planning to have an initial focus on falls and dementia. To achieve this aim, we are working in partnership with the Northern Housing Consortium. Our strategy and our approach incorporates working in partnership with existing community alarm providers including the 5 District/Boroughs, PCTs and Supporting People. Service users and carers, including the SP reference group are participating in the development of the telecare strategy. We are confident that the support of NHS will enable us to make rapid progress and to commence roll out in the summer.
West Berkshire	*2008 - In West Berkshire, an older person with dementia, receiving 24 hour care and supervision in own home, was restricted to living upstairs as mobility decreased. A bed occupancy sensor was used to alert the spouse and also to support live-in care to be arranged allowing the spouse to have a respite break.*
West Sussex	2006 - The Telecare Strategy is still in development although current direction is towards: a) Enhance Intermediate Care, b) Support people with dementia to live at home through low-key technological devices. These two areas will be achieved through funding of community alarms, mobile responses & telecare packages. All partners will be involved. Telemedicine blood pressure monitors are a consideration for Intermediate Care in conjunction with other detectors to help facilitate this service. PIR Activity Detectors, Wandering Client Detectors & Medicine Dispensers are amongst some of the equipment to be considered. Our objectives: a) Continue to reduce the need for residential/nursing care, b) Increase choice & independence for Service Users, c) Reduce the burden placed on Carers & provide them with personal freedom, d) Contribute to the care & support for people with long-term health conditions, e) Reduce acute hospital admissions, f) Support Hospital Discharge & Intermediate Care. *2008 - West Sussex have explored a range of solutions including safer walking technology for users with dementia and third generation telecare giving full visual interaction between service user and service provider.*
Westminster	2006 - * Service model based on call centre run by partner agency (Vertex); provides response to alarm activations 24/7. *Focus on older residents in own homes particularly those vulnerable to falls or dementia *Partners include PCT, City West Homes, Vertex, CNWL, St Mary's, Carers Network Westminster, Age Concern Westminster, The Disabled Living Foundation, Service user and care representatives, supplier organisation *Aims to help people remain living at home, with autonomy, sense of self, choice and control; feel safer; and support carers, timely hospital discharge, falls / accident prevention strategies *Peripheral sensors phased in over two years: smoke, flood extreme temperature, and falls detectors in year 1; bed/chair occupancy sensors, passive infra-red, and gas detectors in year 2 *SmartHome demonstration flat developed in partnership with Disabled Living Foundation

Wigan	2006 - We will seek to maximize the potential of assistive technology in the following ways by: - Exploring how the use of sensors and other equipment can be used to help prevent falls; - Identifying the advantages and practical use of telemedicine; - Exploring how frail older people, including those with dementia, can be supported via the use of assistive technology; - Identifying the benefits and advantages of assistive technology for family carers; - Assessing the cost effectiveness of assistive technology; - Developing appropriate procedures and protocols for using assistive technology; - Identifying how existing service structures and systems that have pioneered the use of assistive technology in the Borough, such as the Careline service, can be developed to enable them to offer and deliver the latest technological advantages; - Continuing to consult with existing and potential service users and carers to identify what assistive technology works for them and their preferences
Wokingham	Target client group is older people. No impact on FACS. Prevention OTs will advise those who fail to meet WDC threshold. Last Call Service facility for response where none of registered contacts are available. Linking to existing 24/7 services such as WDC residential homes or extra care sheltered accommodation once established. Dementia care- simple equipment such as pressure mats, falls sensors, gas and flood alerts. Range of equipment to expand once last call service established. Telecare infrastructure to be established in WDC residential homes and selected sheltered housing complexes. May result in changes in role. In partnership with PCT, bank of telecare equipment to be used on time limited basis for service users/carers who are temporarily incapacitated or who could benefit from reablement. If equipment needed on ongoing basis to be purchased privately or from main equipment budget if service user meets eligibility criteria. Barrier: size of grant, PCT financial deficit. *2008 - In Wokingham, family stress and anxiety has been reduced with a wireless alert to the carer which signals when the service user who has dementia leaves her room at night (used to attempt to cook at night in the kitchen which was a gas safety hazard). The carer reported: "I worry a lot less since the equipment was installed".• in another case, a husband is now able to sleep at night because he knows he will be alerted by a floor contact mat if his wife, who has dementia, gets out of bed.*
Worcestershire	*2008 - In Worcestershire, use of a telecare assessment system for people with dementia has led to users and carers reporting greater confidence to manage their conditions. Internal reviews show telecare has given increased choice, for instance, to go home after a fall or to stay at home as an alternative to residential respite when carers go away.*

Wolverhampton	2006 - The telecare service was established in Wolverhampton in 2005 and has been built on the existing community alarm and community equipment services. The first phase has focused on supporting people with dementia in their own homes. The Preventative Technology Grant is being used to expand the service to benefit a further 3-400 people and to run a Telemedicine pilot, in partnership with the Primary Care Trust, to test the available technology and its impact on the monitoring of long term conditions. The Grant is funding the purchase of telecare equipment and posts involved in its installation and maintenance, response to telecare alerts etc. The Telecare service will be integrated into the proposed neighbourhood support worker service.
Worcestershire	2006 - Wristcare Falls Prevention at the Woodlands in Wyre Forest. An intermediate care unit of 4 flats, promoting independent living with district council warden service and input from North Reablement Team. 15 users have been equipped with wristbands from Vivatec. Aim to promote confidence whilst on scheme and on transfer home. Outcome: 75% of users comment Wristcare has made them feel more secure and 4 out of 5 users have used their Wristband. Project model to be rolled out to other reablement teams in 2006. Wychavon Dementia Telecare Project. 9 current users. Partnership between Evesham Older Person's Team, Older Adults Mental Health Team, Wychavon District Council and Worcestershire Telecare (local community alarm provider). Aim to reduce risk of hospital / residential care admission by use of environmental monitoring equipment. Outcome: Carers and professionals report reduced concerns about risk to users. *2008 - In Worcestershire, use of a telecare assessment system for people with dementia has led to users and carers reporting greater confidence to manage their conditions. Internal reviews show telecare has given increased choice, for instance, to go home after a fall or to stay at home as an alternative to residential respite when carers go away.*
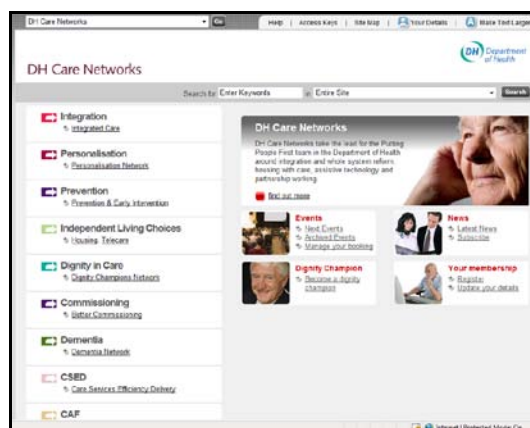
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