

Scotland's Healthy Ageing Innovation Cluster

Wednesday 30 June 2021, 1000-1200



Digital Health & Care
Innovation Centre



Highlands and Islands Enterprise
Iomairt na Gàidhealtachd 's nan Eilean



Scottish Enterprise



ON AIR

Attendee reminder

- We are recording this event and will host it on our HAIC webpage resources so it can be watched on demand at a later date
- If you do not wish to appear on the recording, you should keep your camera and microphone turned off for the duration of the event

Today's event

Joanne Boyle, DHI

Agenda

- 1000 – Welcome and Introductions
- 1005 – Prof Brendan McCormack, Queen Margaret University
- 1030 – Layla Robinson, University of Edinburgh
- 1055 – Funding update from Julia Glenn, UKRI
- 1130 – Commercial industry pre-recorded showcase videos
- 1145 – Partner update – Digital Office
- 1200 – Final comments & close

Introduction



Digital Health & Care Innovation Centre

Transforming great ideas into real solutions

Caring in a post-covid digital world – developing a progressive ecosystem of care

Prof Brendan McCormack,
Queen Margaret University

Caring in a post-covid digital world – developing a progressive ecosystem of care



Professor Brendan McCormack
**Head of the Divisions of Nursing, Occupational
Therapy and Arts Therapies; Associate Director
Centre for Person-centred Practice Research,
Queen Margaret University, Edinburgh.**
Vice-President, Omega XI Chapter, Sigma Global

Professor II, University of South East Norway, Campus
Drammen.

Extraordinary Professor, University of Pretoria, South Africa.

Visiting Professor, Ulster University, Northern Ireland.

Professor of Nursing, Maribor University, Slovenia

Adjunct Professor, Canberra University, Australia

Guest Professor, University of Vienna

Adjunct Professor, Zealand University Hospital/University of
Southern Denmark.

Honorary Nurse Consultant, Erskine Care



“The coronavirus situation provides an opportunity for all of us to pause, reset, and step up. COVID-19, like any disruption, essentially confronts each of us with a choice: (1) to freeze, turn away from others, only care for ourselves, or (2) to turn toward others to support and comfort those who need help. That choice between acting from ego or acting from ecosystem awareness is one that we face every day, every hour, every moment. The more the world sinks into chaos, desperation, and confusion, the greater our responsibility to radiate presence, compassion, and grounded action confidence” (Sharmer 20200

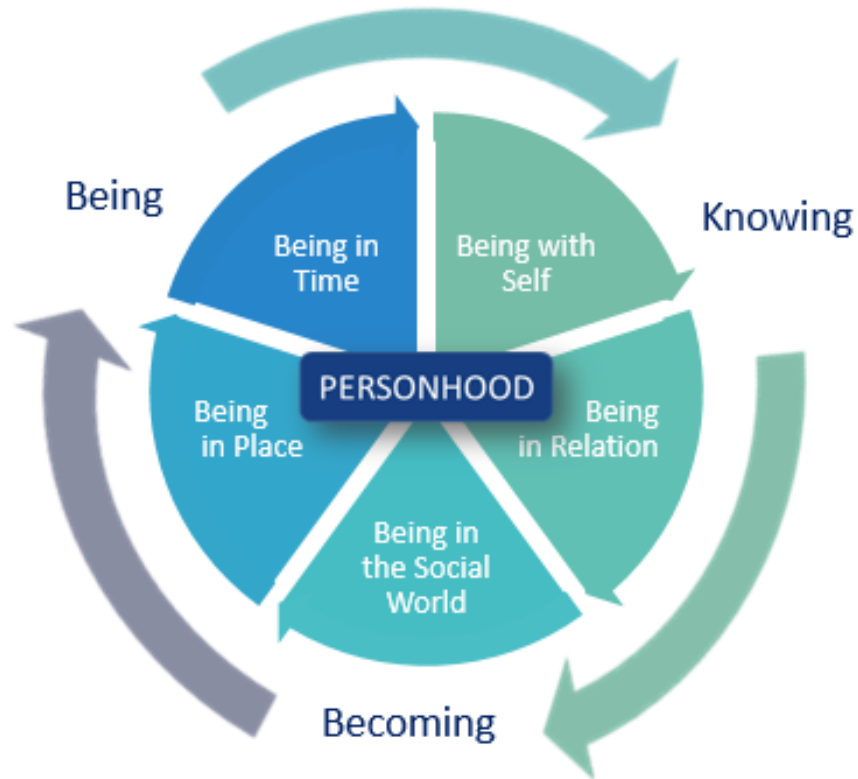
<https://medium.com/presencing-institute-blog/eight-emerging-lessons-from-coronavirus-to-climate-action-683c39c10e8b>



© Ilona Krex



PERSONHOOD



Persons are simultaneously in a state of being and becoming and through reflexive engagement with our five modes of being we come to know ourselves as both developed and developing persons.

McCormack (2004) and Dewing (2004; 2018)



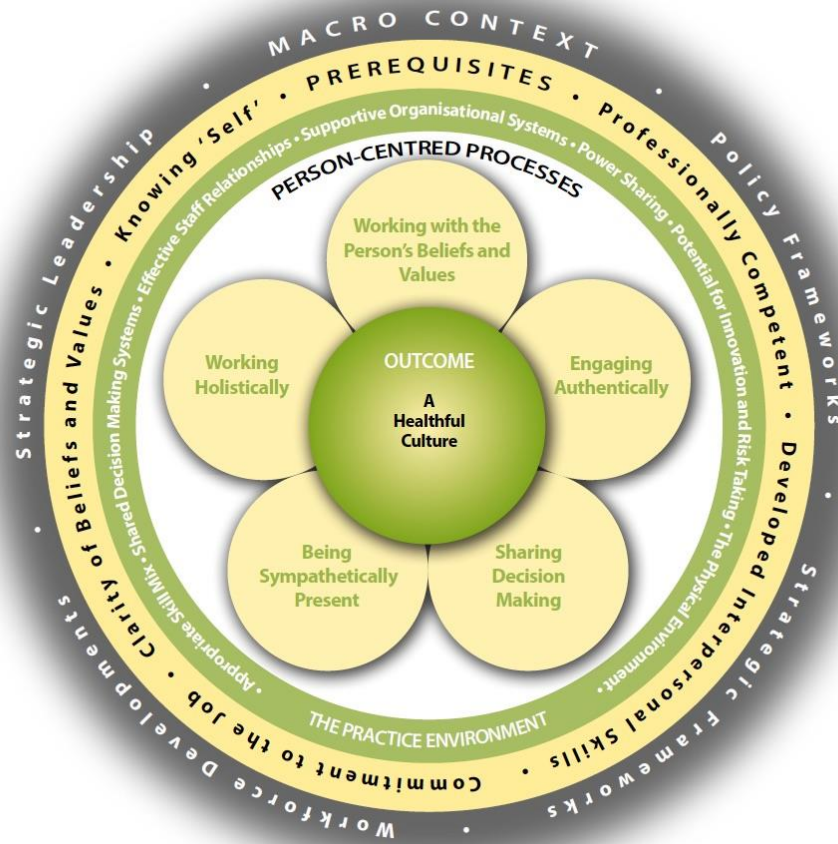
PERSON-CENTRED PRACTICE

“... an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development and quality enhancement”.

(McCormack and McCance’s 2017)



Person-centred Practice Framework

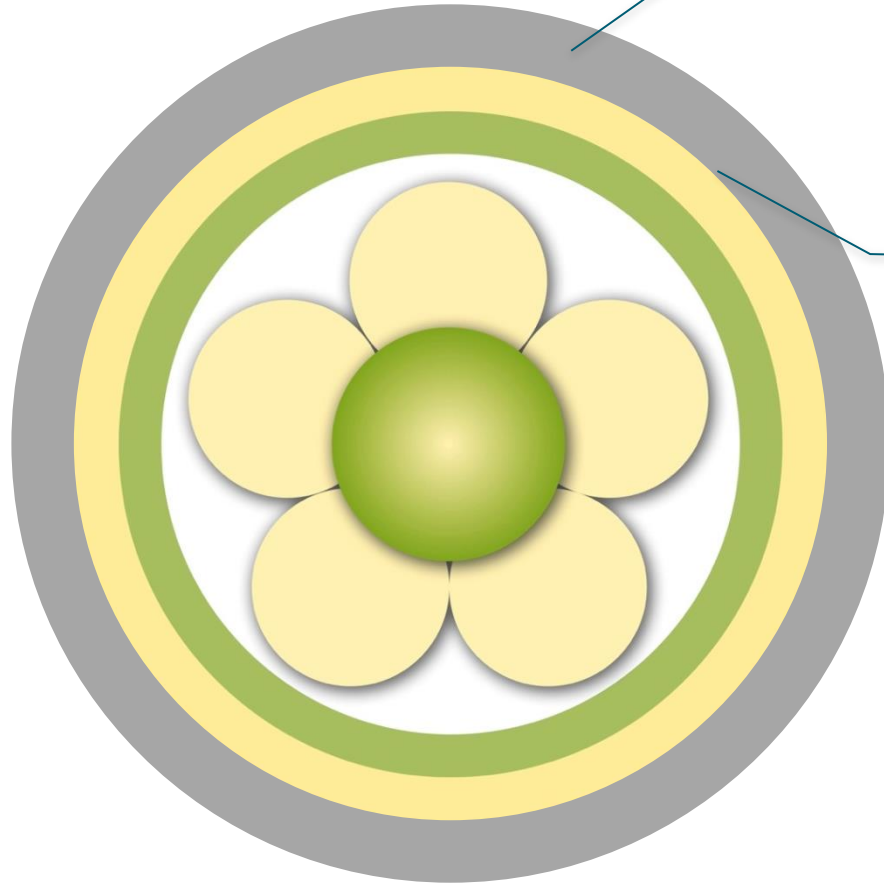


(McCance & McCormack 2021)

- Globally adopted
- Translated into 11 languages
- Underpinning strategy and policy frameworks
- Curriculum framework
- Theoretical framework in research
- Instrument development
 - Person-centred Practice Inventory-staff (PCPI-S)
 - PCPI-SU (service users)
 - PCPI-ST (students)
- Model development & testing



Macro Context

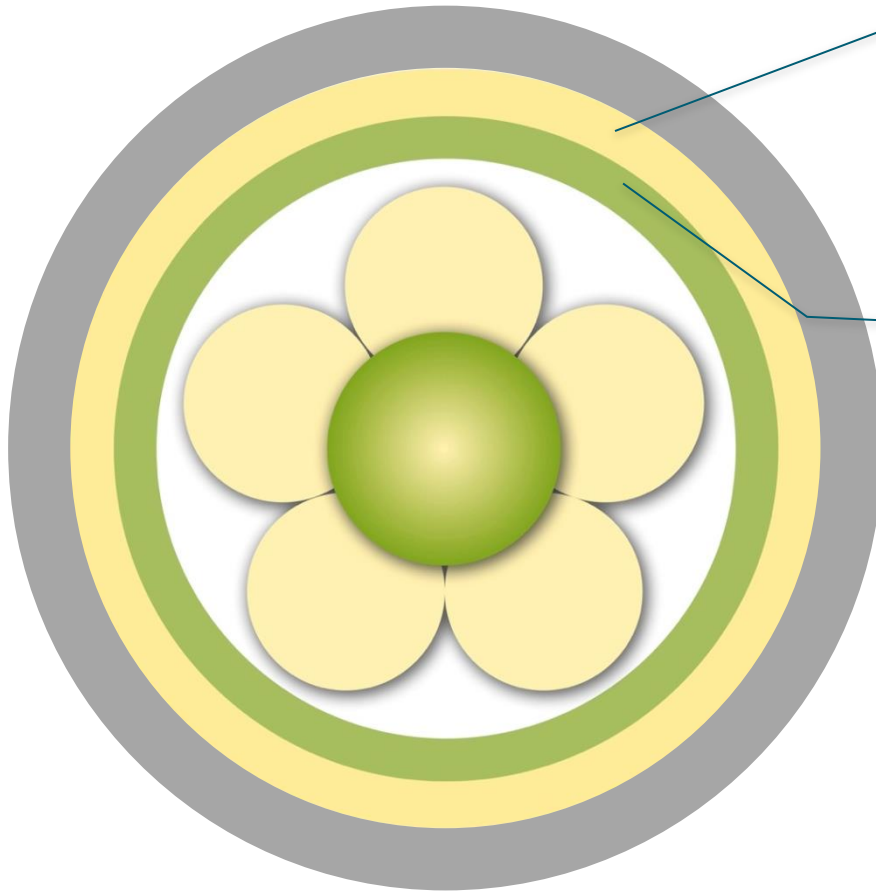


- Health & social care/policy
- Strategic frameworks
- Workforce developments
- Strategic leadership

- Digital Health Strategy & Policy



Prerequisites

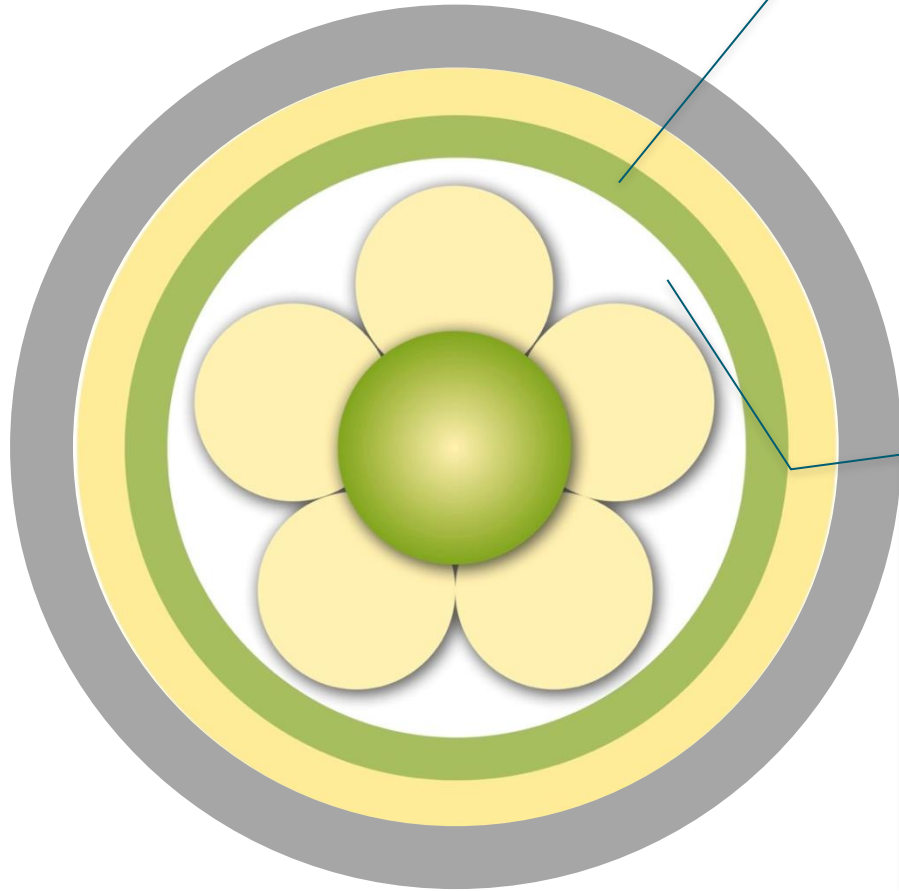


- Knowing 'self'
- Clarity of beliefs & values
- Professionally competent
- Developed interpersonal skills
- Commitment to the job

- Using technology to:
- Manage personal boundaries
- Enable avoidance of values conflicts
- Enhancing 'masked' & 'distanced' personal connection



Care environment



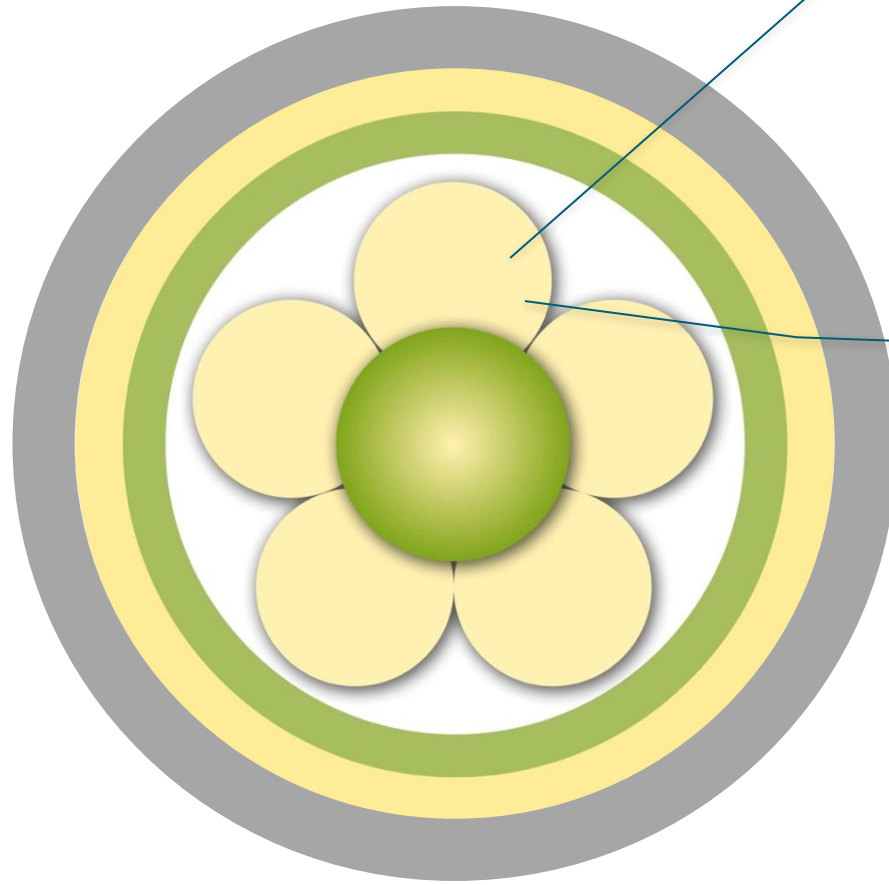
- Appropriate skill mix
- Shared decision making systems
- Effective staff relationships
- Supportive organisational systems
- Power sharing
- Potential for innovation & risk taking
- The physical environment

Using Technology to:

- Manage staff structures
- Engage in decision-making
- Risk assessment
- Forward plan
- Connect key stakeholders
- Virtual reality



Person-centred processes



- Working with the person's beliefs and values
- Engaging Authentically
- Being Sympathetically Present
- Sharing decision making
- Working Holistically

Using Technology to:



- Creative ways of 'being present'
- Virtual reality for 'presence'
- Family engagement
- Communication and planning



Using VR to Improve Wellbeing with Persons in Hospice



St Columba's
Hospice Care

Immersive virtual reality in a hospice

A. Lloyd¹ E. Haraldsdottir^{1,2}
1 St Columba's Hospice Care, 2 Queen Margaret University

Background

Several studies have confirmed positive outcomes using virtual reality (VR) for clinical conditions such as anxiety disorders, phobias, post-traumatic stress syndrome, eating disorders and pain management. VR has also been employed to promote emotional wellbeing and induce positive emotions for people in hospital. Research into the clinical applicability of VR in health care settings is still in its infancy. Until now, little research has focused on VR in a hospice setting. The aim of this study is to explore the feasibility, acceptability and potential benefits of using VR for people with incurable long term conditions in a hospice setting.

Method

This was an observation and interview study of hospice patients' experiences of taking part in a 30 minute VR session where they were immersed in a virtual world in a destination of their choice.

Results

VR sessions were carried out with 20 patients. Thematic analysis of participant interviews revealed that VR offered participants the capacity to transcend their current circumstances. Firstly through accessing cherished periods in their past by visiting places that triggered memories. Secondly, to escape their current life restrictions through visiting places they no longer could leading to emotional reactions including joy, happiness and amazement

Finally by 'escaping' the physical experience of their bodies with some patients describing being able to forget their pain or experiencing a feeling of relaxation during the session.

But this was a dream - normally it's a nightmare - but it was anything but a nightmare - it was a pleasure. I was so happy. I was like just leave me here.

I had no pain whatsoever. It really took me out of myself.




I was really depressed but seeing all those places and seeing those different places where you were happy made a big difference.

And I thought, oh Paris is somewhere I've always wanted to go. I can say I've been now. You know and it's just amazing.

While the majority described the experience very positively a small number of participants responded neutrally however.

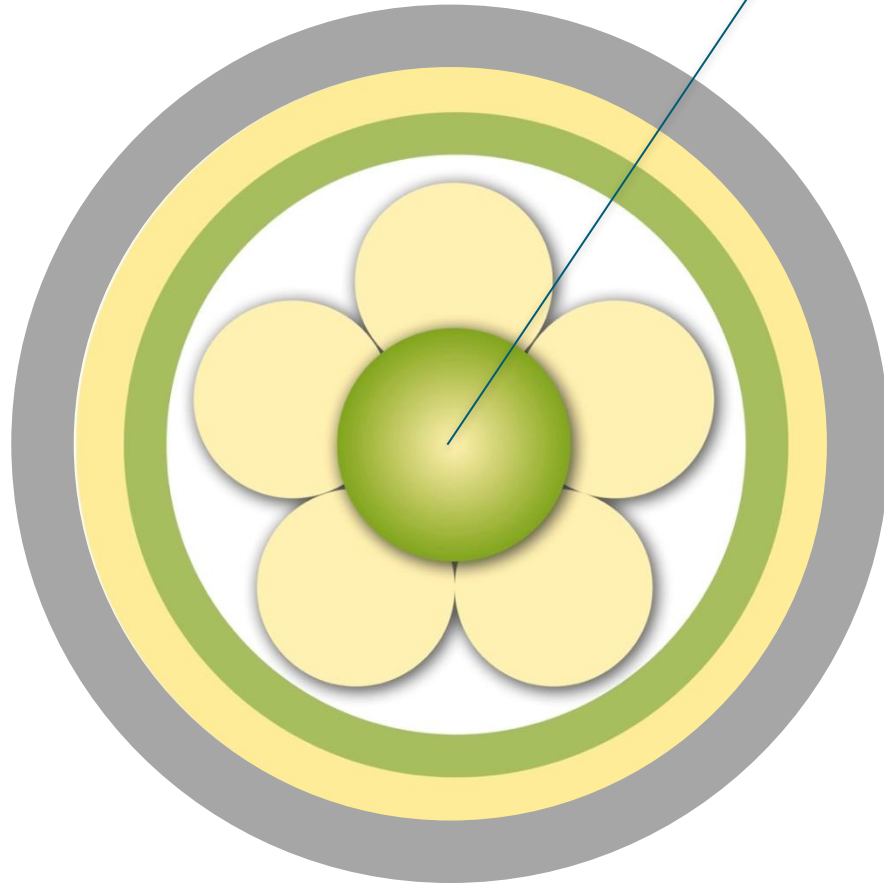
Conclusion

VR sessions were beneficial for hospice patients and provide encouraging evidence for moving forward with a larger research trial.



Outcome



A Healthful Culture (*living a positive life embracing all dimensions of our being*)

A healthful culture is one in which decision-making is shared, staff relationships are collaborative, leadership is transformational, innovative practices are supported and is the ultimate outcome for teams working to develop a workplace that is person-centred

Measured By:

- Person-centred Practice Inventory (PCPI)
- Observations of Practice
- PcP-KPIs
- Narrative & Stories
- Routine data



TESA: Technology Enriched Supported Accommodation for People Living with Dementia and their Caregivers

Professor Suzanne Martin
Jean Daly Lynn
Eamon Quinn
Professor Assumpta Ryan
Professor Brendan McCormack

*Research funded by HSC Research & Development Division,
Public Health Agency (Northern Ireland) in collaboration with
The Atlantic Philanthropies.*



Research Aims

To explore the perspectives of PLWD who live in person-centred supported, technology enriched housing schemes, their family and paid employees at the facilities.



Paid Caregivers

Family and Friend Caregiver

Giving Voice

People Living with Dementia

Inclusion



Peer Researchers

Experiences



Best Practice

Technology

Person Centred Care

Transition



Research Design

Literature Review

TESA IN NORTHERN IRELAND

Demographics

Environmental Audit

Technology Audit

STAKEHOLDERS

PPI: Peer Researchers →

Tenants

Family and friend caregivers

Formal caregivers

Interviews Focus Groups

Interviews Survey

Interviews Survey

Dissemination

Overview of the Literature

There is currently a gap in the literature on the impact of technology on the everyday lived experience of those living with established dementias in a supported living environment.

- complementing staff care (Chan, Campo, Laval, & Estève, 2002)
- promoting independence (Mihailidis, Boger, Craig, & Hoey, 2008)
- enhancing social interaction (Šabanovic, Bennett, Chang, & Huber, 2009)
- providing a sense of security (Margot-Cattin & Nygård, 2006).

Negative Outcomes

- acceptance of the intervention by tenants (Moyle et al., 2016) and staff (Niemeijer, Depla, Frederiks, Francke, & Hertogh, 2014)
- false alarms (Capezuti, Brush, Lane, Rabinowitz, & Secic, 2009)
- cost (Altus, Mathews, Xaverius, Engelman, & Nolan, 2000)
- reliability and alarm fatigue (Niemeijer et al., 2014)
- no reduction in falls (Holmes et al., 2007).

Positive Outcomes

UK/Europe and the rest of the world

de
men
tia

**A systematic review of
electronic assistive technology
within supporting living
environments for people
with dementia**

Dementia
0(0) 1-65
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1471301217733649
journals.sagepub.com/home/dem
SAGE

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Suzanne Martin
Ulster University, Northern Ireland

Abstract

Health and social care provision needs to change in order to meet the needs of an increase in the number of people living with dementia. Environmental design, technology and assistive devices have the potential to complement care, help address some of the challenges presented by this growing need and impact on the lived experience of this vulnerable population. This systematic review was undertaken to identify the research on the use of electronic assistive technology

- The findings indicated that person-centred practice was at the core of care provision whereby tenants could thrive and flourish and maintain meaningful relationships with people and places.

Collaborative Relationships



Creatively Engaging with Tenants

N=64 Tenants participated with 48 sessions across 8 schemes

- Themes that emerged supported the findings of the one to one interviews such as autonomy, choice, independence, a sense of belonging, privacy, relationships and being content.

FELT
CLAY
PAINING
COLLAGE
TEXTILES



TESA-DRI
Technology Enriched Supported Accommodation



Art Workshop Guide

Working with people living with dementia

The TESA DRI (Technology Enriched Supported Accommodation - Dementia Research Initiative 2014-2018) project - explored the experiences of people living with dementia, their family carers and paid carers in supported living environments that use technology to support care. During this research project, art activities were undertaken with over sixty people living with dementia across eight focus groups and what was learned has been used to compile this booklet. This information aims to inform anyone wishing to enhance participation and maximise the abilities of people living with dementia undertaking Visual Arts activities in a community setting.

Setting up the Art Space

Organisational skills, focusing and maintaining attention can be challenging for people living with dementia. It is important before beginning any artwork to have a workspace that is ordered, with a clearly defined layout for activities and materials.

- A table-cover needs to be plain, not patterned, and secured with a little masking tape. A busy print distracts the eye, and patterns could be mistaken for an object on the table.
- Using a contrasting colour of page and table cover helps keep the artwork within the confines of the paper.
- Set out limited amounts of materials needed for the session, in an appropriate sequence. If drawing is the first activity lay out only the pencils and paper. If paint is to be added, introduce it after the drawing is finished.
- Undertake a Health & Safety check of the venue, including ensuring there are no trip hazards. Make adequate space for tables and chairs for ease of access, and reserve the seats nearest the door for individuals with reduced mobility.
- Good levels of lighting are important. Turn on lights even in daylight hours or plug in extra lighting if required.
- Keep materials and equipment within easy reach and if appropriate place in a small tray or on non-slip matting to prevent them rolling off the table.
- Try to work in a space that will have minimal disruption.

N=25 Family and friend caregiver interviews

- A major theme was the shift of informal caregiver from a care provider modality to a care manager one which appeared to be influenced by issues of burden and the perception of an inability to keep the people living with dementia safe.

Outcome of transition was positive

AT did not impact transition



Formal Caregiving

N=21 Paid staff interviews

- The findings indicated that person-centred practice was embodied in the ethos of the TESA facilities. Tenants' choice, autonomy and independence were central to the care provided by formal caregivers. Job satisfaction was high among the participants, and this increased when the facility was smaller in size.

Promoting choice and autonomy

**Feeling that
'you're doing
a good job'**



**Staffing
model**

Using assistive technology

Attitude Towards Technology

Survey Data: N= 20 informal caregivers and N= 31 formal caregivers

- Both types of caregivers held relatively similar views around the benefits of technology, however their views on issues such as privacy and consent varied.

Technology is essential to the caregiving role

**Quality
of Care**



Security

Independence

Conclusions and Recommendations

The findings suggest that TESA promote independence, dignity and support through person-centred care delivery.

- Advanced care planning
- Shared learning between TESA
- Consider standardisation of technology
- Practice guidelines
- TESA v traditional care
- Ethical debate
- Voice of PLWD



Helping everyone to flourish

“By our very attitude to another we help to shape that person’s world. By our attitude to the other person we help to determine the scope and hue of his or her world; we make it large or small, bright or drab, rich or dull, threatening or secure.”
(Knud Ejler Løgstrup)



An introduction to the Advanced Care Research Centre (ACRC)

Layla Robinson, Partnership and Engagement,
University of Edinburgh



THE UNIVERSITY *of* EDINBURGH
Advanced Care Research Centre

Introduction to the ACRC



Advanced Care Research Centre (ACRC)

- Interdisciplinary research centre
 - Collaboration across all three UoE Colleges and with University of Newcastle and UCL
 - Hosted by Usher Institute, School of Medicine
- £20M core funding from Legal and General plc CSR grant
 - Five-year research programme
 - Seven-year doctoral training programme
- Started end of 2020
 - Staff appointed (research and professional services)
 - Recruited the first cohort of PhD students for a September 2021 start
 - Formal launch event (online) on Wednesday 3rd November 2021

The ACRC – why care in later life?



Rich



Evidence, data, technology



Poor

Die of disease

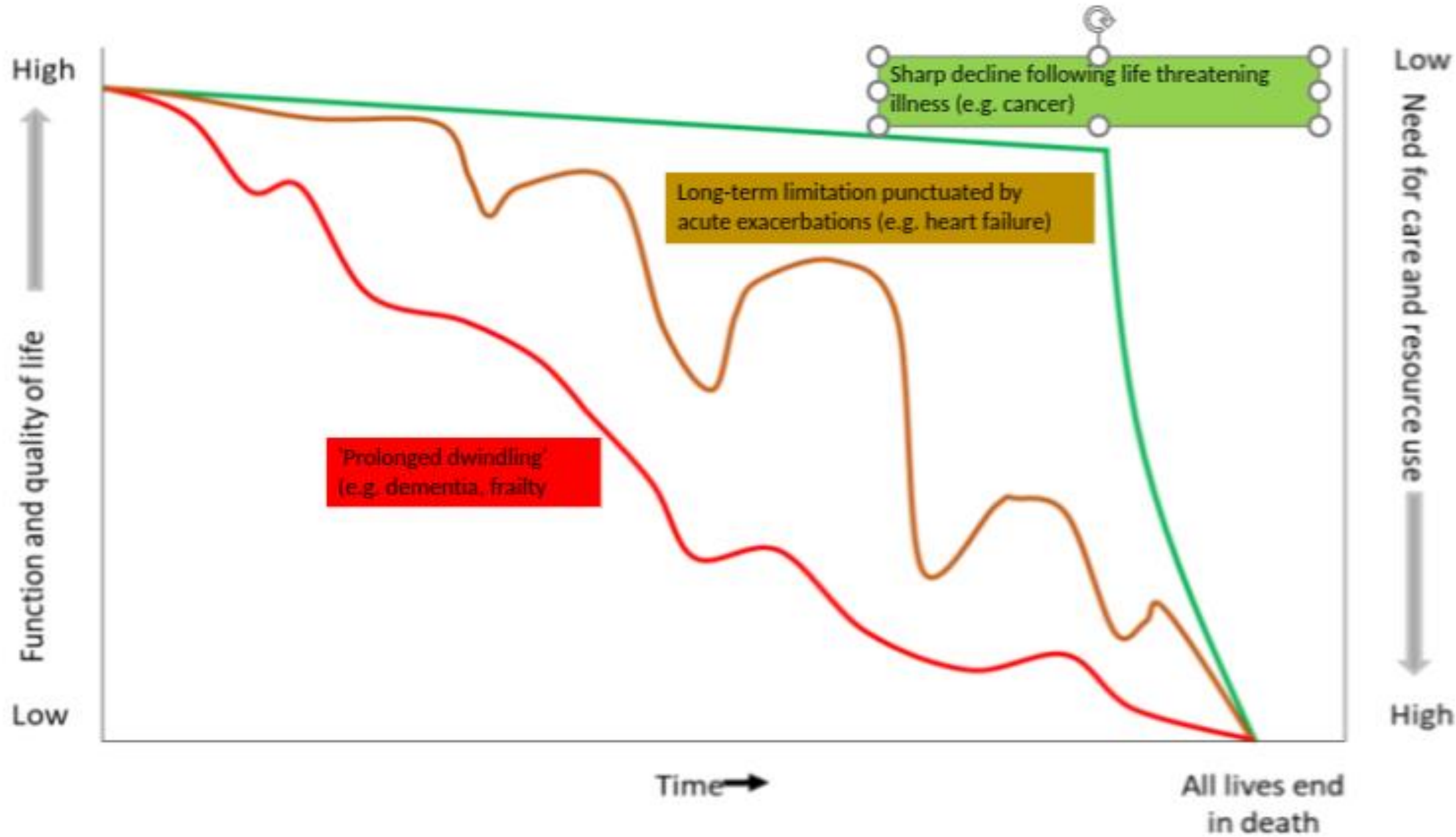
Ageing population & multimorbidity
Social care challenges

Die of 'stuff'

Precision medicine

Health inequalities Imprecision medicine







Our vision is of data-driven, personalised and affordable care that supports the independence, dignity and quality of life of people living in their own homes or in supported care environments



THE UNIVERSITY *of* EDINBURGH
Advanced Care Research Centre

Active stakeholder engagement to co-create research and translation into policy and practice

Understanding the person in context

Data-driven insights and prediction

New models of care

New technologies of care



The person in later life is at the heart of everything we do



AT HOME



EXTRA CARE HOUSING



RESIDENTIAL CARE HOMES

World-leading inter-disciplinary and cross-sectoral research.

Translation into health and social care policy and practice.

New companies, products and services.

Informing the wider societal response to the challenges of population aging.

The Academy for Leadership and Training

Educating and training the leaders of the future through a uniquely interdisciplinary doctoral training programme.

Enhancing the data infrastructure in later life

Systematically exploiting and enhancing existing data, and developing new data resources

PPIE & partners working with ACRC at all levels

Advisory Board members, embedded in individual research programmes and the Academy and also involved in inputting and reviewing other materials

Also experts from a wide range of sectors and public partners



"WE ARE VERY PLEASED TO BE COLLABORATING WITH VOICE, AND TO BE JOINING FORCES WITH THEM TO DEVELOP THE NETWORK OF CITIZENS INVOLVED IN VOICE AND PUBLIC AND PATIENT INVOLVEMENT AND ENGAGEMENT MORE BROADLY. I'M CONFIDENT THAT VOICE WILL LEAD TO EXCITING NEW WAYS OF ENGAGING MEANINGFULLY WITH PARTICIPANTS AND ENABLE RESEARCHERS TO EXTEND THE REACH OF UNIVERSITY OF EDINBURGH STUDIES."

Dr. Sue Lewis, Senior Research Fellow, University of Edinburgh





THE UNIVERSITY of EDINBURGH
Advanced Care Research Centre
The ACRC Academy



Director: Prof Ian Underwood



Manager: Kate Morris

vision

To develop the next generation of leaders in this field who are both excellent in their core disciplines and skilled in working widely across disciplines and sectors.

outcome

Alumni of the Academy will become leaders in their chosen field of later life endeavour which, across three annual cohorts, will be in a diverse range of pioneering and influential roles in the public, private and third sectors.



PhD with integrated study in Advanced Care

Structured, thematic, cohort-based 48-month Doctoral Programme

Year 1 Cohort-based training programme; research preparation.

Years 2-4 Main research project; ongoing cohort training & activities.

Enhancing the Data Infrastructure for Later Life Research and Development (WP3)

free-text health and social care records



80% of the world's data is unstructured

DataLoch

develop, evaluate and routinely implement processing

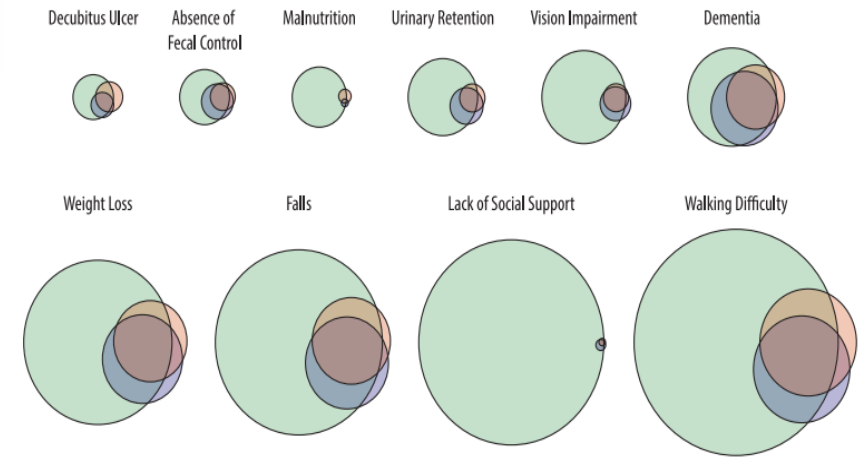
to understand people's medical profiles and circumstances diagnoses, social and family history, the presence of geriatric syndromes, functional deficits and frailty markers), place of residence (home, extra-care housing, care home) and household composition (living alone, fitness and frailty of other members of the household).



Honghan Wu



Bea Alex



The Value of Unstructured Electronic Health Record Data in Geriatric Syndrome Case Identification

J Am Geriatr Soc. 2018 Aug;66(8):1499-1507. doi: 10.1111/jgs.15411.



THE UNIVERSITY of EDINBURGH
Advanced Care Research Centre

Understanding the person in context (WP4)



**Personal
Projects**



**Ageing in
place**



**Care
Transitions**



**Value in
informal
care
networks**

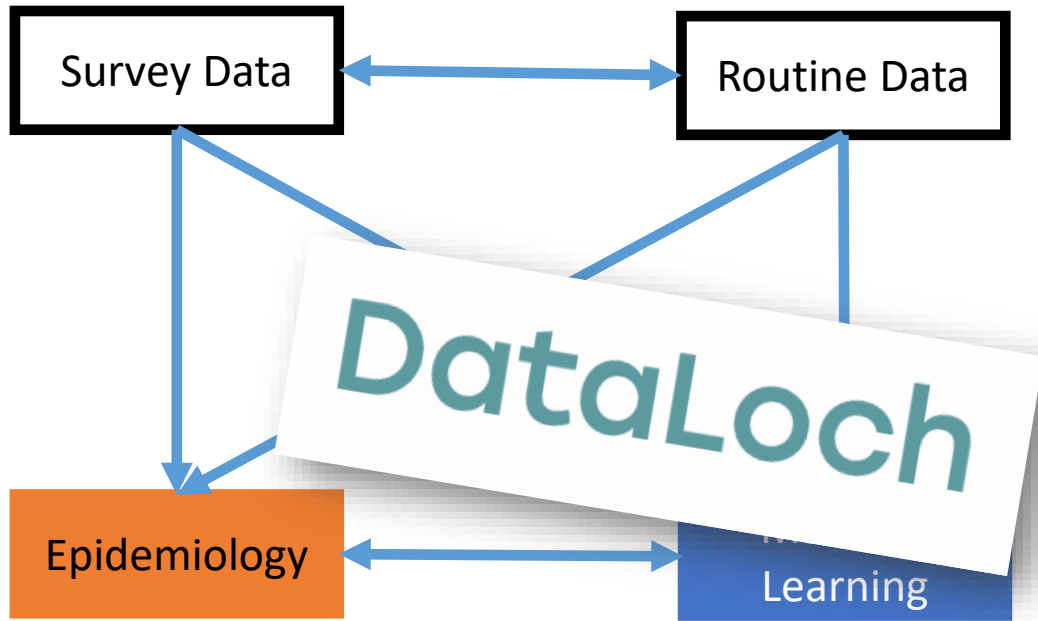


**Images of
Care**

Promoting social engagement and active citizenship throughout life



Data driven insight and prediction (WP5)



Objectives

to use bespoke research **survey data** to explore and understand how later life trajectories of frailty, wellbeing and social participation interrelate and are influenced by factors such as housing, wealth, income, care, neighbourhood context; and

to use linked **routine data** to develop and validate a suite of risk prediction tools for mortality, hospitalization, institutionalization etc., for use in health and social care delivery.

Draw on the complementary strengths of **social statistics** and **machine learning**.



New Technologies of Care (WP6)

Develop practical, **care-driven** technologies that are fit for people in later life and their environment.

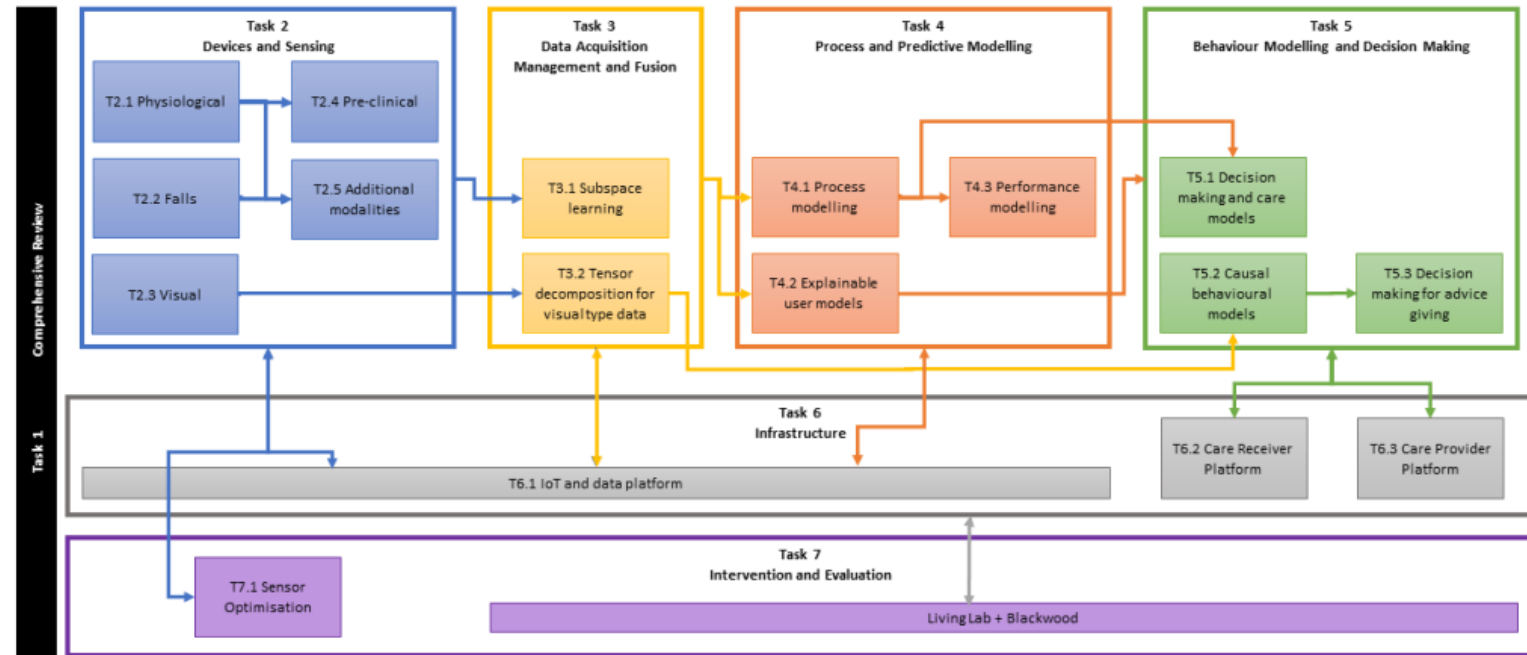
Main research goals:

Implementing routine physiological monitoring

Development and implementation of additional sensing modalities and devices

Development of AI-based decision support and intervention management

Development of platforms: IOT, Care receiver and care giver



New models of care (WP7)

Aim: to support and evaluate the development of new models of integrated care across key care pathway transition points

- Systematic reviews of the international literature
- High level review of relevant UK health and social care policies
- Interviews with senior key-stakeholders in England and Scotland

- Scoping exercise to identify innovative interventions in NE England and SE Scotland
- Selection of case studies for 'deep dives' – interviews, documents, data

- Refining and testing of new models within the health and social care settings – phase one/phase two piloting and optimisation
- Phase two exploratory trials with control group (RCT)

- Phase 3 definitive trial funding applications (large scale RCT)
- Phase 2 funding applications
- Longer-term national or regional evaluations of implementation





Additional projects

- Three associated grants funded/recommended for funding
 - ESRC Healthier Working Lives and Ageing for Residential Care Workers. Industrial Strategies Challenge Fund Healthy Ageing Social, Behavioural and Design Research Programme. Awarded £1.3m (PI Prof Linda McKie, School of Social and Political Science)
 - ESRC Workplace Interventions to Improve Health and Well-being of the Older (over-50s) Workforce. Industrial Strategies Challenge Fund Healthy Ageing Social, Behavioural and Design Research Programme. Awarded £1.3m (PI Prof Wendy Loretto, Business School)
 - NIHR Data Science Programme Grant. Recommended for funding/in contracting £3.9M (PI Prof Bruce Guthrie, Usher Institute)



Contacts

- Website: www.edin.care
- E-mail: ACRC@ed.ac.uk; layla.robinson@ed.ac.uk
- Twitter: @ACRCEdinCare

Funding opportunities update

Joanne Boyle, DHI

Funding Opportunities

- All our current funding opportunities are available on the HAIC webpage: <https://www.dhi-scotland.com/innovation/innovation-clusters/healthy-ageing/>

Funding update

Julia Glenn, Innovation and Design Lead

UKRI



UK Research
and Innovation

Designed for Ageing Competition September 2021

Healthy Ageing Challenge

Introduction to the Healthy Ageing Challenge

One in 12 people in the UK are over 75. By 2040, this will rise to one in seven. A third of children born now are expected to live to 100. On average, people aged 65 will live just half of the rest of their life without disability.

We want:

everyone to remain active, productive, independent and socially connected across generations for as long as possible

to narrow the gap between the experiences of the richest and poorest.

The challenge to help businesses, including social enterprises, to create products and services to help people as they age, and deliver them at scale.



UK Research
and Innovation

Designed for Ageing Competition Launches September 2021

julia.glenn@innovateuk.ukri.org

Design Innovation Lead,
Healthy Ageing Challenge

Healthy Ageing Challenge



A man with a beard and glasses is working on a wooden project outdoors. He is wearing a light blue shirt and is focused on his work. The background is a blurred outdoor setting with greenery.








The *Designed for Ageing* Competition Presents an Opportunity to-:

Receive up to £2m in grant funding to advance your business.

Fund eligible project costs* for up to two years.

Leverage the competition's unique design stage gate to make your organisation more sustainable longer term – and more likely to capture viable market share.

Designed for Ageing - Competition Profile

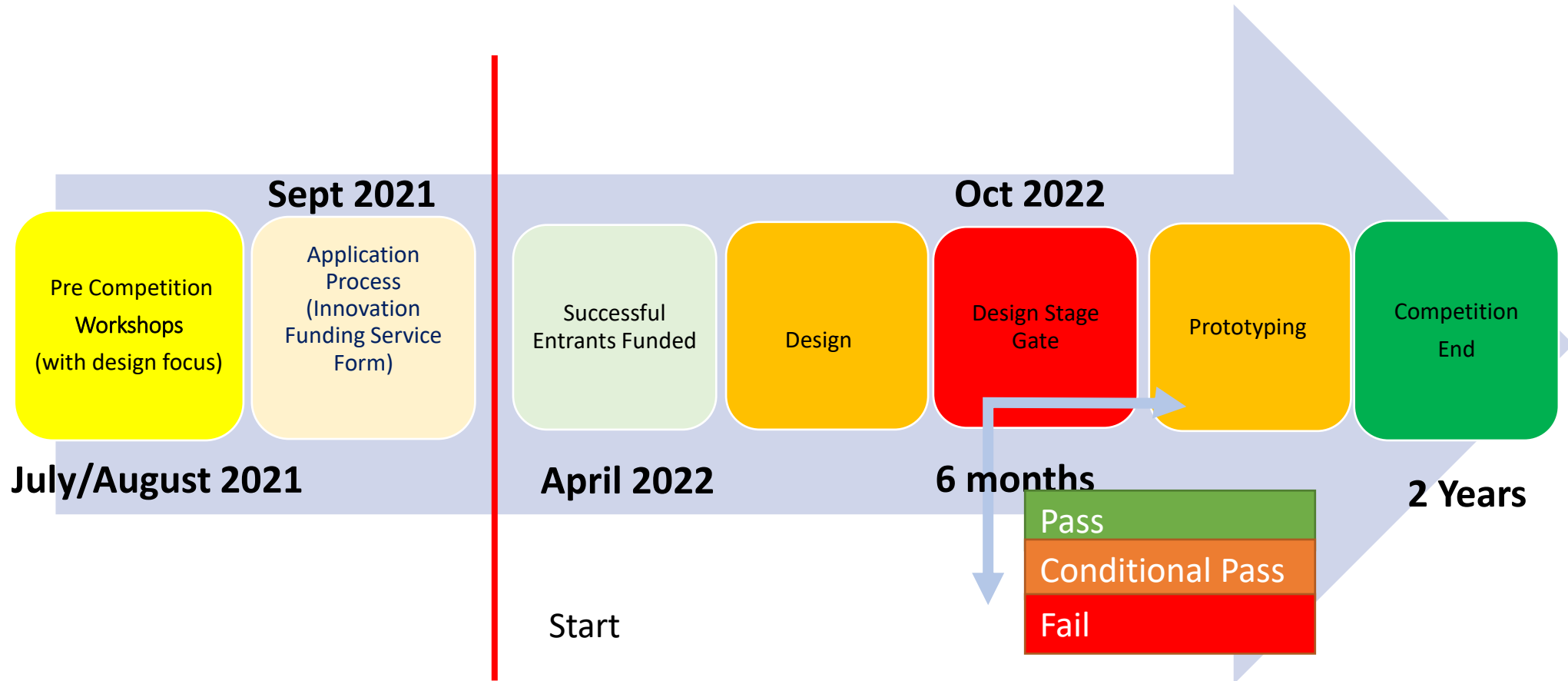
						
<p>Launch Sept 2021</p> <p>Pre-competition workshop 01 Jul 21</p>	<p>£14.5m</p> <p>Fund Available</p>	<p>Project duration</p> <p>2 Year with design stage gate</p>	<p>Project Start</p> <p>April 2022</p>	<p>Total Project Eligible Costs:</p> <p>£500K - £2m</p>	<p>Research stage - Industrial research</p> <p>Planned R&D to gain new knowledge and skills for service/process/product development leading to an improvement in existing service/products</p>	<p>Grant funding for eligible project costs of:</p> <ul style="list-style-type: none"> • up to 70% if you are a micro or small organisation • up to 60% if you are a medium-sized organisation • up to 50% if you are a large organisation

Designed for Ageing

Proposed Competition Profile Cont.

- Scope:
 - Service-led innovation that enables **self-care** and new models of care for independent living.
 - Service-led innovation that encourages **sustaining physical activity** for people aged 50+, including for instance, active travel.
 - Service-led innovation that improves mental health and/or addresses the ‘common complaints’ of ageing (such as incontinence, pain, mobility, hearing and eyesight).
- Applicant Profile:
 - Business-led
 - Service innovation
 - Solutions must address inequalities in healthy ageing
 - Able to be shaped for market readiness by Design Stage Gate
- Bid Assessment: Written and Interview

Design Focus Through Competition Lifecycle



Differential: Design Stage Gate Amplifier

Gate	Criteria
1	User Engagement
2	People-Centred Design
3	Take Up & Acceptance Within Practice Community
4	Augmented Proof of Market Statistics
5	Updated Business Plan: Fair View



The Design Stage Gate will help you focus your attention on-:

- Your user engagement.
- Your human-centred design rigour.
- The feedback you receive from your users and how you leverage this.
- How you use co-creation as an asset to give your organisation the best chance of success.





UK Research
and Innovation

Thank You.

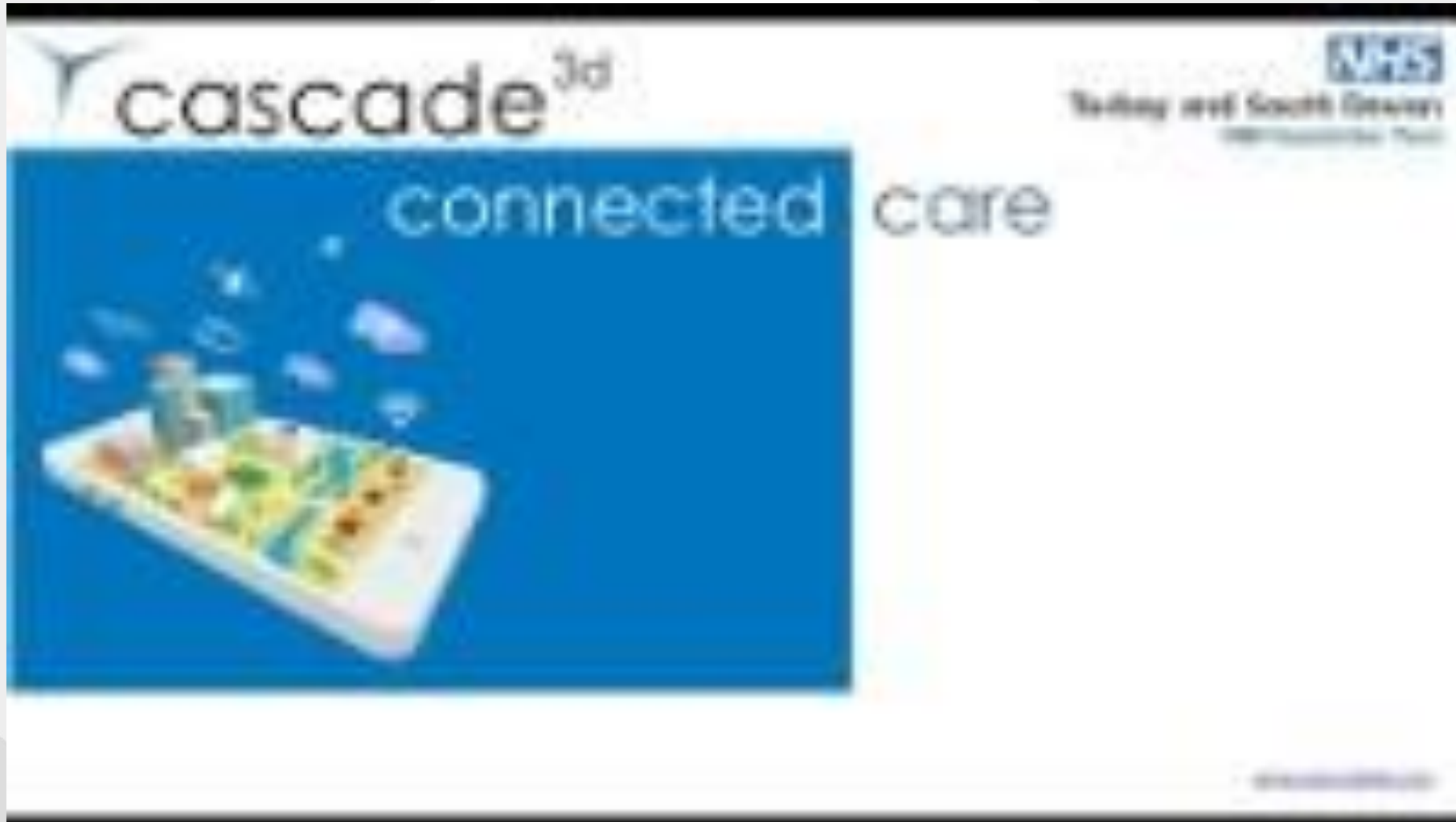
If you have any questions, please contact
julia.glenn@innovateuk.ukri.org

Healthy Ageing Challenge



Commercial industry
showcase opportunity

Cascade 3d Connected Care



TL Tech - Transforming Lives with Smart Home Technology



Hip Impact Protection – Fall Safe

Pitch deck for

HIP IMPACT PROTECTION



William Beckett, CEO
Frances Crewdson, International Marketing Director

hip IMPACT protection

Partner update

David Brown, Business Relationship Manager,
Digital Health & Care, Digital Office for Scottish Local Government

June 2021

AN OVERVIEW OF THE DIGITAL OFFICE'S ANALOGUE TO DIGITAL TELECARE PROGRAMME

**DIGITAL
TELECARE**

Scottish Local Government



INTRODUCTION TO OUR PROGRAMME OF WORK

David Brown, Business Relationship Manager,
Digital Telecare Programme



**DIGITAL
TELECARE**

Scottish Local Government

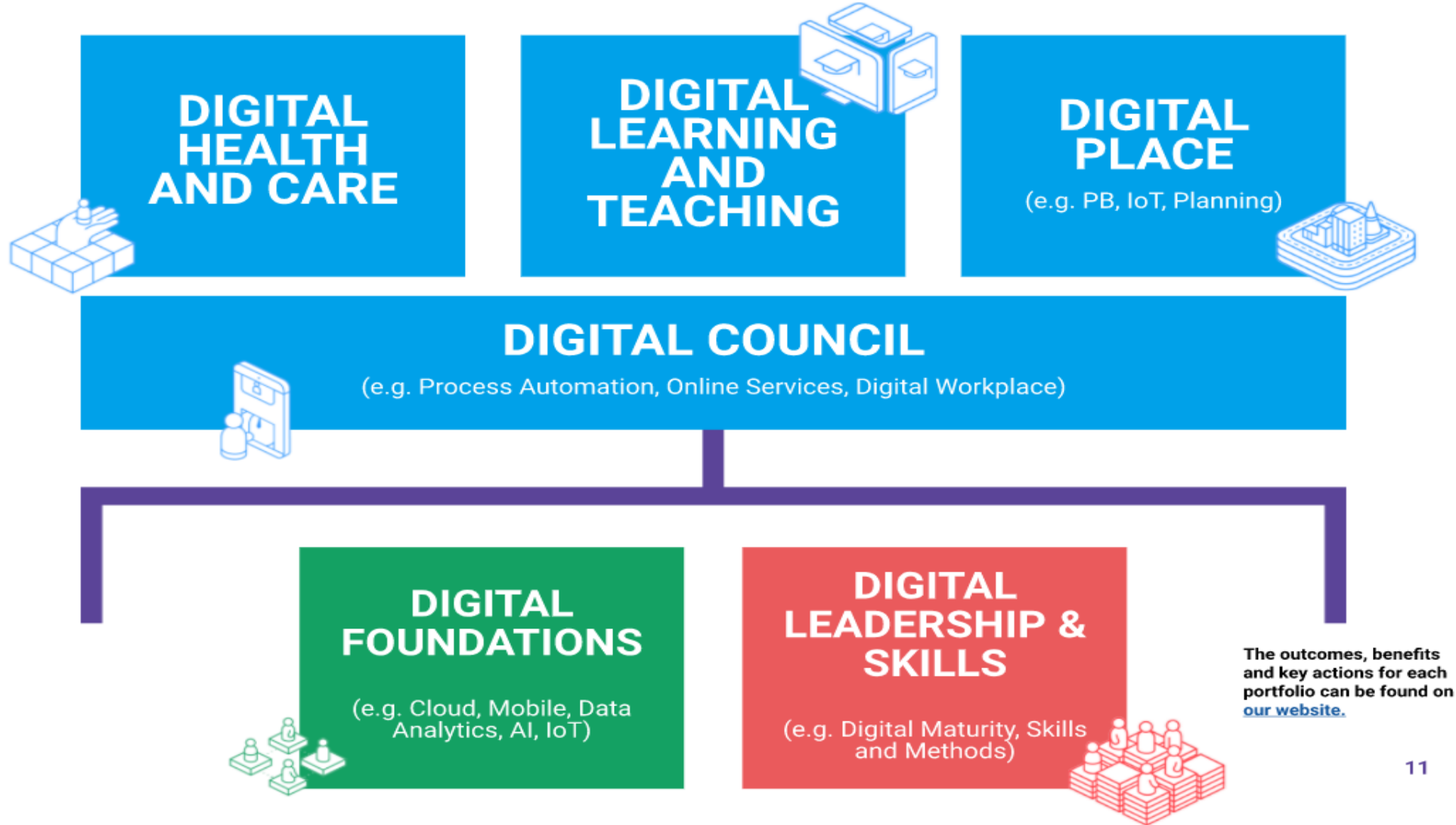
@DigTelecareScot
#DigitalTelecare
telecare.digitaloffice.scot

INTRODUCTION TO THE DIGITAL OFFICE

- The Digital Office for Scottish Local Government leads and facilitates digital transformation for a Partnership of 32 Scottish local authorities;
- The office aims to be a centre of excellence in data, technology and digital, working with the Local Authorities to help them with their own transformation and ensuring they are creating top class digital services for citizens;
- As well as working with the participating councils, the Digital Office collaborates with public sector partners including Scottish Government, Society of Information Technology Management (SOCITM), Scotland Excel, SEEMiS Group, NHS National Services Scotland, COSLA and the Improvement Service (IS) to exchange best practice, develop wider public sector strategic direction and develop new shared services and capacities.

OUR PROGRAMME OF WORK

■ Digital Services Programme ■ Digital Foundations Programme ■ Digital Leadership & Skills Programme

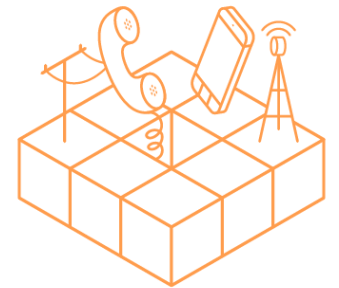


WHAT IS TELECARE?

Scottish Government defines someone who uses telecare as:

A person in receipt of a technology package which goes over and above a basic community alarm package and includes any other sensors or monitoring equipment e.g. (not an exhaustive list):

- bogus caller buttons and door entry systems
- property exit sensors, extreme temperature, flood, falls, movement detectors
- linked pill dispensers
- linked smoke detectors
- linked key safes



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THE TELECARE SECTOR IN SCOTLAND

Deloittes Feasibility Study – key findings

- Telecare services across all sectors currently provide services to around 180,000 users in Scotland
- Telecare Service Providers spend circa £39m per annum to provide telecare to 20% of people within the 75+ cohort

Benefits of telecare services

- generates benefits of around £99m per annum to the Scottish public sector
- Two thirds of the benefits accrue to the Social Care sector, one third to the NHS
- Largely non cash releasing; relating to prevention and delay of care home or hospital admission

“
**By 2025 the existing
analogue telephone network
will be switched to digital
connectivity.**”

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OVERVIEW OF THE DIGITAL TELECARE PROGRAMME

Strategic background:

- Telephony providers advising shift to digital in 2017
- Providers are currently in the process of actively migrating to digital in Scotland
- Digital switchover is cross-cutting – impacting housing, local authority, HSCP and NHS service providers

Scottish Government's Technology Enabled Care (TEC) Programme:

- Responds by setting a strategic direction to support analogue switch off by 2025
- Addresses the challenge through digital improvement, integration and innovation

STRATEGIC DRIVERS FOR CHANGE

- Analogue telephone services in the United Kingdom will be switched-off and replaced by packet-switched solutions (“ALL-IP”) by 2025
- The 2025 date associated with the rollout of digital telephony is a deadline, the process has already begun
- Nationwide Stop/Sell will be implemented by all telephony providers by September 2023. No analogue telephony provision will take place after this date
- Digital Telecare implementation supports providers to address these challenges, whilst also creating opportunities to ensure providers can fully exploit the capabilities of their upgraded telecare solution and redesign services around the user

DIGITAL TELECARE EVOLUTION

Digital Telecare is an evolution of existing analogue telecare services.

Reasons for implementing Digital Telecare fall into three broad categories:

- Ensuring the continued ability to deliver reliable services
- Meeting increased demand
- Developing and improving the range of services that are offered to citizens

Benefits associated with an implementation of Digital Telecare:

- High degree of flexibility in how alarm calls are routed and shared
- Improved resilience and reliability
- Unlocks innovation opportunities



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THE CHALLENGE

How do we support service providers, with a variety of operating models and wide range of socio-econominc challenges, not just transition to digital telecare safely and securely before the analogue switch off in 2025...

...but to do so in such a way that ensure's providers can fully exploit the capabilities of their upgraded telecare solution to improve efficiency, resilience, reduce cost and enhance the range of services that can be offered to Citizens.

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WHAT IS THE DIGITAL TELECARE PLAYBOOK?

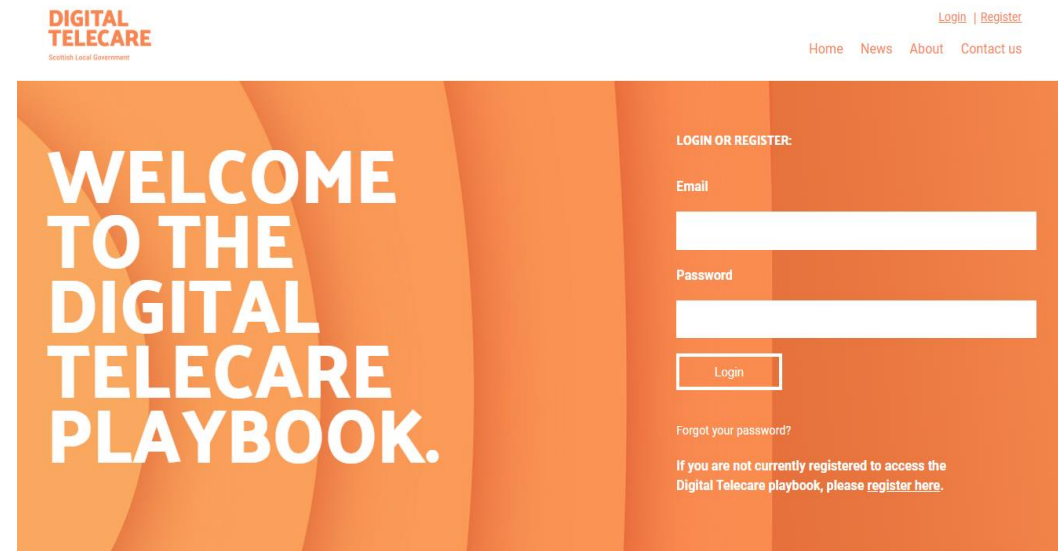
Comprehensive, informative guide for services embarking on digital telecare transformation.

Digital repository consisting of Digital Telecare materials arranged into themed 'Pathways' providing:

- Information
- Guidance
- Advice
- Templates

Co-created to draw on:

- Experiential knowledge
- Technical expertise
- International research



PATHWAYS

Key stepping stones across three phases:

- Discovery Phase
- Planning Phase
- Implementation Phase

Information within the Playbook is grouped into thematic 'Pathways'

- Management Pathway: Launched October 2019
- Technical and Security Pathway: March 2020
- Procurement Pathway: Launched 2020
- Stakeholder Engagement Pathway: November 2020
- Workforce Pathway: Launched May 2021

THE DIGITAL TELECARE PLAYBOOK

864 individual downloads

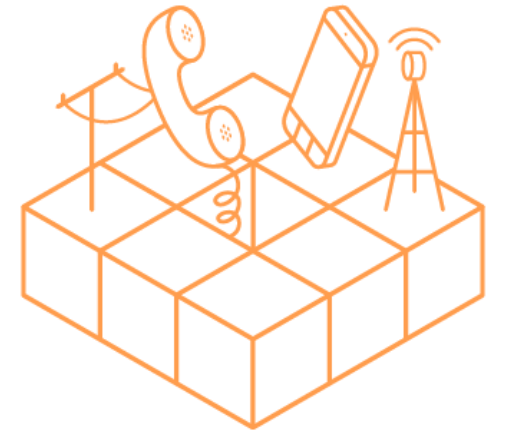
Top 5 downloaded documents from the Playbook since launch in October 2019:

- Supplier Security Questionnaire
- Outline Business Case
- Summary of Alarm and Peripheral compatibility
- Mobile Connectivity Frequently Asked Questions
- Data Protection Impact Assessment



PRIORITIES FOR THE NEXT 12 MONTHS

- Digital Telecare Playbook Development
- Remote Working Test of Change
- Telecare Service Provider Technical Advisory Group (TAG) Meetings
- All IP Digital Telecare Connectivity Project
- Satellite Digital Telecare Connectivity Project
- TEC and Digital Telecare Data Programme
- Bring Your Own Device (BYOD) Project



CONNECT WITH US



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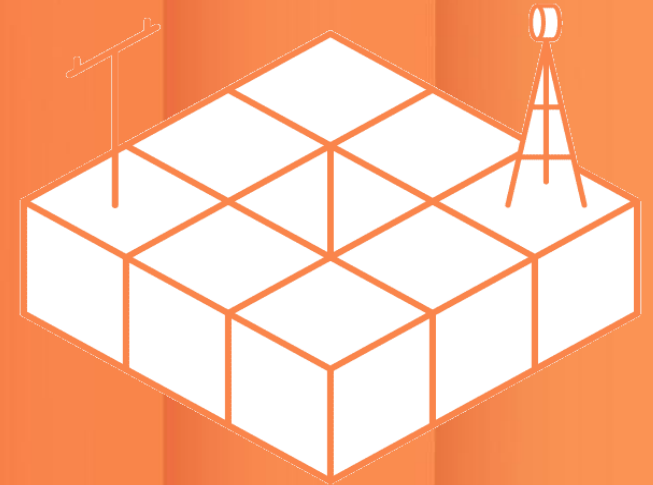
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Final comments

Joanne Boyle, DHI

Final comments

- Our next HAIC event is scheduled for Wednesday 25/08, 1000 – 1200
- We will be shortly sending out our next HAIC newsletter which will contain links to:
 - Register for the next HAIC event
 - Access the video and presentations from today's event
 - Provide networking and collaboration opportunities through our LinkedIn Group
- 2 asks of you...

Sign up for the next HAIC event with UKRI

- Scan the QR code →

Or

- Enter:

<https://www.eventbrite.co.uk/e/healthy-ageing-innovation-cluster-august-2021-event-tickets-158572415363>



Complete our HAIC feedback survey

- Scan the QR code →

Or

- Enter:

www.surveymonkey.co.uk/r/Post_HAIC_Event_Survey



Join our digital health and care network

- Scan the QR code →

Or

- Enter:

www.dhi-scotland.com/join-our-network



Visit our HAIC webpage

- Scan the QR code →

Or

- Enter:

www.dhi-scotland.com/innovation/innovation-clusters/healthy-ageing/



Join our private LinkedIn HAIC Group

- Scan the QR code →

Or

- Enter:

www.linkedin.com/groups/12496744/

