

TELECARE LIN BRIEFING

Dementia and Telecare

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Note: CSIP does not endorse particular products or services and is not responsible for the content of external web sites.

1 Aim of this briefing

1.1 The aim of this briefing is to provide commissioners, providers and planners with information on telecare services that are available in England to support people with dementia, their carers and families.

1.2 The briefing includes:

- Background to the Dementia Strategy
- Building Telecare in England
- CSIP Networks involvement in telecare and dementia
- Examples of telecare and dementia
- Evidence base for telecare
- Barriers, ethical and consent Issues
- Procuring telecare equipment
- Workforce issues
- The future for telecare and dementia

1.3 Further information about the work of CSIP Networks in supporting telecare and telehealth in health, housing and social care as part of care closer to home and independent living can be obtained by contacting telecare@csip.org.uk or going to www.icn.csip.org.uk.

2 The current position on dementia

2.1 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

2.2 Based on populations, the current total figure for England would be just over 600,000.

Additional links:

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>

2.3 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.alz.org/national/documents/report_alzfactsfigures2008.pdf

<http://www.medicalnewstoday.com/articles/101030.php>

2.4 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

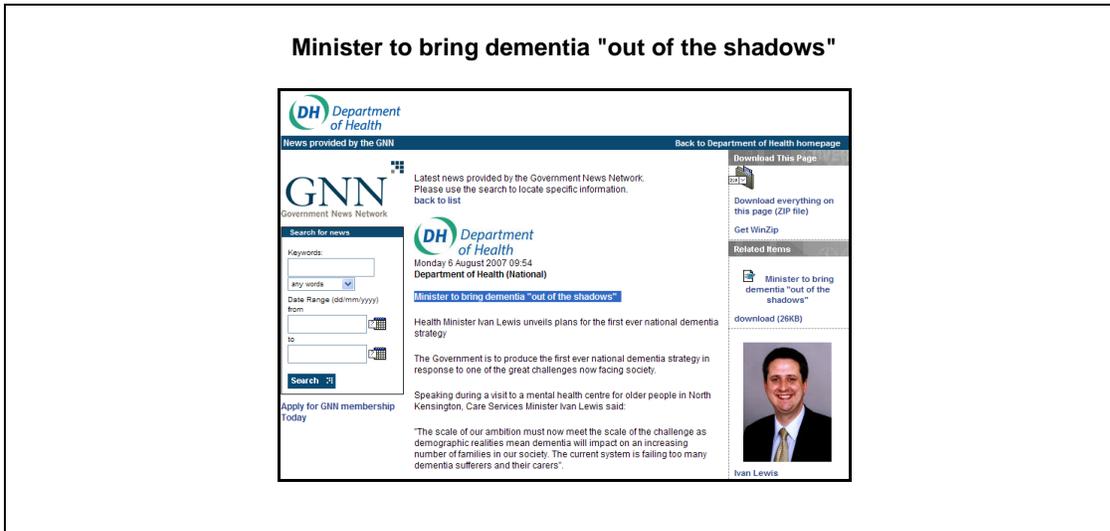
“The number of disabled older people is projected to double from approximately 2.3 million in 2002 to approximately 4.6 million in 2041. Based on current prevalence rates, the number of older people with dementia could rise from 684,000 to 1.7 million by 2051, an increase of 154 per cent.

.....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>

3 Background to the Dementia Strategy

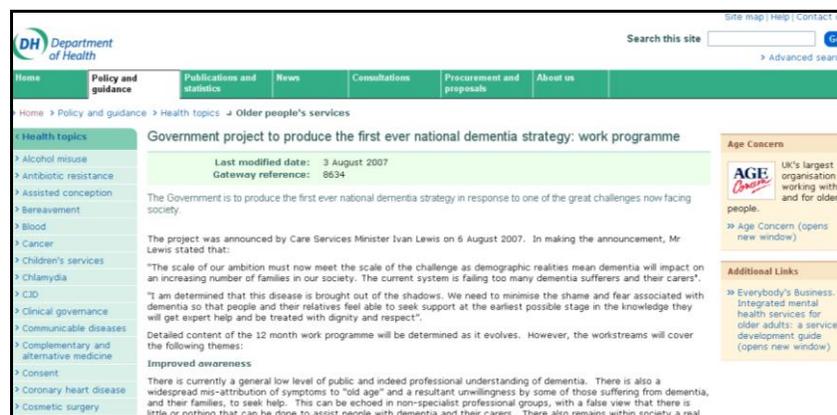
3.1 The development of a National Dementia Strategy was announced in August 2007. The strategy will be available in October 2008.



Web link:

<http://www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=305344&NewsAreaID=2&NavigatedFromDepartment=False>

3.2 The Department of Health set up a new web page to outline the work programme for the Dementia Strategy that will build on previous policies including 'Securing better mental health for older adults (DH, 2005).



Link:

http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Olderpeopleservices/DH_077211

Link:

http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Olderpeopleservices/Browsable/DH_4113714

As part of the Dementia Strategy there are three themed sub groups:

- Awareness and information
- Early diagnosis and intervention
- Improving dementia care

Major issues include:

- Who should make the diagnosis?
- How do we improve skills and competences?
- How do we influence commissioners?
- How do we make it real?

3.3 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/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4002284&chk=q4tpUL

3.4 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 Long Term Condition 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:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

3.5 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

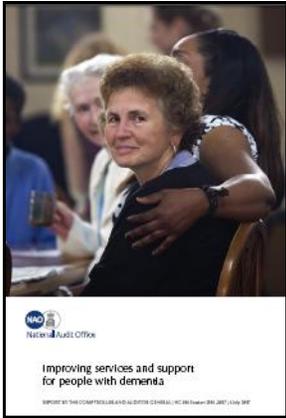
http://www.kingsfund.org.uk/publications/kings_fund_publications/appendices_to.html

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

Link:

<http://www.nice.org.uk/guidance/cg42>

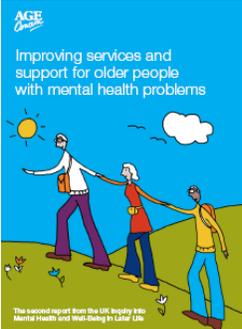
3.7 In July 2007, the National Audit Office published “Improving services and support for people with dementia” and made reference to telecare and assistive technology.

 <p>Improving services and support for people with dementia</p> <p>REPORT BY THE COMPTROLLER AND AUDITOR GENERAL, HC 100 (Laying 29 July 2007)</p>	<p>“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”.</p>
<p>Improving services and support for people with dementia (NAO, 2007)</p>	

Link:

http://www.nao.org.uk/publications/nao_reports/06-07/0607604.pdf

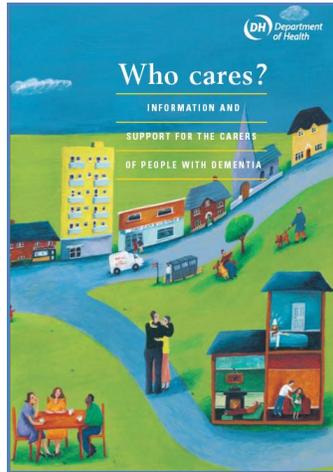
3.8 In August 2007, Age Concern published ‘Improving services and support for older people with mental health problems’. This made reference to telecare, telehealth and other assistive technologies.

 <p>Improving services and support for older people with mental health problems</p> <p>The second report from the UK Inquiry into Mental Health and What's Going On Later in Life</p>	<p>“....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 telehealth 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</p>
<p>Improving services and support for older people with mental health problems (Age Concern 2007)</p>	

Web link:

<http://www.mhilli.org/documents/Inquiryfinalreport-FULLREPORT.pdf>

3.9 In August 2007, the Department of Health Published “Who cares? – Information and support for the carers of people with dementia”.



Link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078093

3.10 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.

Alzheimer's Society
Leading the fight against dementia

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National Dementia Strategy - Update - 29th November 2007

Background

On 6th August Ivan Lewis, Parliamentary Under Secretary of State for Care Services, announced the development of a National Dementia Strategy for England. The announcement followed a series of national reports about dementia care, including the National Institute for Clinical Excellence/Social Care Institute for Excellence Dementia Guideline, the Alzheimer's Society 'Dementia UK' report and the National Audit Office Value for Money Review of dementia. The Strategy will have three key themes:

- improving awareness
- early diagnosis and interventions
- improving the quality of care

How will the Strategy be developed?

A Department of Health (DH) Programme Board will oversee the work to develop the Strategy. This Board is chaired by David Behan, Director General of Social Care, and has among its members Professor Ian Philo, National Director for Older People, and Professor Louis Appleby, National Director for Mental Health.

Links:

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=576

<http://www.alzheimers.org.uk>

Living with Dementia (Magazine):

<http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200241>

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>

Factsheets (full list) - <http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200137>

Factsheet – Assistive Technology (437)

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

Factsheet – Adaptations, improvements and repairs to the home (428)

<http://www.alzheimers.org.uk/factsheet/428>

Equipment to help with disability (429)

<http://www.alzheimers.org.uk/factsheet/429>

Walking about or ‘wandering’

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

Safety at home (503)

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

Alzheimer Scotland:

<http://www.alzscot.org/>

Alzheimer’s Association (USA):

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

Medic Alert and Safe Return:

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/>

4 Building Telecare in England

4.1 Typically, in the past, social care organisations have generally considered a care home as one of the only solutions where service users and carers at various stages of dementia are having difficulty managing at home and/or carers are approaching exhaustion.

4.2 With Telecare it is possible for some service users in the various stages of dementia to maintain their independence and live at home and for carers to have more time to pursue their own activities in the knowledge that a telecare service is in place to pick up any urgent or emergency situations. Telecare does not replace the important personal contact and care but complements existing informal and formal care management approaches, provides reassurance and reduces anxiety. The approach should be based on recognised care pathways and customised for individual situations.

4.3 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/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=BDBE0111-764C-44a4-8A66-1CB25D6974A4>

4.4 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

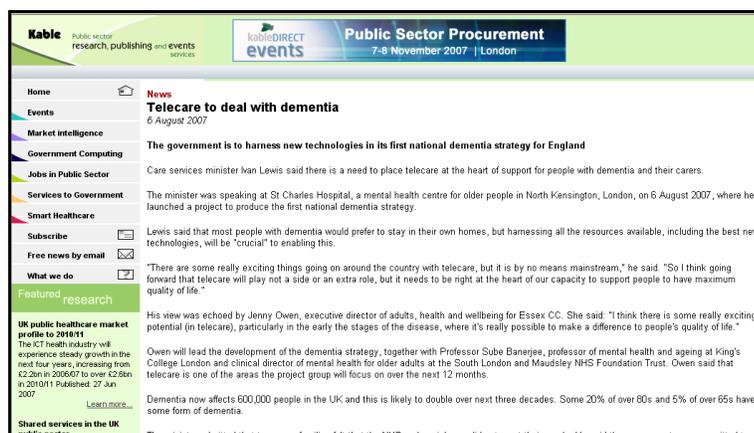
4.5 Between 2006 and 2008, the Department of Health provided £80 million to social care authorities and their partners (PCTs, third sector organisations) through the Preventative Technology Grant to support up to an additional 160,000 telecare users in England. Unused grant from 2007/8 can be carried forwards into 2008/9 subject to any local conditions and as long as it is spent within that financial year.

Preventative Technology Grant (LAC (2006)5)

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

4.6 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. See Appendix 2.

4.7 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.

Web links:

<http://www.kablenet.com/kd.nsf/Frontpage/FC04E602D2E586BC8025732F0047D191?OpenDocument>

http://www.publicservice.co.uk/news_story.asp?id=3542&topic=Health%20and%20social%20care

4.8 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:

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

4.9 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.icn.csip.org.uk/telecareoutcomes

4.10 In April 2008, there are now an estimated 1.5-1.6m people in England with some form of telecare from simple pendant alarms through to sophisticated sensor-based systems. Early feedback from social care authorities suggests that a significant percentage of recent sensor installations over the last two years may involve someone with memory loss or diagnosed with dementia.

4.11 During 2008, in conjunction with CSCI, the Care Services Improvement Partnership are collecting further qualitative outcome, mainstreaming and sustainability data from 150 social care authorities based on the implementation of the Preventative Technology Grant. This will further examine how telecare can support people with dementia. An analysis of the CSCI data will be available in September 2008.

Link:

http://www.csci.org.uk/professional/councils/performance_assessment/performance_assessment_handboo.aspx

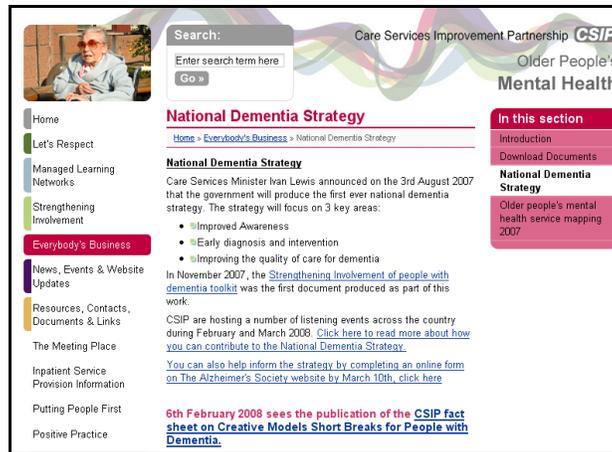
4.12 In addition, April 2008 saw the commencement of the White Paper Whole System Demonstrator Long Term Condition Demonstrator Programme (Cornwall, Kent, Newham) to examine the large scale effectiveness of telecare and telehealth as part of local integrated services.

WSD programme:

http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_4140328

5 Care Services Improvement Partnership (CSIP) Involvement in dementia and telecare

5.1 The Care Services Improvement Partnership provides implementation support in a number of relevant areas for organisations across housing, health and social care including older peoples mental health, housing, integrated care, telecare.



Link:

<http://www.olderpeoplesmentalhealth.csip.org.uk/everybodys-business/national-dementia-strategy.html>

Relevant CSIP publications on dementia include:

a) Everybody's Business

Link:

<http://www.olderpeoplesmentalhealth.csip.org.uk/everybodys-business.html>

b) Strengthening the Involvement of People with Dementia Toolkit

Link:

<http://www.olderpeoplesmentalhealth.csip.org.uk/service-user-and-carer-engagement-tool/involvement-introduction-.html>

<http://www.olderpeoplesmentalhealth.csip.org.uk/everybodys-business/download-documents.html>



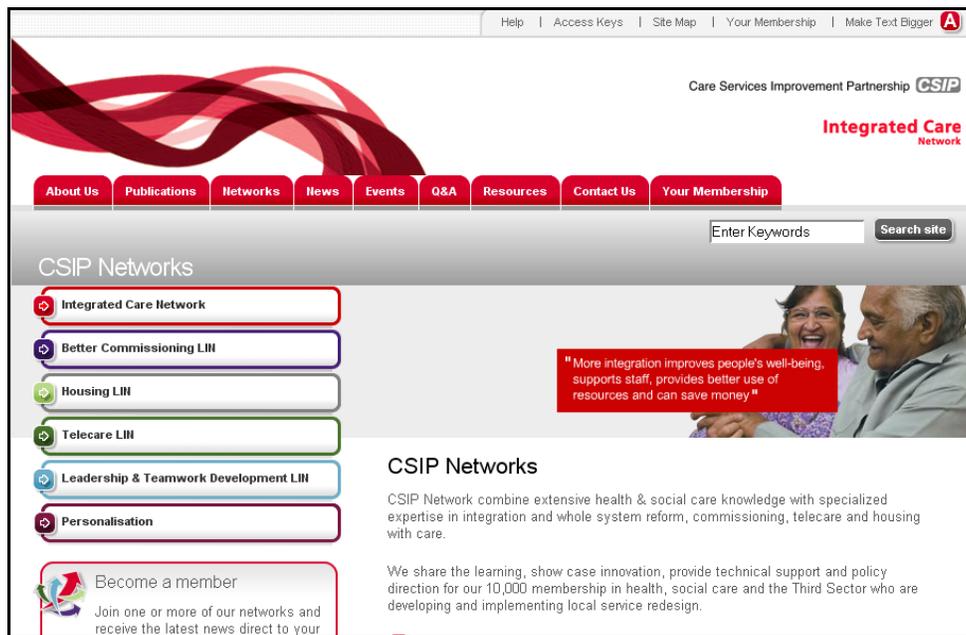
<http://www.olderpeoplesmentalhealth.csip.org.uk/>

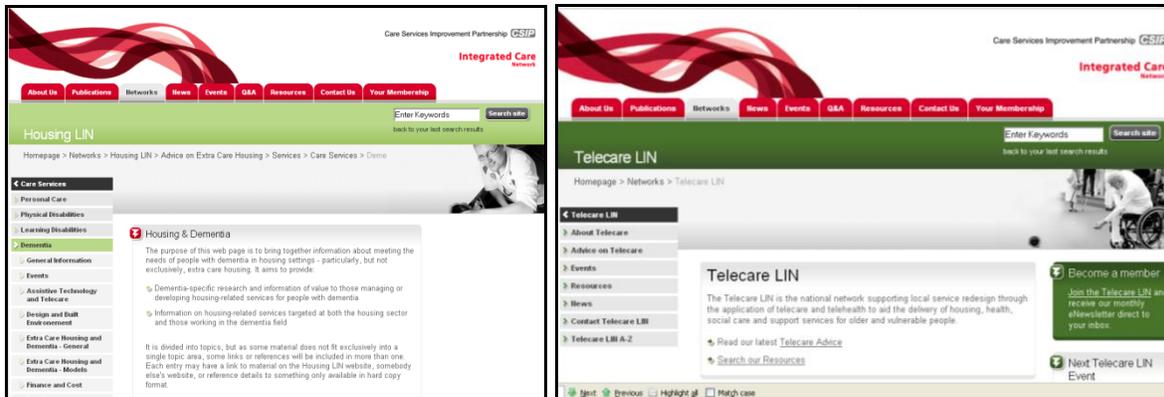
c) CSIP Fact Sheet: Creative models of short breaks (respite care) for people with dementia

Link:

<http://www.olderpeoplesmentalhealth.csip.org.uk/silo/files/short-breaks-pdf.pdf>

5.2 CSIP Networks Provides a number of Learning Improvement Networks which include integrated care, care closer to home, personalisation, outcomes, leadership, housing and telecare.





Link: <http://www.icn.csip.org.uk/>

5.3 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. Over 10,000 contacts receive update information on telecare each month via the CSIP Networks telecare e-newsletter.

Links for telecare:

www.icn.csip.org.uk/telecare

Telecare newsletters:

www.icn.csip.org.uk/telecarenewsletters

Telecare outcomes:

www.icn.csip.org.uk/telecareoutcomes

Telecare services:

www.icn.csip.org.uk/telecareservices

Telecare factsheets:

www.icn.csip.org.uk/telecarefactsheets

Telecare profiles:

www.icn.csip.org.uk/telecareprofiles

Links for housing and dementia:

<http://www.icn.csip.org.uk/housing/index.cfm?pid=718>

Housing and Dementia resources:

<http://www.icn.csip.org.uk/housing/index.cfm?pid=719>

New homes must cater for ageing (BBC):

<http://news.bbc.co.uk/1/hi/uk/7261944.stm>

Extra care housing and dementia:

<http://www.icn.csip.org.uk/housing/index.cfm?pid=727>

<http://www.icn.csip.org.uk/housing/index.cfm?pid=728>

Workforce issues:

<http://www.icn.csip.org.uk/housing/index.cfm?pid=734>

Service initiatives for people with dementia:

<http://www.icn.csip.org.uk/housing/index.cfm?pid=737>

Medication in extra care housing:

<http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=2544>

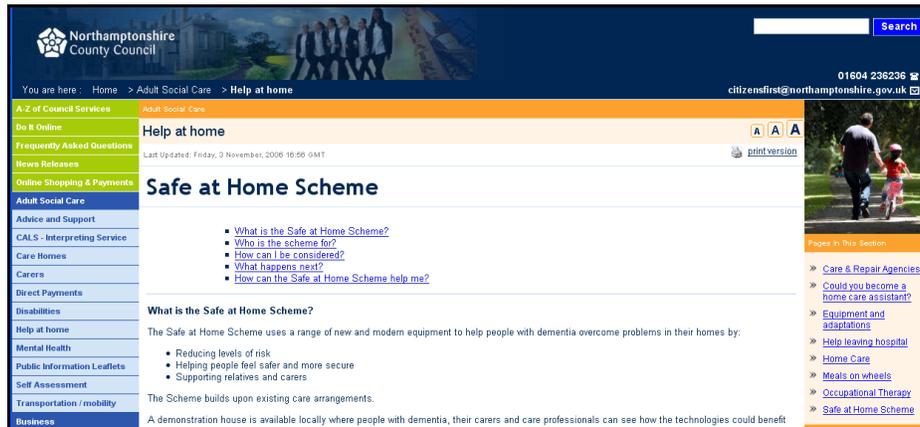
Department of Health Extra Care Housing Fund: bidding guidance 2008-2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083285

6 Telecare initiatives for people with dementia

6.1 Two of the main early projects for telecare and people with dementia are:

a) Northamptonshire – Safe at Home Scheme



Link:

<http://www.northamptonshire.gov.uk/adults/home/safeathome.htm>

<http://www.astridguide.org/>

<http://www.ehiprimarycare.com/news/item.cfm?ID=1569>

<http://www.prweb.com/releases/2005/11/prweb313515.htm>

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

b) Croydon – Aztec project

<p>Telecare Case Study</p> <ul style="list-style-type: none"> • 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 <p>CROYDON COUNCIL www.croydon.gov.uk</p>	<p>Successes</p> <ul style="list-style-type: none"> • 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 <p>CROYDON COUNCIL www.croydon.gov.uk</p>
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Telecare Event Slides from Croydon (Jan 2008):

http://www.icn.csip.org.uk/library/Resources/Telecare/Telecare_Outcomes/TelecareLondon_Croydon_KathyGrafham.ppt

Aztec project:

<http://www.croydon.gov.uk/content/departments/570770/570872/714464/649369/adultsocialcare.pdf>

<http://www.croydon.gov.uk/candd/communication/pressrel/y2005/287440/287001?a=5441>

http://www.cot.org.uk/newpublic/annual/pdf/WED_Daily.pdf

6.2 Many other telecare services (particularly local authorities and housing associations) are providing home sensors for people with dementia as part of Fair Access to Care Services or as part of established programmes for preventative services including Supporting People and extra care housing. Nearly one third of 150 social care authorities referred to dementia support as part of their telecare implementation programmes in their CSCI returns for 2006 and many other authorities have been subsequently using telecare services to support users and carers (See Appendix 2).

Telecare services:

www.icn.csip.org.uk/telecareservices

6.3 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
- 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 Tunstall
- Link to NKDSS who then can accompany her
- Can assess any deterioration



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

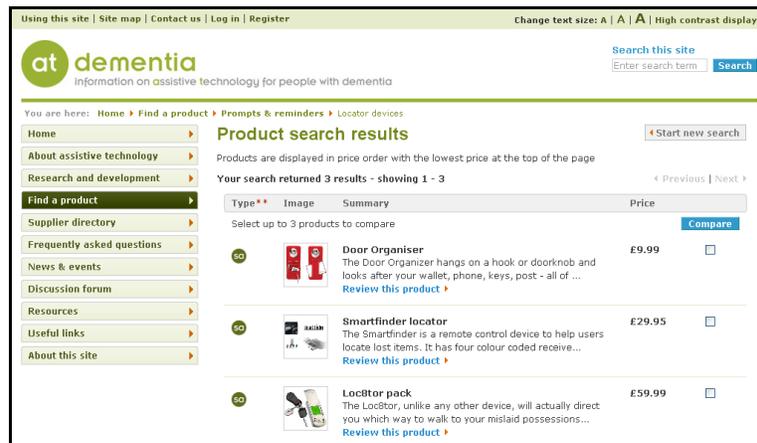
Link:

http://www.icn.csip.org.uk/library/Resources/Telecare/Telecare_Outcomes/TelecareLeeds_West_Yorks_SharonJarvis.ppt

6.4 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

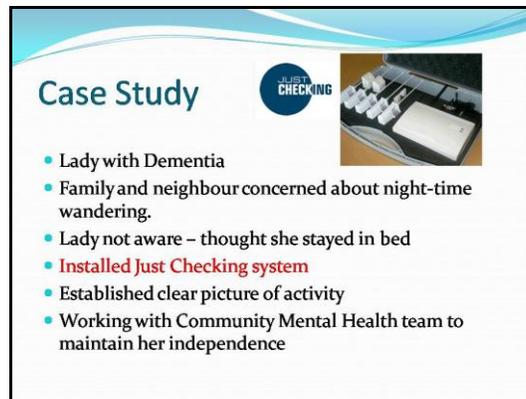


Range of equipment/services at the atdementia site:

http://www.atdementia.org.uk/productSearch.asp?page_id=16

Note: CSIP does not recommend or endorse specific products and services. Monitoring and response services should be configured for individual service users, carers and their families.

6.5 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.icn.csip.org.uk/library/Resources/Telecare/Telecare_Outcomes/TelecareLeeds_West_Yorks_SharonJ_arvis.ppt

6.6 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.

6.7 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 often need to differ.

6.8 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.



The Smart Houses

As part of the promotion of Telecare, Kent County Council and their partners have introduced 'Smart Houses' throughout Kent.

These houses are fully equipped with Telecare equipment, and have been set up to have live sensors and detectors installed. These are linked to a monitoring provider.

The houses are used for live demonstrations of the system to people interested in learning more about Telecare.

They are also used by health, housing, Adult Social Services, occupational therapists and council members for Telecare related meetings.

If you are a professional, carer, family member or user of Telecare, you can make an appointment to visit a Smart house by contacting Jan Kalinski.

An example of a Smart House
Maldstone - Shepway Court

Smart homes in Kent

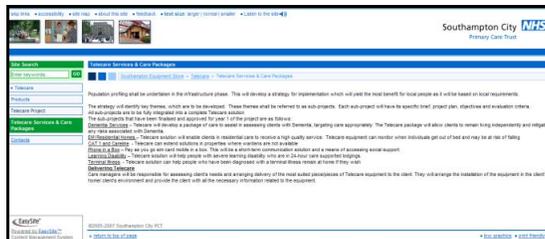
Link:

<http://www.kent.gov.uk/SocialCare/health-and-wellbeing/telecare/smart-houses.htm>

6.9 As part of the Partnerships for Older People Programme (POPP), Croydon will shortly have a mobile unit with information about a range of services including telecare. This is in addition to the Aztec Centre where people can purchase equipment.

6.10 Other examples of local authorities using telecare to support people with dementia and their carers are included below and in Appendix 2.

a) Southampton



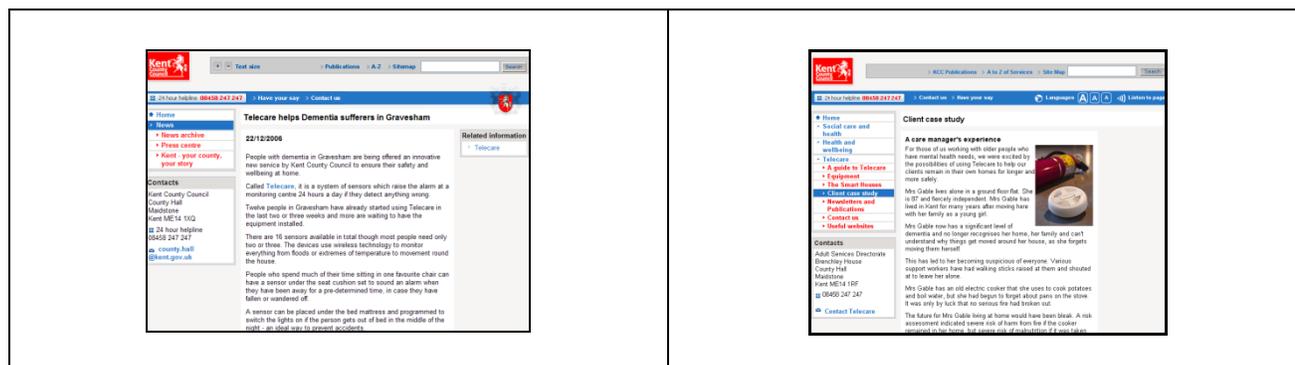
Web link:
<http://www.scpctintranet.nhs.uk/equipmentstore/telecare/telecare-services--care-packages>

b) South Gloucestershire – carers helped by technology



Web link:
<http://www.southglos.gov.uk/NR/exeres/3a6e7efa-d08b-4187-8d4e-0ae22eeb1739>

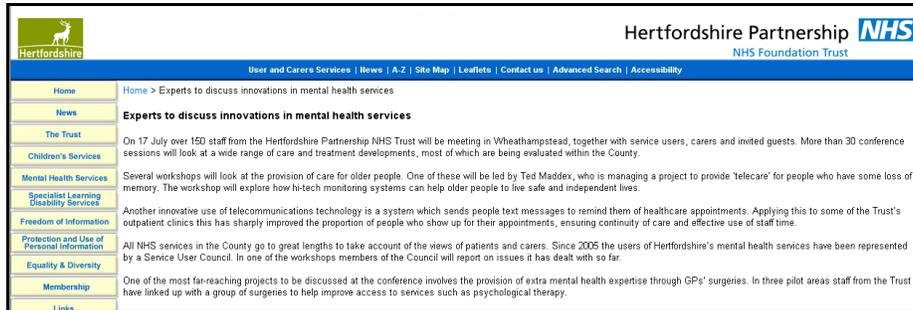
c) Kent Telecare



Web links:
<http://www.kent.gov.uk/news/dec06-gravesham-telecare.htm>

<http://www.kent.gov.uk/SocialCare/health-and-wellbeing/telecare/client-casestudies.htm>

d) Hertfordshire – telecare for people with memory loss



Link:

<http://www.hertsparts.nhs.uk/Content.asp?id= SX84C6-A77FA545>

e) Barnsley– telecare package for people with early signs of dementia



Link:

http://www.icn.csip.org.uk/_library/Resources/Telecare/Telecare_Outcomes/Telecare_Leeds_Barnsley_MichaelBreeze.ppt

f) A full list of telecare services in England is available. Further information is also provided in Section 7 on the evidence base for telecare.

Link:

www.icn.csip.org.uk/telecareservices

g) Case studies are also available from supplier web sites:

- <http://www.tunstall.co.uk/main.aspx?PageID=44>
- <http://www.chubbcommunitycare.co.uk/products/C50/>
- <http://www.telemecare.co.uk/>
- <http://www.wanderingindementia.com/>

NHS PASA national framework for telecare (lists suppliers involved in the framework):
<http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/>

CSIP Networks supplier supplement (March 2008):
<http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/>

Centre for Aging Services Technologies
<http://www.agingtech.org/index.aspx>

atdementia – Trent Dementia Services
<http://www.atdementia.org.uk>

Assistive technology and the Signal Project (Leicestershire)
http://www.leics.gov.uk/index/social_services/older_people/signal.htm

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

7 The evidence base for telecare

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

Link:

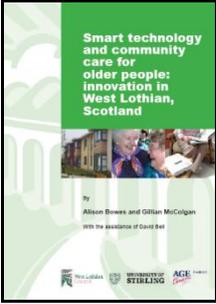
<http://www.icn.csip.org.uk/telecare/index.cfm?pid=541&catalogueContentID=1110>

7.2 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”.

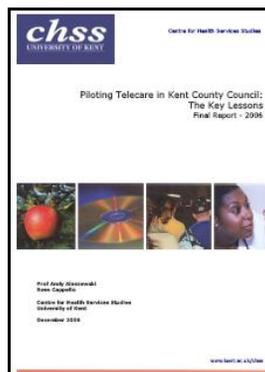
http://www.kingsfund.org.uk/publications/kings_fund_publications/securing_good.html - Chapter 9.

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

	<p>“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”.</p>
	<p>Page 131</p>

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>



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

7.4 During 2008, further qualitative outcome information is being made available on the CSIP Networks web site and is included in the CSCI performance assessment for 2008 (feedback from 150 social care authorities available in September 2008).

Link:

www.icn.csip.org.uk/telecareoutcomes
www.icn.csip.org.uk/telecareprofiles

7.5 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 (See 7.9 for full list of presentations).

<p>Actual Savings – Case study</p> <p>Mrs R – Council Tenant</p> <p>High risk of gas explosion and wandering</p> <p>Recommendation for residential placement</p> <p>Kept at home for 35 weeks until deceased</p> <p>£404 x 35 weeks = £14,140.00</p>  <p>London Borough of Havering www.havering.gov.uk</p>	<p style="text-align: center;">SOUTHWARK HEALTH & SOCIAL CARE</p> <p style="text-align: center;">INVEST TO SAVE STUDIES</p> <p>Case Study 2</p> <p>"Male aged 80yrs, referral for Telecare equipment as user was wandering from his property at different times of the day and night unable to find his way home, and to relieve pressure on family. The data from equipment was to also inform the assessment process prior to the user's admission to residential care. The user did not want to be admitted into any service. The equipment enabled the admission to be delayed by 6 months and the user and family felt they had explored many avenues of support before the decision was taken to admit the user.</p> <p>Proposed cost</p> <p>Residential Placement = £350 per week £350 x 6 months = £8,400</p> <p>Cost of Equipment:</p> <p>1 x Property exit sensor = £255 1 x Memo Minder = £35 Total = £290</p> <p>Projected savings:</p> <p style="text-align: right;">Total = £8,110</p>
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Link:

[Havering](#)

Link:

www.icn.csip.org.uk/telecareoutcomes

7.6 Both Northamptonshire and Croydon have identified areas for potential savings in supporting users with dementia at home in their telecare projects referred to in Section 6 (above).

7.7 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.icn.csip.org.uk/library/Resources/Telecare/Telecare_Outcomes/Telecare_London_-_Imperial_College_-_Jane_Hendy_and_James_Barlow.ppt

7.8 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.

Link:

http://www.icn.csip.org.uk/library/Resources/Telecare/Telecare_Outcomes/TelecareEvents_DHWSSDemonstrators_TimEllis_ClaireWhittington.ppt

7.9 Presentations from CSIP Networks events at London (27 January 2008), Leeds (29 January 2008), Manchester (4 February 2008), Taunton (7 February 2008), Birmingham (12 February 2008) are available for download. These include a range of examples on telecare and dementia.

- [Barnet](#) - Guy Dewsbury
- [Barnsley](#) - Michael Breeze
- [Birmingham](#) - Andrew Sheehan
- [Bristol](#) - David Baines and Mary Breeze
- [ChesterCare](#) - Fran Taberner
- [CSIP](#) - Mike Clark
- [CSIP](#) - Simon Brownell
- [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
- [Imperial College](#) - Jane Hendy and James Barlow
- [Walsall](#) - Tony Diaram
- [West Yorkshire Group](#) (Calderdale, Kirklees, Leeds, Bradford, Wakefield) - Sharon Jarvis

7.10 Additional References (Also see Appendix 1):

a) *Technology and Disability* (Volume 19, Number 2,3), May 2007, published by IOS Press. *Technology in Dementia Care* Guest Editor(s): Inger Hagen

http://www.iospress.nl/pressreleases/pr_tad_special_issue.pdf

b) A systematic review of successes and failures in home telehealth: preliminary results Mark Bensink, David Hailey and Richard Wootton *Journal of Telemedicine and Telecare* 2006; 12 (Suppl. 3): S3:8–16

c) A systematic review of successes and failures in home telehealth. Part 2: Final quality rating results Mark Bensink, David Hailey and Richard Wootton Centre for Online Health, University of Queensland, Brisbane, Australia *Journal of Telemedicine and Telecare* Volume 13 Supplement 3 2007

d) 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

8 Barriers, ethical and consent Issues

8.1 There are 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

8.2 Organisations implementing telecare should consider the ethical and consent issues for supporting people with dementia. These are considered in the Astrid Guide and in a Telecare LIN factsheet.

Link for Astrid Guide
<http://www.astridguide.org/>
<http://www.careinfo.org/books/>

Telecare LIN factsheet:
<http://www.icn.csip.org.uk/telecare/index.cfm?pid=541&catalogueContentID=1139>

8.3 *The Scottish Telecare Learning Network has a draft factsheet on ethics and assessment based on their workshop that was held in October 2007.*

Link:
<http://www.jitscotland.org.uk/action-areas/themes/telecare/learning-network.html>

8.4 The SAPHE Project is examining the consent issues for pervasive sensors:

Link:
<http://ubimon.doc.ic.ac.uk/saphe/m338.html>

8.5 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>
<http://www.cat.csip.org.uk/index.cfm?pid=231>

Independent mental capacity advocate (IMCA) services:
<http://www.icn.csip.org.uk/betterCommissioning/index.cfm?pid=864>

8.6 In respect of electronic tagging, 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>

8.7 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.

9 Human implants, pervasive sensors and electronic tagging

9.1 The provision of telecare is not without some controversy. This includes concerns about surveillance, consent and replacement of personal contact by technology.

“Alongside the undoubted beneficial impact of new technologies, some commentators highlight potential problems. These include the potential for telecare to promote medical models of ageing, detracting from recent headway made in promoting socially inclusive models (Fisk 2001:120); the tendency for a focus on risk resulting in new technology becoming a new form of restraint, for example watching a person with dementia for ‘risky’ behaviour which then precipitates residential care, as they are labelled ‘personifications of risk’ (Manthorpe 2004:148); and emphasis on surveillance, including electronic monitoring or tagging, potentially carried out without full consent (Fisk 2003:238)”.

Smart technology and community care for older people: innovation in West Lothian (2006)
<http://www.ageconcernscotland.org.uk/pdf.pl?file=age/file/publications/A10375%20The%20House-Smart%20Technology.pdf>

9.2 With around 1.5-1.6m million people with telecare in England, care has been taken by health, housing and social care professionals to ensure that appropriate systems are in place for governance, consent, monitoring and response. However, in some areas, there has been reluctance to move forwards to use technology as a complement to personal care in care packages. This is evidenced by low referrals rates in some local authority areas.

9.3 Users, carers and independent organisations have been relatively enthusiastic about the use of established technology where there are appropriate safeguards. An example has been the response of the Alzheimer’s Society in England to telecare.

The screenshot shows the Alzheimer's Society website. The main heading is "Electronic tagging". Below it, the text reads: "Alzheimer's Society position statement: Electronic tagging has the potential to offer benefits to people with dementia and their carers. But practical and ethical issues have yet to be fully addressed." The page also includes a "Background" section discussing the balance between benefits and civil liberties, and a "Donate" button at the top right.

The document titled "A balancing act" discusses the challenges of balancing safety and freedom for people with dementia. It states: "Balancing the needs of people with dementia and their carers can be difficult, especially when it comes to safety versus freedom. Many an anxious carer has resorted to locking doors to prevent the person they care for going missing. The introduction of safer walking technologies is one way of addressing both sets of needs, but these bring with them a host of other issues." The document includes a photograph of an elderly man with a cane and a list of "safer walking technologies" such as alarm systems and tracking devices.

News Links:

http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=239

http://www.alzheimers.org.uk/site/scripts/documents_info.php?categoryID=200167&documentID=551

<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.ihtml?view=DETAILS&grid=&xml=/health/2007/12/31/htag131.xml>
<http://news.scotsman.com/uk/Charity-backs-dementia-patient-tags.3621482.jp>

Alzheimer's Society statement:

http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=239
http://www.alzheimers.org.uk/site/scripts/documents_info.php?categoryID=200167&documentID=551

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 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/>

9.4 It will be interesting to see how this debate develops as we also move into the areas of implants and pervasive sensors which could support a wide range of health and social care scenarios including dementia support, insulin pumps, nerve stimulation for stroke etc. In the USA, federal governments have banned forced under the skin implants for dementia tracking.

9.5 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.

Use of Radio Frequency ID Devices (RFID):

http://www.informationweek.com/blog/main/archives/2007/12/the_reverse_con.html

Implants:

<http://www.verichipcorp.com/news/1196870556>

<http://www.verichipcorp.com/news/1197464691>

http://www.verichipcorp.com/content/solutions/wander_prevention

<http://www.cbn.com/cbnnews/usnews/060918a.aspx>

<http://www.rfidtechnology.qoglo.com/verichip-human-implant.php>

<http://en.wikipedia.org/wiki/VeriChip>

http://www.washingtonpost.com/wp-dyn/content/article/2007/09/08/AR2007090800997_pf.html

<http://www.newswithviews.com/McIntyre/Liz6.htm>

http://www.businesswire.com/portal/site/google/index.jsp?ndmViewId=news_view&newsId=20071205005583&newsLang=en

California legislation on implants:

http://info.sen.ca.gov/pub/07-08/bill/sen/sb_0351-0400/sb_362_bill_20070627_amended_asm_v95.pdf

http://www.aroundthecapitol.com/Bills/SB_362/

http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_362&sess=CUR&house=B&author=simitian

Project Lifesaver – USA:

http://projectlifesaver.org/public_html/aboutus.htm

http://www.zwire.com/site/news.cfm?newsid=19137406&BRD=2605&PAG=461&dept_id=523946&rfi=6http://www.sanluisobispo.com/news/local/story/217643.html

<http://www.ledger-enquirer.com/news/story/199990.html>

http://www.denverpost.com/opinion/ci_7643183

<http://www.fayobserver.com/article?id=278964>

<http://action3news.com/Global/story.asp?S=7552985>

Children/school pupils using GPS and other devices:

<http://news.bbc.co.uk/1/hi/technology/4268203.stm>

<http://www.tech.co.uk/gadgets/phones/mobile-phones/news/kids-mobile-keeps-tabs-on-them-at-all-times?articleid=1926445250>

Journal articles:

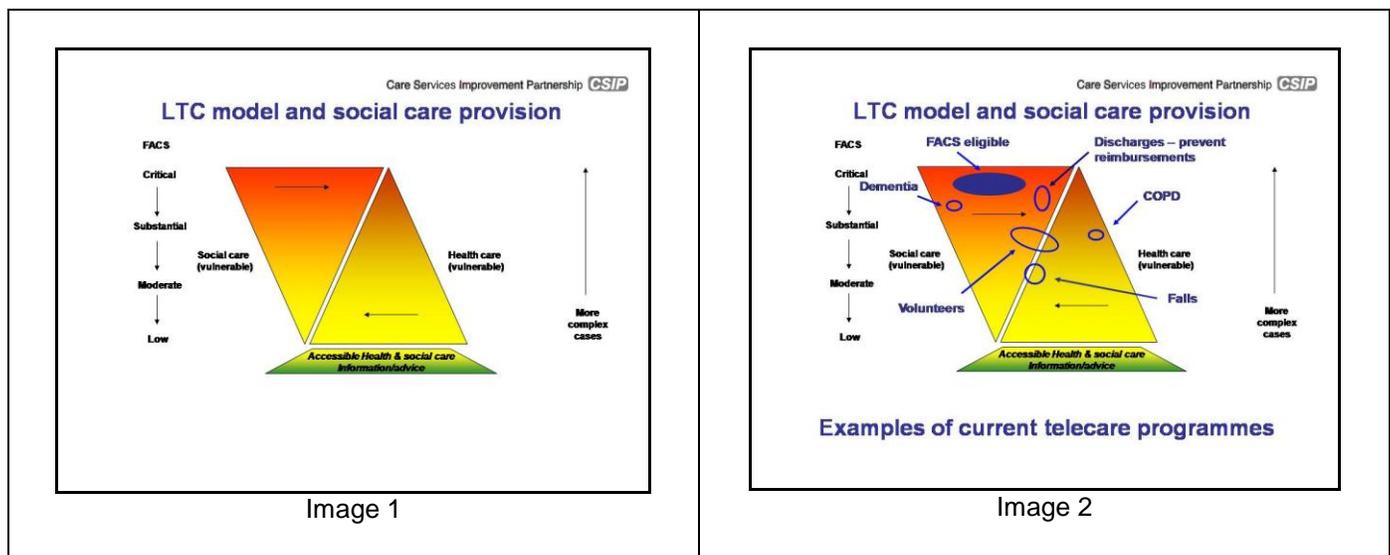
- a) *Evaluation of an activity monitoring system for people with dementia – Celia Price – Journal of Assistive Technologies, December 2007*
- b) *Safer walking? Issues and ethics in the use of electronic surveillance of people with dementia, Rhidian Hughes Journal of Assistive Technologies, March 2008*

10 Commissioning integrated health, housing and social care services for people with dementia that includes telecare

10.1 Local authorities and their partners will need to consider the local evidence that supports care pathways using telecare and other assistive technologies for people with dementia and formal/informal carers.

10.2 There will need to be a balance of services between:

- FACS eligible – eg critical/substantial
- Targeted – eg falls, dementia support
- Preventative including Supporting People
- Self care and self directed support



Link for slide images:

http://www.icn.csip.org.uk/library/Resources/Telecare/Telecare_Outcomes/TelecareEvents_CSIP_MikeClark.ppt

10.3 In image 1, the right hand triangle is a typical long term condition management triangle with more complex case management at the top and self management at the broader base. The left hand social care triangle is upturned to show a broader area for FACS eligible service users. There is often little overlap of the triangles as integration and data sharing is still limited locally for various reasons.

10.4 In image 2, current telecare and telehealth programmes are mapped onto the triangles. Although, specific programmes are carefully planned, there is often an unclear sense of where the telecare recipients are located within the overall picture so evaluation results may prove inconclusive. The majority of social care authorities are currently providing telecare for FACS eligible users - usually Critical/Substantial.

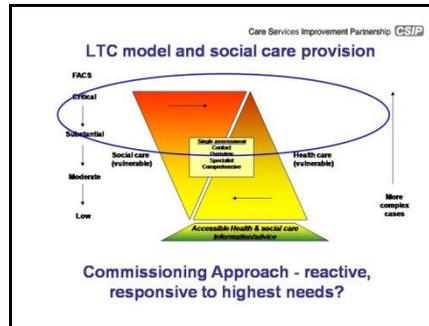


Image 3

10.5 In image 3, the local commissioning emphasis is placed on the critical and complex cases that often become urgent when needs change or there is an exacerbation or fall at home. These will be the intensive home care service users and some of the more complex (and sometimes frequent) admissions to hospital – local authorities and health trusts tend to separately know who they are but they will not know how many people with intensive home care with dementia also have heart failure. It is understandable that human contact resources are located in these areas eg care/case management visits and domiciliary care, but how many people that could benefit from telecare through direct support or self care miss out or have fallen off the social care radar as eligibility criteria have been changed? What is the cost of supporting these groups? How do telecare and telehealth make a difference as part of integrated health, housing and social care services?

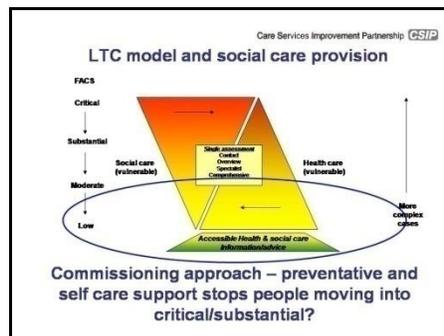


Image 4

10.6 In Image 4, the commissioning emphasis is on Low/Moderate under FACS who often no longer receive a social care service and the self-management of long term conditions. Local authorities and health trusts are less likely to know who these people are. They are less likely to attend hospital for their long term condition or they used to be Low/Moderate under FACS and no longer receive a service (eg memory loss with no formal diagnosis of dementia). There could be large numbers in these groups – do you know who they are? What is the cost of supporting these groups? Have you established locally that these preventative care pathways work? Through telecare and telehealth support, can you help prevent someone who was 'Low' under FACS unexpectedly entering a care home at £400+ per week or someone with dementia being admitted to hospital repeatedly following falls?

How do telecare and telehealth make a difference as part of integrated health, housing and social care services?

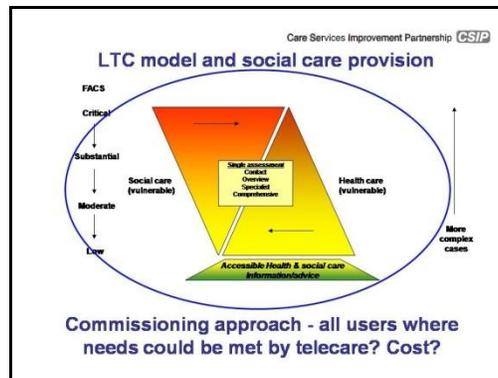


Image 5

10.7 With the Joint Strategic Needs assessment, local authorities, health trusts and their partners will need to look at the whole population. This means using risk stratification tools and high quality baseline data.

Guidance on Joint Strategic Needs Assessment:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

10.8 Few local authorities and PCTs have the intelligence, record systems, data sharing protocols in place at this stage to establish how many people have dementia or fell last night and were admitted to hospital. Increasingly, health, housing, social care and third sector organisations will need to bring their skills and expertise together to address these issues.

Projecting older people population information system:

<http://www.poppi.org.uk>

PARR++:

[Link: http://www.kingsfund.org.uk/current_projects/predictive_risk/patients_at_risk.html](http://www.kingsfund.org.uk/current_projects/predictive_risk/patients_at_risk.html)

Croydon virtual wards approach:

[Link: http://www.networks.nhs.uk/uploads/06/12/croydon_virtual_wards_case_study.pdf](http://www.networks.nhs.uk/uploads/06/12/croydon_virtual_wards_case_study.pdf)

Combined predictive model:

[Link: http://www.networks.nhs.uk/177.php](http://www.networks.nhs.uk/177.php)

10.9 In Image 7, Have you identified the care pathways where telecare and telehealth make a difference and embodied service options for use by care managers, community matrons and other service commissioners and providers?

10.10 With increasing numbers of older people with dementia and limited scope within higher risk categories of FACS, commissioners will need to examine integrated, preventative approaches that maintain care closer to home.

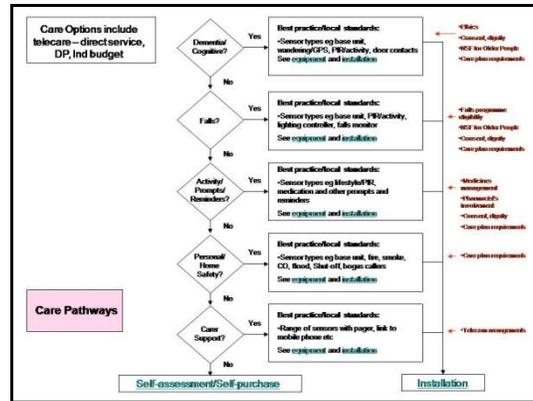
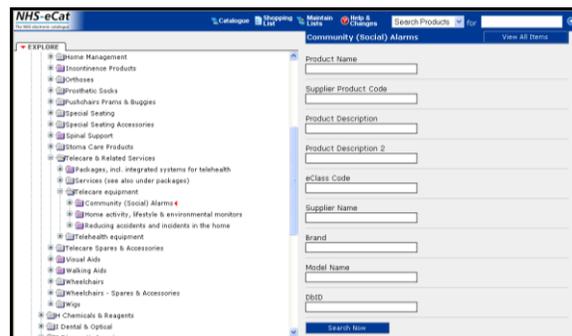


Image 7

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

11.1 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 2000 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/>

CSIP Networks supplier supplement (March 2008):

http://www.integratedcarenetwork.csip.org.uk/library/Resources/Telecare/Telecare_advice/Newsletter/Supplier_Supplement_March_2008.pdf

Centre for Aging Services Technologies

<http://www.agingtech.org/index.aspx>

atdementia – Trent Dementia Services

<http://www.atdementia.org.uk>

Assistive technology and the Signal Project (Leicestershire)

http://www.leics.gov.uk/index/social_services/older_people/signal.htm

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

health trust 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.

12.5 Workforce issues are being considered by FAST UK, CSIP Networks and the Skills Councils as part of the broader changes in assistive technology management.

Link:

<http://www.fastuk.org/atforumactivities/workforcedevelopment.php>

13 The future for telecare and dementia

13.1 As well as reviewing telecare outcomes over the past two years, the CSIP Networks events from January/February 2008 looked to the future.

13.2 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.

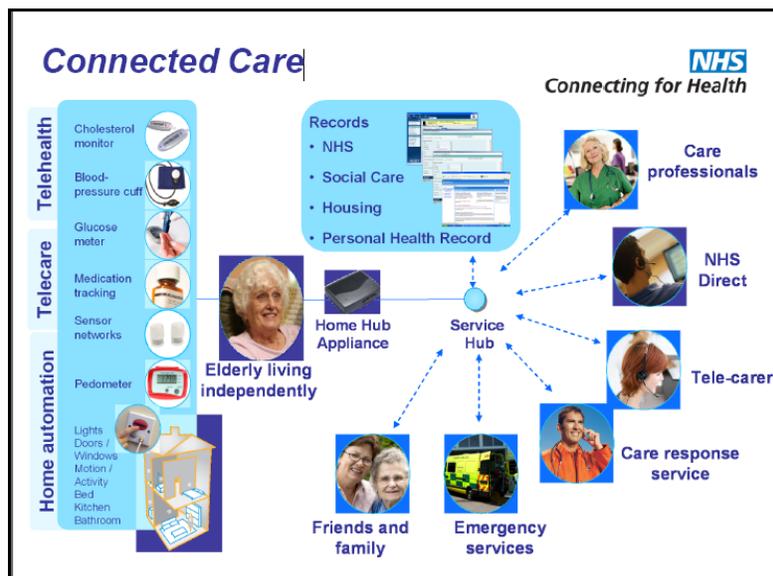
13.3 BT 21CN will see major upgrades to the telephone system and broadband in the UK between 2008 and 2011.

Link:

<http://www.switchedonuk.org/>

13.4 George Mac Ginnis and Michael Dillon from NHS Connecting for Health reviewed the current position and future potential models based on home hubs and development of mobile devices at the CSIP Networks Events in January/February 2008. This also included the rapid development of telehealth/telemedicine and important links with health and social care records.

13.5 As previously mentioned, many telehealth devices will not currently be easily accessible to people with dementia as they involve pressing buttons in response to wellness questions and the use of blood pressure monitors, weight scales etc.



Link:

http://www.icn.csip.org.uk/library/Resources/Telecare/Telecare_Outcomes/TelecareEvents_Telehealth_LookingtotheFuture_NHSCfH.pdf

13.6 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.

13.7 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.

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

13.9 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.

 <p>Technology Strategy Board</p> <p>Assisted Living Innovation Platform Delivering Innovation in Assisted Living – User Perspectives</p> <p>Notice of an initiative for industry, academia, and the health and care community in research and development.</p> <p>The Department of Health (DH), the Technology Strategy Board (TSB), the Engineering and Physical Sciences Research Council (EPSRC) and the Economic and Social Research Council (ESRC) will be funding a number of new activities around technology and new business models for Assisted Living.</p> <p>This initiative will enable industry, academia and health and care professionals to collaborate in order to significantly advance the technology. Also, more generally, to advance the ability of industry and the health and care professions to meet the demand for independent living from people suffering from chronic long term conditions, noting the steady growth in those with such conditions as numbers of elderly people increase.</p> <p>The sponsor's vision for this initiative is to support highly innovative research, development, innovation and technology projects, and also user-centred research centred on experts in industry, the health and care professions, and universities. This initiative is aimed at bringing benefits to all areas of these papers, but particularly to the development of UK-based companies seeking to position themselves in what is a potentially large global market opportunity. To enable this, the sponsor will be supporting initiatives that:</p> <ul style="list-style-type: none"> Develop technology-based innovative solutions to address long term conditions. Develop and/or cooperate industry investment in innovation. Show clear pathways to application. Adopt a multidisciplinary approach. Show promise of high quality research outputs. <p>The Assisted Living Innovation Platform was launched at Innovent 2007 in London (9th November 2007) as well as being released through the sponsor's web site.</p> <p>This document sets out the supported process and timetable for the initial work programme. It covers the identification and development of the research and innovation issues, and opportunities for collaboration formation. An initial budget of 05.0M has been allocated to this first activity. Any other related interested parties may wish to keep this site also described.</p>	<p>“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.</p> <p>...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.</p> <p>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”.</p> <p>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.</p> <p><i>Press Release, November 2007</i></p>
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Web Links

Technology Strategy Board:
<http://www.innovateuk.org/>

Press Release:

<http://www.berr.gov.uk/innovation/technologystategyboard/page42353.html>
<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>
- <http://news.bbc.co.uk/1/hi/technology/7085131.stm>

13.10 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. This has been covered in Telecare Newsletters for January and March 2008.

LAC (DH)(2008)1: Transforming social care:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

CSIP Networks Telecare Newsletters:

www.icn.csip.org.uk/telecarenewsletters

13.11 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.

Developments

- Shop open for direct equipment purchase and telecare advice
- Pop-bus – telecare installed, taking services to the people
- New technology to meet service user needs
- Mainstreaming service

CROYDON COUNCIL
www.croydon.gov.uk

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

13.13 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.

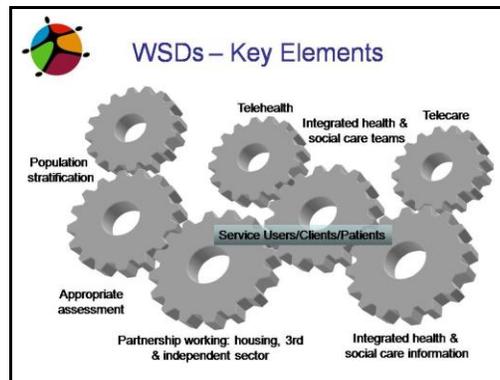
Extra Care at Havering...

- Two Extra Care Schemes in Havering:
- One with 33 flats and newest one with 64 flats
- Purpose built for Telecare, with:
 - Dedicated dementia wing
 - 6 ICAT flats
 - Separate day centre run by Age Concern.
- Telecare actively promoted amongst the residents by the care provider, ICAT and Age Concern

London Borough of Havering www.havering.gov.uk

Links:
[Havering](#) [Croydon](#) [Lincolnshire](#)

13.14 Between 2008 and 2010/2011, the Department of Health’s Long Term Condition Demonstrators in Newham, Cornwall and Kent will be implementing a large randomised control trial that will provide statistical validation of the effectiveness of telecare and telehealth within integrated services.



Learning so far

- Understand your population
- Plan in advance and recognise the environment will change over the life of your programme
- Clearly define the whole integrated pathway requirements – involve all the key stakeholders
- Ensure you have the right resources
- Ensure you can measure the benefit in a way that satisfies the needs of your key stakeholders
- Employ rigorous programme/project management

Learning to inform wider implementation

Through :

- Promoting more user focused care and improving the information available to service users
- Facilitating introduction of integrated care pathways including telehealth and telecare by providing the business case for their effectiveness
- Encouraging research into the areas that currently provide a barrier to more widespread implementation through the Assisted Living Innovation Platform
- Guiding the development of integrated health and social care information sources based on national standards through our work with ClH
- Scoping the requirements for future procurement solutions for assisted living with PASA
- Sharing lessons learned by the demonstrator sites through CSIP

Link for slides:

[Department of Health Demonstrators](#) - Tim Ellis, Claire Whittington

WSD programme:

http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_4140328

13.15 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.

Appendix 1: References: Summary of Web Links (CSIP is not responsible for external links and does not endorse specific telecare goods or services)

Journal references, books and further web links:

Reflections on ethics, dementia and technology. Baldwin, C. in Woolham, J. (ed) Assistive Technology in dementia care. Hawker publications 2006

Steven Wey's paper 'One size does not fit all' in Marshall, M Perspectives on Rehabilitation and Dementia (Jessica Kingsley, 2004) ISBN: 9781843102861

Designing Homes for People with Dementia: Damian Utton BA(Hons) DipArch RIBA - Hawker: ISBN 1 874 790 28 0

Dementia: walking not wandering: Fresh approaches to understanding and practice - Edited by Mary Marshall and Kate Allan - Hawker: ISBN 1 874 790 68 X

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 ISBN 1 874790 83 3

Safe at Home: The effectiveness of assistive technology in supporting the independence of people with dementia: the Safe at Home project - John Woolham - Hawker: ISBN 1874790779

Other links of interest:

Telehealth Home Monitoring of Solitary Persons With Mild Dementia:

<http://aja.sagepub.com/cgi/content/abstract/22/1/20>

<http://www.cat.csip.org.uk/library/docs/Housing/Case%2003%20rev.pdf>

http://www.bath.ac.uk/bime/home.php?nl=projects/dc_projects.html&mt=projects

http://www.alzheimers.org.uk/Research/Library/reading_lists/Reading%20list_assistive%20technology.pdf

<http://dem.sagepub.com/cgi/reprint/3/3/281>

<http://www.enableproject.org/html/finalconference.html>

<http://dem.sagepub.com/cgi/content/refs/3/3/297>

Telecare: Living at home

<http://www.hesmagazine.com/story.asp?storyCode=2038903>

Dementia Services Development Centres in England:

<http://www.dsdcentres.org.uk/>

South East Dementia Centre:

<http://dementiacentre.canterbury.ac.uk/links.htm>

Dementia Services Development Centre at University of Stirling:

<http://www.dementia.stir.ac.uk/>

Dementia perspective – Spring 2008: <http://www.dementia.stir.ac.uk/Admin/Editor/assets/dementiaperspective-spring2008.pdf>

Additional recent articles (January – March 2008 See also January 2008 CSIP Networks Telecare eNewsletter at www.icn.csip.org.uk/telecarenewsletters) :

Securing Good Care for Older People: Taking a Long-term View – Oxford Institute of Ageing
http://www.ageing.ox.ac.uk/ageinghorizonsnew/ltc/davies_ltc.pdf

Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society – DCLG
<http://www.communities.gov.uk/documents/housing/pdf/lifetimehomes>

Age Concern – The Age Agenda 2008
http://www.ageconcern.org.uk/AgeConcern/Documents/Age_Agenda_2008.pdf

Dementia is a living death for 700,000 Britons. That figure is rising sharply. Can we cope?
<http://www.guardian.co.uk/society/2008/feb/17/mentalhealth.health>

Project Lifesaver
http://www.baldwincountynow.com/articles/2008/02/01/local_news/doc479f906e32bee949270568.txt
<http://www.firerescue1.com/rescue/articles/348377/>
Frisco firm creating system to find wandering Alzheimer's patients
http://www.dallasnews.com/sharedcontent/dws/bus/stories/DN-EmFinders_30bus.ART.State.Edition1.38aaeda.html

Dementia services in England
<http://www.medicalnewstoday.com/articles/95103.php>
<http://www.onmedica.com/NewsArticle.aspx?id=c4ca013a-7909-43ab-9601-48031ecde5e6>
http://commentisfree.guardian.co.uk/yvonne_roberts/2008/01/death_rehearsal.html
<http://www.guardian.co.uk/society/2008/jan/24/longtermcare.socialcare>
<http://news.bbc.co.uk/1/hi/health/7204545.stm>

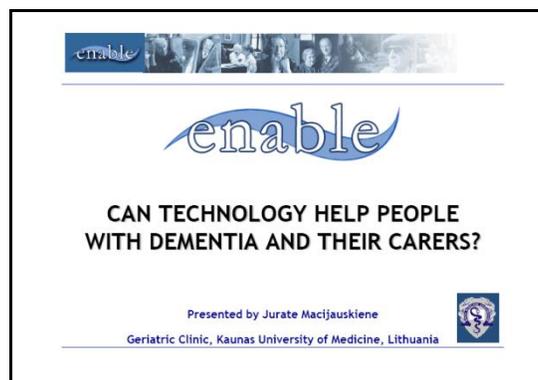
Keeping Dementia Sufferers In Their Own Homes For As Long As Possible
<http://www.medicalnewstoday.com/articles/100812.php>

The Alzheimer's Store – USA
<http://www.alzstore.com/>

For people with Alzheimer's, a wristband that gets attention
<http://www.sanluisobispo.com/news/local/story/306839.html>

18% of all boomers expected to develop Alzheimer's - USA
http://www.usatoday.com/news/health/2008-03-17-alzheimers-stats_N.htm
<http://www.allheadlinenews.com/articles/7010381664>
<http://www.medicalnewstoday.com/articles/101030.php>
<http://www.canada.com/topics/bodyandhealth/story.html?id=86a88167-cf93-46c0-abf1-85fa6eff2b22&k=94911>

a) Enable Project



Link:

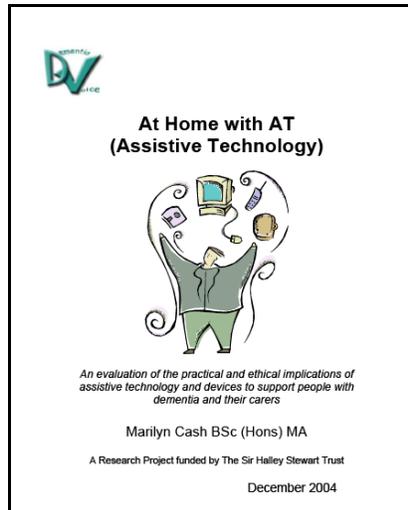
http://www.enableproject.org/download/ppt/Jura_Macijauskiene.pdf

b) Dementia Information Service for Carers:

Link:

<http://www.disc.org.uk/>

c) At home with AT – Dementia Voice:



Link:

http://www.dementia-voice.org.uk/Projects/At_Home_with_AT_main.pdf

d) Networked Carers

Researchers at Coventry & Warwickshire NHS Partnership Trust and the University of Warwick are investigating the current and future use of technology by carers of people with dementia.

They are asking carers, especially family members and friends of people with dementia, about their experiences and opinions of networked technologies. These include the internet, telecare systems, and other technologies linking people and services in different locations. We are also seeking the views of people working with carers.

The results will inform government policy about how new technology may be able to help carers.

Link:

http://www2.warwick.ac.uk/fac/med/research/hsri/research/ehealth/dementia_carers

e) Piloting Smart Home Technology in ECH for people with Dementia (Feb 2007)

An example of enabling technology within an Intermediate Care flat at Hillside Court, St George. Hillside Court is managed by Housing 21.

Link:

[http://www.icn.csip.org.uk/library/Resources/Housing/Housing_advice/Piloting Smart Home Technology in EC H for people with Dementia February 2007.doc](http://www.icn.csip.org.uk/library/Resources/Housing/Housing_advice/Piloting_Smart_Home_Technology_in_EC_H_for_people_with_Dementia_February_2007.doc)

f) Assistive Technology in Extra Care Housing for people with dementia (September 2006)

Presentation by Eileen Askham, Fold Housing Association, at the Extra Care Housing and Dementia conference in September 2006. Eileen outlines the devices being used in Seven Oaks supported housing and the benefits they achieve.

Link:

http://www.icn.csip.org.uk/library/Resources/Housing/Housing_advice/Askham_130906.ppt

g) Least-use Assistive Technology in Dementia Care (April 2004)

Case study 3 - This early case study describes the refurbishment of a sheltered scheme into Rowan Court Extra Care scheme for people with dementia. Part of the redevelopment included the incorporation of cabling for a variety of assistive technology devices.

Link:

[http://www.icn.csip.org.uk/library/Resources/Housing/Practice_examples/Least-use Assistive Technology in Dementia Care April 2004 pdf - 68Kb.pdf](http://www.icn.csip.org.uk/library/Resources/Housing/Practice_examples/Least-use_Assistive_Technology_in_Dementia_Care_April_2004_pdf_-_68Kb.pdf)

h) Memory assessment service for the early identification and care of people with dementia (NICE Commissioning Guide)

Link:

<http://www.nice.org.uk/usingguidance/commissioningguides/memoryassessmentservice/memoryassessmenthome.jsp>

Appendix 2 – CSCI statements from local authorities in 2006 where ‘dementia’ was referenced

Local Authority	2161 Description of telecare service(s) being implemented
Barking and Dagenham	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.
Barnsley	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	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.
Bexley	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.
Bracknell Forest	<p>The Borough is planning to implement the following telecare services in year one of the Assistive Technology Grant allocation of £45k:</p> <ul style="list-style-type: none"> • 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. <p>• 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</p>
Bradford	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

Bristol	<p>After consulting with CSIP, we are piloting an exciting range of AT projects and developing the local infrastructure:</p> <ul style="list-style-type: none"> · £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. <p>All work is undertaken in partnership with corporate and external partners eg health, housing, voluntary, service user and carers.</p>
Bromley	<p>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.</p> <p>LBB are concentrating on the following areas</p> <ul style="list-style-type: none"> · 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 <p>A final decision will be made in the summer as to which directions our focus will be on.</p>
Bury	<p>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.</p>
Coventry	<ol style="list-style-type: none"> 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.
Doncaster	<p>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.</p>

Durham	<p>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.</p>
East Sussex	<p>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.</p> <p>The aim is to mainstream telecare using social care and further thought is being given to evidence based performance assessment and cost benefit evidence.</p>
Gateshead	<ul style="list-style-type: none"> * 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	<p>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.</p> <p>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.</p> <p>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.</p> <p>Work is continuing with other partners (community & voluntary sector, statutory services such as health & social services, Police and Fire Services).</p>

Harrow	<p>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</p>
Hillingdon	<p>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.</p>
Isle of Wight Council	<p>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</p>
Kensington and Chelsea	<p>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.</p> <p>In addition to this mainstream service there will be some small scale trials of different devices, including telemedicine devices.</p>
Kingston Upon Thames	<p>The aim of the scheme is to support people with dementia and their carers within their own home through Telecare services. Objectives are to -</p> <ul style="list-style-type: none"> -- 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 <p>Target Group –</p> <ul style="list-style-type: none"> -- people with dementia who are at risk of causing a fire or wandering -- people at risk of admission to a residential/nursing home and or hospital -- carers having difficulty coping <p>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.</p>

Leicestershire	<p>A conference was held in September 2005 to identify priorities for telecare. It was agreed that services will be focused on:</p> <ul style="list-style-type: none"> • 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. <p>We will do this by:</p> <ul style="list-style-type: none"> • 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	<p>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.</p> <p>Our priorities for 2006/07 are</p> <ul style="list-style-type: none"> • 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.
Merton	<p>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.</p>
Milton Keynes	<p>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.</p>
North Somerset	<p>There are three main projects:</p> <ol style="list-style-type: none"> 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 <p>Response will be via the Community Alarm service, wardens, carers.</p> <p>The service will also be accessible to care managers more generally according to need (resources permitting).</p>

Nottingham	<p>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.</p>
Oxfordshire	<p>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</p>
Plymouth	<p>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.</p>
Redcar and Cleveland	<p>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.</p>
Somerset	<p>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.</p>

<p>South Gloucestershire</p>	<p>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</p> <p>Younger disabled people under 65 to improve their quality of life using sensors linked to using Piper Lifeline</p> <p>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</p> <p>People with dementia enabled to live independently whilst reducing the stress on their carers by using movement sensors monitored by carers through website</p> <p>Telehealth project for patients with LTC living in Kingswood locality through proactive monitoring thereby reducing the cost to the NHS.</p>
<p>Stoke on Trent</p>	<p>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</p>
<p>Surrey</p>	<p>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.</p>
<p>Sutton</p>	<p>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.</p>
<p>Trafford</p>	<p>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.</p> <p>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.</p>

Wandsworth	<p>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).</p>
Warrington	<p>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.</p>
Warwickshire	<p>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.</p>
West Sussex	<p>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.</p>
Westminster	<ul style="list-style-type: none"> * 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	<p>We will seek to maximize the potential of assistive technology in the following ways by:</p> <ul style="list-style-type: none"> - 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	<p>Target client group is older people. No impact on FACS. Prevention OTs will advise those who fail to meet WDC threshold.</p> <p>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.</p> <p>Dementia care- simple equipment such as pressure mats, falls sensors, gas and flood alerts. Range of equipment to expand once last call service established.</p> <p>Telecare infrastructure to be established in WDC residential homes and selected sheltered housing complexes. May result in changes in role.</p> <p>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.</p> <p>Barrier: size of grant, PCT financial deficit.</p>
Wolverhampton	<p>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.</p> <p>The Grant is funding the purchase of telecare equipment and posts involved in its installation and maintenance, response to telecare alerts etc.</p> <p>The Telecare service will be integrated into the proposed neighbourhood support worker service.</p>
Worcestershire	<p>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.</p> <p>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.</p>

This document was prepared by Mike Clark for CSIP Networks and includes references to the CSIP Networks Telecare events from January/February 2008. CSIP Networks would like to thank all of the contributors at the recent events (www.icn.csip.org.uk/telecareoutcomes).

- [Barnet](#) - Guy Dewsbury
- [Barnsley](#) - Michael Breeze
- [Birmingham](#) - Andrew Sheehan
- [Bristol](#) - David Baines and Mary Breeze
- [ChesterCare](#) - Fran Taberner
- [CSIP](#) - Mike Clark
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- [Imperial College](#) - Jane Hendy and James Barlow
- [Walsall](#) - Tony Diaram
- [West Yorkshire Group](#) (Calderdale, Kirklees, Leeds, Bradford, Wakefield) - Sharon Jarvis

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About the Telecare LIN

The Telecare LIN is the national network supporting local service redesign through the application of telecare and telehealth to aid the delivery of housing, health, social care and support services for older and vulnerable people.

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References:

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