

Delivering Telecare Services during the COVID-19 Outbreak

TEC Programme
September 2020

Delivering Telecare Services during the COVID-19 Outbreak

Summary of findings

In June 2020, twenty-eight of the 31 Health and Social Care Partnerships contributed to a survey that asked about changes they introduced to telecare services in response to the COVID-19 outbreak. The survey identified positive changes in practice that remain relevant in the recovery phase and beyond, and should be sustained and/or built-on. In addition, it identified a number of lessons learned, which have potential to strengthen service continuity plans in preparation for further outbreaks or other crises.

Context: the Impact of COVID-19 on Telecare Services (p3)

- The telecare workforce adapted rapidly to new ways of working.
- For most services, an anticipated surge in telecare referrals, activations and responses did not materialise.
- The biggest challenge for most services has been significant staff shortages; response services appear to have been impacted the most, with the reduction in new referrals and alarm activations enabling services to continue to operate.

Referrals, assessment and equipment provided (p5)

Services described:

- introducing new processes to triage and/or prioritise new referrals;
- prioritising requests for telecare to support hospital discharge, palliative and end of life care; most services ensured all referrals continued to be considered so that people at home and at high risk of harm or hospital admission could also be prioritised.
- relaxing prioritisation criteria when increased demand did not materialise.
- Services that did not introduce changes to the referral process or equipment provided, saw an increase in referrals to prevent care home admission, an increase in referrals due to suspension of day care or respite, and an increase in complex installations.
- Holding stock of GSM units was helpful when new clients were unable to have landlines installed.

Installations and withdrawals (p7)

Services described:

- streamlining the installation approach to minimise home visits;
- staff being redeployed to carry out installations; joint working with housing colleagues to enable installations;
- introducing 'supported' self-installation procedures;
- remote working for installers; using Near Me to support deployment of GPS locators;
- increasing backlogs of installations;
- use of PPE and social distancing.

Maintenance (p10)

- Around half the services described carrying out urgent or essential maintenance only.
- Various strategies were deployed to ensure regular test calls continued.
- Digital GSM units enabled remote 'fixes'.

Reviews (p11)

- Most services switched to telephone reviews; some described suspending annual reviews.
- Telephone reviews were carried out by call handling staff, telecare staff isolating at home and social work staff shielding at home.
- Backlogs of reviews were described.

Call Handling (p13)

- A range of social distancing measures were introduced in alarm receiving centres.
- Three services rapidly introduced remote working for call handlers.
- One service described daily reviews of call volume to identify any negative impact of suspending home support.
- COVID screening questions were commonly described; processes to identify alternative responders were described.
- Some call handlers undertook welfare calls.

Outbound wellbeing calls (p15)

- Over half of the services introduced or planned to introduce wellbeing calls.
- A range of staff carried out the calls; services described coordinating with other services to provide the calls and any follow-on support required.

Response visits (p17)

Services described:

- using full PPE when attending people shielding or self-isolating and when attending a 'no speech/voice call' when COVID status could not be established;
- training and/or calling on other staff members to provide a response; alternative responders included occupational therapists from locality teams, social work staff, care at home staff, district nurses, housing staff from sheltered housing and volunteers;
- coordinating with scheduled care visits to provide a response; re-directing calls for assistance with toileting to care at home services;
- increasing requests to family and key holders to attend; one service supported family responders with people-handling guidance, telephone support & provision of PPE;
- moving from two-person to single-handed visits.

Working with other services and organisations (p19)

Services described:

- making new connections to provide the right support for vulnerable groups;
- other services and teams in the organisation assisting with telecare service delivery – usually installation and response;
- taking on additional tasks to support other teams and services;
- working more closely with hospitals to enable faster discharge;
- working in new ways with housing staff;
- working jointly with other services and organisations to plan the COVID-19 response.

Delivering Telecare Services during the COVID-19 Outbreak

"It is anticipated that there will be some major changes in service delivery following this experience."
Falkirk Telecare Service

Introduction

Telecare services, like many health and care services in Scotland, reacted rapidly to the COVID-19 outbreak. By the end of March 2020, the TEC Programme had produced [Telecare Service Continuity and Covid-19](#), and telecare services were implementing service continuity plans, and introducing new ways of working to ensure services continued to support people to remain safely in their homes.

In June 2020, ten weeks following the start of 'lockdown' the TEC Programme surveyed telecare service providers to identify the measures that had been put in place to enable safe and effective service continuity, and support their clients and staff during this challenging time.

The purpose of the survey was to, across Scotland:

- identify measures introduced during the COVID-19 outbreak that had potential to **strengthen existing and future service continuity plans**;
- identify new ways of working, which remain relevant and beneficial through the COVID-19 recovery phase and beyond, and should be **sustained or built-on**;
- identify measures that carry unacceptable risk if continued, and so need to be **stopped or phased out**;
- identify parts of the service that have been put on hold and need to be **reactivated**.

As the country moves through phase three of [Scotland's route map through and out of the crisis](#), the report aims to further inform telecare service providers' recovery plans and updates of their service continuity plans. A number of actions for the TEC Programme have also been identified, and noted in the document.

Delivering Telecare Services during the COVID-19 Outbreak Survey

Twenty-eight of the 31 Health and Social Care Partnerships contributed information via an electronic survey or one to one telephone/MS Teams calls. This report presents the findings of the survey, and as such, provides an overview of Scottish telecare services' COVID-19 response.

The survey asked about six areas of telecare service delivery:

1. Referrals for community alarm/telecare, assessment and equipment provision
2. Device installation and withdrawals
3. Maintenance and repair
4. Review
5. Call handling
6. Response visits

Services were also asked about two additional areas:

7. Outbound calling (wellbeing calls)
8. Working with other organisations

Context: the Impact of COVID-19 on Telecare Services

Demand on services

In the early days of the COVID-19 crisis, telecare services were anticipating an increase in referrals, alarm activations and requests for response visits. This was based on the assumption that telecare would play a key role in supporting vulnerable people during the outbreak (see figure 1).

Figure 1: The potential of telecare during the COVID-19 outbreak

Telecare services can contribute to supporting:

- hospital discharge;
- the prevention of hospital admission;
- carers and families;
- people who were isolating or shielding at home;
- people who had their usual home care, day care or respite reduced or suspended;
- people who were unable to be admitted to a care home.

In anticipation of this surge, to manage increased demand just over half telecare services rapidly introduced processes to prioritise new telecare referrals. Some services placed non-urgent referrals for telecare on hold, while others decided to only install basic equipment.

Responses to the survey suggest that, overall, this surge did not materialise, and by the height of lockdown, many services were experiencing a drop in referrals, alarm activations and requests for response visits. For example, by mid-April, Glasgow City had a 60% reduction in referrals. Requests from Alarm Receiving Centres to the Scottish Ambulance Service for an emergency response also decreased¹. This was similar to the experience of telecare services in England². As it became clear demand was not increasing, several services relaxed measures initially introduced to manage demand.

It is important to note, however, that the experience of telecare services varied across Scotland. Some areas faced an increase in activity. For example, Edinburgh City had an increase in telecare referrals to support hospital discharge and prevent hospital admission.

A number of reasons for the drop in activity have been suggested, largely based on anecdotal evidence. Reasons suggested include: staff that usually refer for telecare were working in different ways or had new roles; more older people were being discharged from hospital to family homes; families and others were able and willing to provide increased support; older people did not want service providers in their homes increasing risk of infection; clients and their families did not want to place additional demands on telecare services.

Staffing levels

The biggest challenge for most services has been continuing to deliver a service with significant staff shortages due to self-isolation, shielding, child care issues, illness and bereavement. These pressures have been described across staff groups providing installation, call handling and response services. The TSA's report, [From Stabilisation To Innovation: The Response and Redesign of TEC Services During Covid-19](#) described 35% staff shortages across the TEC sector.

"Our staff group are an ageing demographic who were also hit hard by the shielding process, so we were immediately severely short staffed. We needed fast volunteer help... and agency staff to allow us to meet staffing levels to provide the service." **Falkirk HSCP**

In some areas, staff challenges were only able to be managed due to the reduction in new referrals, device activations and on-site responses required. To strengthen service continuity plans going forwards, 'what if' scenario testing may be useful, exploring contingencies if staffing is reduced while service demand increases.

Supporting a vulnerable population

As it emerged that those at greatest risk of serious illness from COVID-19 were older people and people with certain long term conditions or illnesses, it became clear that many people in receipt of telecare were in the high risk group.

During the early stages of the outbreak, before local and national shielding initiatives were in place, several telecare services rapidly introduced outbound calling to check on the wellbeing of clients. One of the drivers for introducing proactive outbound calling was national data indicating that two-thirds of people (approx. 91,200 people) in receipt of a local authority/HSCP telecare service do not receive any other formal care at home. It was therefore reasonable to assume that a number of telecare clients isolating or shielding would not have formal carers, family or others nearby to provide support.

Adapting to new ways of working

Like other frontline care and health staff, the telecare workforce had to adapt rapidly to new ways of working. This included remote working, being exposed to new risk during their working day, using PPE and applying other infection control measures. At the same time, the work force had to cope with the crisis on a personal, as well as on a professional level.

Survey responses described numerous measures introduced specifically to support staff during this challenging time, such as regular virtual staff meetings, buddy systems, virtual coffee breaks and other informal opportunities to keep in touch and discuss issues.

It is important we acknowledge the extraordinary effort made by telecare staff across Scotland to continue to deliver telecare services throughout the COVID-19 outbreak.

Limitations of the survey

While this report describes measures introduced to enable service continuity, at the time of the survey, data and other robust intelligence was not yet available to fully understand the impact of introducing these measures. This evidence will be critical to ensuring safe and effective service continuity plans going forwards.

For definitions of community alarm and telecare, please go to page 25.

Referrals for Community Alarm/Telecare and Assessment and Equipment Provision

Are you doing anything differently in terms of (a) how you process and prioritise referrals, (b) how you assess a person's telecare needs, and (c) the equipment you are providing at this time?

19 services (68%) said YES (28 responses)

"Assessors are still encouraged to 'Think TEC'"

East Ayrshire

"Initially stopped all basic installations. Now reverted to normal installations but with all PPE and social distancing measures in place".

Falkirk

"In first instance, critical and substantial cases take priority along with hospital discharges and end of life care. Due to reduced demand and technician capacity, no cases were put on hold. Referrals are now back to near normal levels.

South Lanarkshire

"There are currently no admissions to care homes so some people are coming back with requirement for additional equipment"

West Dunbartonshire

"Shielding list now being routinely checked when processing referrals and updates going weekly to Care Inspectorate."

North Ayrshire

No change

- 9 services did not make any changes to the referral / request or assessment process.

- Aberdeen City, East Ayrshire, Highland, Perth and Kinross, Borders, South Ayrshire, West Dunbartonshire, West Lothian and the Western Isles did not make any changes.
- East Ayrshire continued to encourage all assessors to 'Think TEC first'. They experienced an increase in referrals to support people who had been affected by the closure of day care facilities and reduction in respite.
- Perth and Kinross described the assessment for community alarms being conducted by their access team as usual, with any further assessment for additional equipment done by the team on the day of install.
- West Dunbartonshire described less referrals, with no influx of hospital discharge referrals.

Prioritising referrals

- 14 services described introducing new processes to prioritise referrals.
- 8 services described prioritising hospital discharges; 2 services described new processes to facilitate timely installation for hospital discharges.
- 4 services described prioritising palliative and end of life care; 2 services described prioritising referrals to prevent hospital admission.
- 5 services described processing critical/urgent installations only.

- Two services described using senior and experienced TEC staff to screen *all referrals* to identify the most urgent cases.
- Eight services introduced a triage process with critically urgent/urgent criteria or similar, with some using Red/Amber/Green or Priority 1/2/3 systems.
- Aberdeen City treated all referrals as 48 hour installations.
- Clackmannanshire and Stirling prioritised critical/urgent referrals and also telephoned each person referred.
- In some areas, as it became clear demand was not increasing, measures introduced to prioritise or suspend referrals where quite quickly stood down.
- Glasgow City developed a website to support clients and their families to consider alternative technologies they could purchase, and created 'Keeping in Touch - an easy ready guide' for clients' families providing information on using technology to keep connected.

Managing lower priority referrals

- Five services described putting non-urgent referrals on hold until lockdown eased.
- To prevent a build-up of work, North Lanarkshire continued to approve lower priority referrals and record assessments on their PNC system, but did not allocate an alarm.
- Dumfries & Galloway scaled back initially to only support hospital discharges. They triaged all referrals and provided the Care Call office number to all referred, so they could get in contact if there was a change in circumstances.

Assessment by telephone

- Four services described an increase in the use of telephone assessments.
- One service (South Lanarkshire) described considering the use of Near Me to facilitate remote assessment.

Equipment provided and requested

- 3 services described stopping or reducing the provision of more complex telecare packages.
- 2 services described an increase in provision of complex telecare packages.
- 2 services described increased use of key safes.
- 1 service (Dumfries & Galloway) described trying to avoid fitting bed mats.
- 1 service (South Lanarkshire) described an increase in GSM base units required as people were unable to have landlines installed.
- 1 service (East Ayrshire) described purchasing and installing GSM/digital enabled units.
- 1 service (Angus) described ongoing work to upgrade alarms to digitally-enabled models.
- 1 service (East Ayrshire) described their Smart Supports team providing and setting up TEC that connects to a carer's pager rather than the alarm receiving centre or response service.

- Some services initially stopped or reduced the provision of enhanced telecare packages in order to maximise installation capacity, and reduce time spent in the person's home installing or maintaining equipment.
- Dumfries & Galloway initially provided only base units and pendant alarms but learned that it was just as easy to fit environmental controls, such as smoke and carbon monoxide sensors in the same visit. They also described continuing to provide property exit sensors linked to Care Assists to enable safe discharge or reduce a significant risk that may result in admission to hospital.
- Glasgow City initially issued base units and pendant alarms only.
- South Lanarkshire and West Dunbartonshire, observed that additional equipment or more complex telecare was being requested for both new and existing clients to support people who were unable to be admitted to care homes due to restrictions. In West Dunbartonshire, this resulted in an increase in frequent activations.
- West Dunbartonshire had an increase in the number of requests for more advanced peripherals, bed sensors, property exit sensors etc.
- Angus and City of Edinburgh described increasing the number of key safe installations to assist access and response time and reduce need to transport unnecessary equipment from the main office. City of Edinburgh described offering all people requiring critically urgent installations guidance on purchasing a key safe, and where there was an issue, temporary key safes were provided.

Considerations

Strengthening service continuity plans

Prioritising requests for telecare to support hospital discharge was a common approach described. However, most services ensured that all referrals continued to be considered so that people at home and at high risk of harm or hospital admission could also be prioritised. Other 'safety net' measures described included contacting by telephone everyone referred, and providing people with a contact number if their referral was deprioritised, in case their situation deteriorated. A robust triage process for referrals was key to achieving a safe balance, and ensuring that those at greatest risk received telecare.

The TSA's white paper², which described the response of their members to the COVID-19 outbreak, highlighted that many services shifted to easy-to-deploy, low contact, self-install technologies. This was an approach taken by some services in Scotland also. However it is important to note that services that continued to provide equipment as usual, saw an increase in demand for complex telecare, in some cases to prevent care home admissions.

Another group to be considered in service continuity planning is people unable to access their usual day care services and/or respite. Some services prioritised this group also.

Holding stock of GSM units was extremely useful when new clients were unable to have landlines installed due to changes in telecommunication providers' working practices during COVID.

Sustaining and building-on new ways of working

South Lanarkshire described considering the use of Near Me to enable remote assessments; they are already using it to support families using GPS locators.

Reactivating

In some areas, as it became clear demand was not increasing, measures introduced to prioritise or suspend referrals to manage demand where quite quickly stood down. However, waiting lists will have built up and strategies to manage the backlog alongside new referrals will need to be planned and implemented.

Actions for the TEC programme

- Identify and share successful triage processes transferrable to other telecare services.
- Work with service providers and national agencies, such as Iriss to explore and test the use of Near Me to support telecare service delivery.
- Work with partners to better understand reasons for fluctuations in demand.

Community Alarm/Telecare Installations and Withdrawals

Are you doing anything differently in terms of how you install or uplift Community Alarm/Telecare equipment?

23 services (92%) said YES (25 responses)

"We set up a backlog "post COVID" folder [for when clients have requested visits are postponed]. At one point there was 50-60 jobs, comprising installs, uplifts, key safe installations, faults and battery/equipment replacement."

Aberdeen City

"GPS locators are programmed remotely - Telecare Development uses Near Me to videocall key contacts to explain how to use GPS locator. The device is then dropped off to key contacts with a paper copy of terms and conditions."

South Lanarkshire

"There's always been a family member present who has been able to help during the install visit by keeping the customer at distance. Because of that, installs tend to be more time consuming".

West Dunbartonshire

"Uplift of equipment has temporarily stopped and administrative processes implemented to manage this retrospectively, at a safer time."

City of Edinburgh

Stock control

- 2 services described ordering additional stock (one was stock of GSM units only)

- Anticipating increased demand, two services described increasing orders and putting in place processes to regularly check stock levels.
- A number of services described keeping a stock of pre-programmed base units.
- South Lanarkshire purchased (and installed) more GSM units – to overcome any issues with phone line installations during lockdown.

Preparation for installation and uplift visits

- 13 services described introducing new pre-visit protocols, including: COVID-19 screening questions; routine checks if a person is shielding; an additional call on the day of the visit; and explanations to the client of PPE use and social distancing.
- 2 services described arranging for family/other person to be present to assist with compliance with social distancing guidance.

Installations (including use of PPE)

- 9 services specifically described the use of PPE and social distancing; no services described issues obtaining PPE.
- 3 services described training additional staff or re-deploying telecare staff to do installations.
- 3 services described streamlining their installation approach to reduce the number of people involved in installations and the number of visits required.
- 1 service (Clackmannanshire and Stirling) described working with their housing team for the more complex installations.
- 1 service (East Lothian) described remote working for installers (see figure 2 below)
- 13 services described putting in place self-installation processes.

- Some services re-deployed telecare staff (TEC officers, Smart Support team) to do installations – this was to free up time for responders, who would normally carry out basic installations as well as provide a response.
- Aberdeen City described streamlining their approach to installation – where previously two different teams were involved in installations (technicians and responders), one team did the full install.
- Two services described temporarily suspending getting paperwork signed.
- Many services involved family in installations – predominantly to facilitate social distancing, but also to put in place worn devices. This tended to increase the installation time.
- West Dunbartonshire described only two installs where the client had COVID-19; the installer wore full PPE and maximised distance between the installer and client.
- East Ayrshire described developing video tutorials of GSM/digital community alarm programming and installation. They also described using telephone/video calls more often to try and troubleshoot/resolve issues without going on site.

Uplifts

- 7 services described postponing uplifts; 2 services described putting processes in place to manage the backlog.
- 8 services described altering their uplift processes.
- 1 service described waiting 14 days before picking up equipment of a person who had died with COVID-19.

- For postponed or delayed uplifts, services described the client or their family being asked to disconnect the equipment. Some services described processes in place to manage back-log.
- Aberdeen City described uplifting equipment from the doorstep, even if it was the alarm only, with other sensors to be uplifted at a later date. This was to avoid unnecessary calls to the monitoring centre and/or emergency services.
- West Dunbartonshire described limiting uplifts to GSM units only.
- South Lanarkshire described Just Checking equipment being uplifted by the contractor.
- Various alternatives to routine uplifts were described by services including scheduled doorstep pick-ups and families being asked to drop-off equipment in a sealed plastic bag.

Cleaning of uplifted equipment

- 6 services described putting new processes in place to decontaminate and recycle uplifted equipment.

- Many services described following COVID-19 Guidance provided by Health Protection Scotland;
- One service described 'quarantine arrangements' (72 hours) prior to cleaning and recycling;
- Glasgow City described EquipU implementing an enhanced process for decontamination and recycling of telecare equipment.

Considerations

Strengthening service continuity plans

- Like other frontline services, telecare services had to quickly learn how to deliver a service while rigorously applying infection prevention and control measures, including the use PPE and decontamination procedures for equipment. This is valuable experience for managing the ongoing situation and for future crisis, and an opportunity to update service continuity plans, and staff training/induction accordingly.
- There are a number of measures described above that may be helpful to consider for managing the ongoing situation. For example, increasing stock of GSM units to enable installations without the need for a telephone line and streamlining of processes to reduce visits and/or the number of staff involved.

Sustaining and building-on new ways of working

- South Lanarkshire described using Near Me to work remotely with families to explain the use of GPS locators. They also described considering the use of Near Me to support remote assessment. East Ayrshire described using video calls more often to try and troubleshoot/resolve issues without going on site. Other services described challenges explaining and demonstrating the use of devices while wearing PPE and social distancing. The use of Near Me to support service delivery, during the pandemic and beyond, should be considered and there is an opportunity to learn from services who have been using it.
- Changes introduced by East Lothian Telecare Service prior to COVID-19 to enable their installers to work remotely, have been hugely beneficial during the crises (see figure 2). This is an approach other services may want to consider.
- East Ayrshire described developing video tutorials of GSM digital community alarm programming and installation. As more services install digital units, many could benefit from resources like this.

Practices to stop

- Two services described suspending signing of contracts. Given the implications of not having a signed service agreement, this is not a change that services would want to continue. Argyll and Bute previously developed a virtual signing protocol, developed in partnership with their IT, Law and Governance departments.

Contd/

Considerations *contd*

Reactivating

- With a number of services de-prioritising or suspending installations or clients asking installation to be delayed, waiting lists will have built up and strategies to manage the backlog alongside new referrals will need to be planned and implemented.

Actions for TEC Programme

- Work with service providers and national agencies, such as Iriss to explore and test the use of Near Me to support telecare service delivery.
- Work with East Lothian to capture learning from introducing remote working for installers.
- Explore possibilities of sharing learning resources developed by East Ayrshire.
- Work with Argyll & Bute to share their virtual signing protocol and their learning from implementation.

Sustain and Build on Remote working for installers in East Lothian

Pre-COVID, East Lothian Telecare Service undertook work to enable their installers to work remotely. Installers were provided with SIM-enabled laptops and tablets providing remote access to the Jontek (ARC) Platform, the social work client management system and PC Connect (the telecare programming software). This enabled access to real time client information to support care. They have worked with the ARC to create remote programming procedures. Installers also were issued smart phones, which were also useful for photographic and video recording when appropriate. Work continues to steam line processes.

Benefits include a reduction in travelling time and a reduction in paperwork (in line with GDPR), and since the COVID-19 outbreak, reduction in the risk of infection. They have had some connectivity issues in certain areas.

'Supported' Self-Installation

Did you introduce 'supported self installations' (plug in and play)?

10 services (36%) said YES (28 responses)

3 services said they had a process in place but hadn't yet used it

"Self installation has been very successful - "drop at the door". We have also produced a guide on how to do this. Feedback from individuals and family has been very positive. For individuals being discharged from hospital or short term assessment beds this has also been put in place. Units are dropped off before discharge so they can take them home."

Clackmannanshire and Stirling

15 services did not introduce self-installation

- One service (West Dunbartonshire) described reservations about self installation, as they were experiencing more problems with phone lines at the time – possibly related to digital migration.
- A number of services commented that self-installation was only a realistic option in a limited number of cases.

Considerations

Sustaining and building-on new ways of working

- 'Supported' self installation provides an additional installation option to reduce the risk of infection and, depending on how it is implemented, can also create capacity for installers. Given this is a new approach for most services, and potential to be sustained and built –on, an evaluation of self-installation would be useful, incorporating the views of clients and their families, and a better understanding any risks identified and how they can be mitigated.
- Various self-installation guides that have been developed by suppliers and service providers are available on the Digital Telecare MS Teams channel.

Action for TEC Programme

- Evaluate the benefits, practicalities, risks and client experiences of self installation.

Comments of other services that introduced self-installation	
Aberdeen City	"Leaving programmed alarm unit on doorstep with a simple step by step picture guide for plugging in. Following up with a telephone call to ensure they have managed to set up and put a test call through."
Angus	Process in place but not yet used it. "Hope to be able to do this once the control room has been upgraded; currently updating alarms to digital."
Argyll & Bute	Process in place but not yet used it. "Developed basic install instructions for self, carer or relative install."
Dumfries & Galloway	"One of our five technicians, who is in the vulnerable group, is now providing doorstep support to service users to install button and box."
East Dunbartonshire	"We have only found one referral that has been able to 'self-install', this was set up and left at the door step for family within the house to 'install'. We have pre-programmed pendants etc and posted these through doors to limit contact."
East Ayrshire	Process in place but not yet used it.
East Lothian	"Created self-install options for public and staff."
Falkirk	"For those that are able to take instruction we are delivering equipment and explaining to them how to install themselves; just the most simple equipment."
Glasgow City	Glasgow City worked with Tunstall to develop 'Connecting your Alarm to the Telecare Service' guidance.
Orkney	"Service users who have someone to assist living with them have been talked through replacing items, such a trigger."
Perth & Kinross	"We have enabled self-installations however it has proven difficult if there is no one at home to help. So when we are scheduling their appointment for install we try to ensure that there is a person in the property to take direction from the team who remain outside."
South Lanarkshire	"GPS locators are programmed remotely then Telecare development uses Near Me to videocall key contacts to explain how to use GPS locator. The device is then dropped off to key contact with paper copy of terms and conditions."

Maintenance and Repair of Community Alarm/Telecare Equipment

Are you doing anything differently in terms of how you check and maintain equipment?

22 services (92%) said YES (24 responses)

"Due to using GSM/digital units there is access to a portal which monitors connectivity/line failures. There have been occasions whereby maintenance visits weren't necessary as the "fix" could be carried out remotely and/or with the services user being able to press the reset button."

East Ayrshire

Preparation for maintenance visits

- Four services described introducing new pre-visit protocols including a phone call to ask COVID-19 screening questions and check if the person is shielding.

Maintenance visits

- Two services described carrying out all maintenance as usual (including battery replacements, maintenance visits and faults), unless the person or family requested otherwise.
- Eleven services described doing urgent or essential maintenance only – including low battery notification on smoke detectors.
- Three services described re-arranging non-urgent maintenance for a later date.
- South Lanarkshire service described always taking replacement equipment in the van when attending a maintenance visit, to avoid a second visit where possible.

Digital Telecare

- One service (East Ayrshire) described some unplanned maintenance visits not being required because they are using GSM/digital units, so had access to a portal which monitors connectivity/line failures. The "fix" could be carried out remotely and/or with the services user being able to press the reset button.
- One service (Angus) described plans to monitor new digital alarms on the new portal.

Considerations

Sustaining and building-on new ways of working / Strengthening service continuity plans

East Ayrshire, who have a number of digital connections in the field, described the benefits in terms of monitoring connectivity and line failures. The switch to Digital Telecare undoubtedly provides additional capability to monitor devices, and potentially apply 'fixes' remotely. This will provide additional resilience for service continuity during a pandemic as well as general efficiencies going forward.

Reactivating

See under Reviewing Community Alarm/Telecare Services (page 16).

Reviewing Community Alarm/Telecare Services

Are you doing anything differently in terms of how you carry out initial reviews[†] and annual reviews*?

19 services (73%) said YES (28 responses)

"Reviews are all being done remotely and by telephone calls undertaken by our call handling service and by staff within the team who are working from home. This has been really good as it has assisted with ensuring all information is correct and helped with data cleansing."

Stirling

"We do parts of the review visits by telephone, for example, changes of next of kin, phone numbers, medical conditions etc."

Falkirk

[†] An **initial review** takes place a few weeks after telecare has been installed and aims to check that equipment is working and the person is happy with the equipment and confident about its use.

*The content and purpose of an **annual review**, and who has responsibility for carrying it out, varies across telecare services. Generally speaking, reviews take place annually through a home visit, and would include a combination of the following:

- A check/update of information held on the person, including their contacts/phone numbers, their health status and medication.
- A check of how the property is accessed.
- An equipment check. This is more thorough than the remote monthly check carried out by clients. The base unit and the pendant are checked along with all the peripheral devices. Battery back-up is also checked.

For some services, a review is not the same as a 're-assessment', which the TSA describes as a process to ensure the service is still able to meet the changing needs of a client. As such, a review may identify the need for a re-assessment.

Switching from home visits to telephone reviews

- Twelve services described continuing reviews, but by telephone.
- One service described using reviews to identify the need for telephone re-assessment.
- Orkney described supplementing telephone reviews with regular communication with other services e.g. care at home.
- Services described call handling staff, telecare staff isolating at home and social work staff shielding at home carrying out reviews.
- Falkirk noted that only parts of the review could be done by telephone, such as changes of next of kin, phone numbers, conditions etc.

Re-purposing reviews (by telephone)

- Five services described using telephone reviews for a range of purposes including: to update records; ask COVID-19 screening questions; check equipment (test calls); remind people to test their alarm regularly; remind people about billing; check on the wellbeing of the person; and share information about additional services and sign post to support.

Outstanding reviews

- Two services described taking the opportunity to catch-up on outstanding reviews – one service focused on 'high risk' clients, the other on clients who hadn't activated their alarm in some time.

Suspended annual reviews

- Five services described suspending annual reviews.
- Two services described suspending reviews but continuing to respond to any requests for additional telecare or unplanned maintenance.

Increasing communication with other services

- Orkney described increasing contact with other services to check the needs of clients were being met.

Considerations

For a description of a review, please see page 10.

Given the number of people in receipt of telecare, carrying out annual reviews is a resource-intensive activity, and many services find it challenging to complete a review of every client annually. Shifting to a telephone review, and having extra resource (for example staff who are shielding) to carry out reviews has been helpful to many services and enabled them to get up-to date with their review schedule. However, it is important to note that a telephone review cannot deliver some important aspects of a conventional review visit – when base units, pendants and peripherals are all thoroughly checked.

Reactivating

A shift to telephone reviews has resulted in a backlog of equipment checks being created. For telecare services that have suspended or prioritised reviews, this is even more significant. Tackling the backlog will take planning, time and resource. Given the importance of up-to-date information on the person, and safe, working equipment, services must consider how full reviews can be re-introduced safely.

Tackling the backlog of reviews – and also the backlog of routine maintenance visits - does also present opportunities. With the analogue switch-off growing closer, these visits present an opportunity to prepare for the transition to digital. A review visit could be used to support asset management - checking the age of equipment and peripherals in situ – and could also identify the telephony provider and whether or not the person has broadband. The creation of a 'Digital Readiness Checklist' could be a useful addition to a review or maintenance visit.

Actions for TEC Programme

- Variation in delivering telecare reviews, in terms of the frequency, content, roles and responsibilities was identified in scoping work undertaken by the TEC programme earlier this year. The TEC programme are currently progressing work to create good practice guidance around telecare review.
- Work with Digital Telecare to create a 'Digital Readiness Checklist' could be a useful addition to a review or maintenance visit.

Call Handling

Are you doing anything differently in terms of call handling?

15 services (65%) said YES (23 responses)

"We're reviewing call volume daily - if a service user is using the alarm due to the suspension of their home support service, the ARC will liaise with the care team and agree that the service is reinstated."

North Lanarkshire

"Half of our call handling staff are based in the ARC, the other half are in the disaster recover site, so social distancing is in place in the workplace."

Falkirk

"We redeployed a Smart Supports worker to the RMC, which brought unexpected benefits, in particular in relation to the GSM/digital units - it has bridged a gap and allowed for better communication and understanding between the services".

East Ayrshire

"Our current system – Tunstall's PNC 6 - is not suitable for remote working otherwise we would be doing it at least partially."

Highland

Social/physical distancing

- 6 services described measures to enable social distancing and reduce the risk of infection in the alarm receiving centre (ARC).

- Falkirk distributed staff between the ARC and disaster recovery site. Two other services described the option of using their disaster recovery site if necessary, but hadn't needed to do this yet.
- Grampian Hub described reducing handover time to ensure staff were only in the building when absolutely necessary.
- South Ayrshire described introducing a 'stand-by' rota to support social distancing and also ensure sufficient staff were available for shifts – a reduction in call volume supported this. A COVID exit plan is in place to re-introduce staffing shifts to full capacity, which is reviewed monthly.
- East Renfrewshire described introducing 'hunt and pick up' telephone groups to enable call handlers to work from single work station.

Increasing capacity

- 5 services described changes to increase the capacity of call handlers.

- East Renfrewshire described removing all non-telecare activities from call handlers to create capacity.
- Three services described new processes for the planning and management of staffing levels to cope with any increases in call volume.
- North Ayrshire described introducing flexibility around shift patterns to support call handlers with childcare commitments.
- South Ayrshire described re-training of casual operators following a period of absence to further support staffing levels, as part of their COVID exit plan.
- East Ayrshire redeployed a Smart Supports worker to the ARC, which brought unexpected benefits, in particular in relation to the GSM/digital units - it has bridged a gap and allowed for better communication and understanding between the services.

Identifying clients with COVID-19 symptoms or with a positive test

- Nine services described introducing processes to screen clients for COVID-19 and pass details on to responders so appropriate PPE can be worn.

Identifying alternative responders/support

- 3 services described processes in place to identify alternative responders.

- Glasgow City and Dundee both introduced a triage process to identify alternative responders, such as family or other services who were already providing support.
- Dumfries and Galloway described the length of call being longer (only in first 2-3 wks) because of difficulty in getting responders.

Outbound welfare calls

- Four services described their call handling staff carrying out outbound, wellbeing calls.

Communication between the ARC and the rest of the telecare service or other services	<ul style="list-style-type: none"> 3 services described improved communication between the ARC and other parts of the telecare service.
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- Inverclyde described providing regular information to the ARC on service users who are either symptomatic or tested positive for the virus.
 - North Ayrshire described shielding information being shared with the call handling service on a weekly basis.
 - North Lanarkshire reviewed call volume daily - if a service user appeared to be using their alarm due to the suspension of their home support service, the ARC liaised with the care team and where appropriate, care services were reinstated.
- "On all calls the ARC will ask if the person is symptomatic/confirmed and pass to responders. We reciprocate this by sending updates of service users who are COVID-19 positive or symptomatic to be entered as a VIM note. Once no longer symptomatic we update the ARC to update the note to assist with appropriate PPE usage and information for responders."*
- Renfrewshire**

Remote Working for Call Handlers

Did you introduce remote working for call handlers?

3 services (14%) said YES (21 responses)

A further 3 services said they were exploring remote working.

Hanover Housing and **Bield Response 24**, which provide call handling for four HSCP telecare services, both acted quickly to enable remote working for their call handlers - Hanover at the beginning of March, and Bield at the beginning of April. This reduced risk of infection among alarm receiving centre staff (at work or while travelling to/from work), enabled their shielding or isolating staff to continue to work, and provided flexible working for staff, for example to support childcare arrangements.

Remote Call Handling	
City of Edinburgh <i>(Jontek ARC)</i>	"We have been testing managing call handling from home. We have also been monitoring our inactivity process from home, to support users in Sheltered Housing. Four licenses are currently in place to optimise Jontek from home, and planning is underway to expand this as part of how the service moves forward."
Stirling & Clackmannanshire <i>(Tunstall ARC)</i>	"At present we're unable to facilitate remote working but exploring options to see if we can make this happen."
South Ayrshire <i>(Tunstall ARC)</i>	"We are exploring this alongside our upgrade to PNC8."
Highland <i>(Tunstall ARC)</i>	"Our current system - Tunstall's PNC 6 - is not suitable for remote working otherwise we would be doing it at least partially."
North Lanarkshire <i>(Tunstall ARC)</i>	"No remote working at present – IT and Telecoms explored this however it is not a possibility due to associated costs."
Dumfries & Galloway <i>(Tunstall ARC)</i>	"Operating with a Tunstall so can't introduce this."
Falkirk <i>(Chubb ARC)</i>	"No, we were unable to do that."
Glasgow City <i>(Tunstall ARC)</i>	"No, but have been considering."

Considerations (Call Handling)

Strengthening service continuity plans

- A number of the contingencies described above, including remote working and social distancing measures, could be considered to strengthen service continuity plans going forwards.

Sustaining and building-on new ways of working

- Alarm Receiving Centres (ARCs) are often provided by a different part of an organisation or even by an external organisation. This can present a challenge to joined up and integrated working. Since the COVID-19 outbreak, services have described many examples of improved communication.

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- A number of services described increased communication to ensure responders were equipped to visit clients. Improved communication between the component parts that often make up a telecare service has the potential to benefit both the service and people in receipt of the service. Services should consider how best they sustain and build on these changes.
- Remote working for call handlers has many benefits during the pandemic, but can also deliver flexible and efficient ways of working in the longer term. A number of other ARCs explored introducing remote working for call handlers, but found it was either not possible with the ARC solution they currently had, or it would be very costly.
- The TEC Services Association's (TSA) recent white paper² found similar limitations among their member organisations. They reported that older ARCs, particularly those with fixed-line, analogue communications or older platforms - as employed by over 60% of services - had found it difficult to switch to alternative working models in response to COVID.
- With many services upgrading ARC solutions in preparation for the transition to digital telecare, it would clearly be beneficial to ensure that remote working capability is included in what is purchased.
- During scoping visits undertaken by the TEC Programme early in 2020, a number of services raised issues that telecare responder services were increasingly being used to provide personal care, reducing capacity to respond rapidly to emergency situations. North Lanarkshire described reviewing call volume daily to identify if clients were using the service for personal care and then liaising with the care team to review a person's care needs. For some services, this may be a useful measure to consider, during COVID and beyond.

Action for TEC Programme

- The TEC Programme and Digital Telecare will be funding a limited Test of Change programme to enable a number of telecare services to further explore and test remote access to the alarm receiving centre platform for call handlers, installers and responders, and share findings with other service providers.

Outbound Wellbeing Calls

Has your telecare service been undertaking outbound welfare calls to telecare clients?

12 services (46%) said YES (26 responses)

A further 3 services said they were planning to.

"A team of home-workers have been making calls to check alarms are working, and on the wellbeing of the telecare users. All records are being updated through this process. As of 1st June 2020, there have been 8,386 calls to Sheltered housing tenants and 7,584 to telecare citizens. This is a new initiative, however, given the success, plans are under way to identify how this continues beyond the impacts of COVID-19."

Edinburgh City

"Feedback from individuals has been very positive and many older people look forward to the weekly calls as many have been isolated for a long time."

Clackmannanshire & Stirling

Outbound wellbeing calls

- Four services said they were not doing welfare calls because other parts of the organisation or other services were doing welfare calls;
- Four services described coordinating with other services to provide welfare calls;
- Two services described providing calls for telecare customers and other vulnerable groups;
- Calls were made by call handlers, staff who were isolating or shielding at home, and other telecare staff.

Target groups for wellbeing calls

Services described targeting the following groups:

- People who are shielding or self-isolating.
- People not in receipt of any other services.
- People who had not used their alarm for a significant period.
- People in rural areas.

Comments from services delivering or planning to deliver wellbeing calls	
Aberdeen City	"Once we are back to the start with telephone reviews, as this is a much quicker process than visiting, we plan to start again phoning out service users, which may be 3-4 months following a review phone call, therefore will phone just to ensure everything is okay."
City of Edinburgh	"Wellbeing calls have been taking place from around two weeks prior to formal lockdown. These have been coordinated across both shielded and vulnerable contact services (as guided by the Scottish Government), as well as contact with all of our citizens who have alarms. As of 1st June 2020 there have been 8,386 Sheltered Housing tenants and 7,584 to telecare citizens".
Dumfries & Galloway	<p>"We got a list of the telecare service users on shielding list. By the time the ARC rang them the council had already been in touch. Last weekend we carried out a sample of calls to customers who have not used their trigger in the last six weeks – we got three additional referrals for shielding support from this. The outgoing calls are customer-led, i.e. not structured but they do check if they have food, meds, support network"</p> <p>The Telecare Service has been linking with the Mpower (an EU funded TEC programme progressing locally) to explore the possibility of working together to support telecare clients.</p>
Stirling and Clackmannanshire	"We have been delivering welfare calls in partnership with our contact centre and a "Helping Hands" team that has been set up. Also TEC team staff who are working from home (due to health conditions) are involved in welfare checks. Feedback from individuals has been very positive and many older people look forward to the weekly calls as many have been isolated for a long time. The team also makes sure if anyone needs any assistance with shopping/collecting medication etc that this is arranged for them. Initially we were only calling telecare service users but now advisors are doing the outbound calling for Helping Hands, for the shielded and completing community support applications etc."

Comments from services delivering or planning to deliver wellbeing calls <i>cont'd</i>	
South Ayrshire	"We have been focusing on our service users who only have a single service and are not known to other services. We have completed over 600 calls so far. These calls have been met with gratitude and have taken longer than anticipated due to service users engaging with staff on the call and having a general chat."
West Dunbartonshire	<p>Initially 750 outbound calls were made to telecare clients who had not pressed their alarm for a significant period. During the call people were asked: annual review questions; to test their pendants; if they had COVID-19 symptoms; if any help was required with shopping or medications; and if they would like a weekly check- in phone call.</p> <p>150 Telecare customers requested ongoing calls - these were made by staff from the council, the HSCP and the Community and Volunteering Service working together.</p> <p>" Would be very keen to investigate proactive calling."</p>

Considerations
<p>Sustaining and building on new ways of working</p> <p>The COVID-19 outbreak triggered a number of telecare services to introduce or increase outbound calling. This represented a shift from usual practice, with outbound calls previously representing, on average 25% of telecare calls and typically being in response to an incoming call or routine check calls, for example, to check equipment is functioning, or to update a client's records.</p> <p>Services moved rapidly to introduce outbound calling, and although generally well-received by clients, further work is required to understand how proactive calling can be continued in a safe and sustainable telecare service delivery model.</p> <p>The COVID-19 outbreak created conditions that enabled welfare calls to be introduced rapidly. Factors that enabled rapid implementation included: a need to act quickly to support vulnerable people; telecare staff isolating or shielding at home and therefore able to take on new tasks ie wellbeing calls; and the creation of local welfare hubs, which provided a referral route for clients needing further support. In the absence of these conditions, the approach to outbound calling will have to be given further consideration -</p>

Cont'd

specifically, how to deliver an integrated and anticipatory approach, which does not place further demand on statutory services, is sustainable and supported by the right technical architecture. However, there is huge potential to build on achievements to date.

Action for TEC Programme

Following the publication of the [Review of Telecare Call Handling Services](#) in January this year, the TEC Programme identified the exploration of proactive telecare as a priority for 2020/21. Proactive telecare would place greater emphasis on anticipating and preventing incidents or crises and supporting telecare clients to keep well.

To build on the learning and successes of outbound calling during COVID-19, the TEC programme proposes to fund up to three telecare services/HSCPs to develop and test a sustainable proactive outbound calling component as part of their existing telecare service. These tests of change aim to gain rapid insight in to the practicalities, benefits and risks of a more proactive telecare service. TEC will facilitate a Proactive Telecare Learning Collaborative, which will share and maximise learning from test sites and any other relevant sources, including proactive services emerging in other parts of the UK.

Read more about outbound calling in the TEC programme's report, [Proactive Outbound Calling to Telecare Service Users During the COVID-19 Outbreak](#).

Response Visits

Are you doing anything differently in terms of how you arrange and/or provide response visits?

19 services (83%) said YES (23 responses)

"We have introduced a set of pre-screening questions prior to visiting – this is passed to response staff ahead of the visit so that staff can be best prepared and ensure they have the appropriate PPE supplies with them, both for their own and service user's protection."

West Lothian

"80 families (of 9% of telecare citizen group) have agreed to respond to emergencies, and have been supported with people-handling guidance, telephone support and the provision of PPE."

City of Edinburgh

"Additional HSCP staff were given basic training to potentially back-up responder staff. Due to lack of expected increase in demand they are not currently required."

West Dunbartonshire

"The Smart Supports team have provided and set up TEC that connects to a carer's pager as opposed to the response service."

East Ayrshire

"We have been used to working in pairs however, due to the pandemic we are working single handed to reduce contact with service users. We intend for all staff to receive single handed care to allow us to continue this in the future and to utilise our resources more effectively."

Perth & Kinross

"Average length of response visit has decreased from approx. 12 minutes to 7 minutes – possibly due to less informal interactions during the visit."

West Dunbartonshire

Keeping telecare clients and their families and carers informed of the situation

- A number of services described writing to clients outlining temporary changes to service, and other information; City of Edinburgh included information on keeping physically active during lock down.

Use of PPE

- 7 services described their use of PPE.

- Services described using full PPE when attending people who were shielding or self – isolating and attending a 'no speech call' when COVID status could not be established.
- Renfrewshire described car risk assessments for response teams, with responders using their vehicles as a base, and a COVID-19 manual for staff. PPE was restocked daily.
- Renfrewshire and South Ayrshire described providing additional uniforms for staff, with South Ayrshire also arranging showering facilities for staff.

Changes to pre-visit procedures

- 12 services described changes to their pre-visit processes.

- Eight services described the introduction of COVID-19 screening questions by the ARC, and findings were passed on to the responders so they could wear appropriate PPE and take necessary precautions.
- Two services described additional questioning to identify the use of CPAP, BiPAP and the use of aerosol generating equipment.

Changes to procedures during attendances

- Two services described moving from two-person visits to single handed visits.
- Three services described changes in arrangements for travelling to/from an attendance; two described responders being instructed to travel in separate vehicles requiring a greater fleet of vehicles; one described compulsory use of pool cars; one service described the introduction of daily car cleaning protocols.
- Renfrewshire described a process implemented for when a person is found to have symptoms - this is reported to the TEC Team Leader who will advise the ARC, Senior Managers and report to the Care Inspectorate.

Maximising response capacity

- One service described calls for assistance with toileting being re-directed to care at home services.
- West Dunbartonshire described coordinating scheduled care visits to provide a response (see below). They also introduced an additional mobile attendant during the day so there was an attendant based at either end of the authority. The mobile attendants were supported by a volunteer from social work.
- Three services described increasing requests to family and key holders to attend; the City of Edinburgh are supporting family responders with people-handling guidance, telephone support and the provision of PPE.
- Five services described training and/or calling on other staff members to provide a response; alternative responders included occupational therapists from locality teams, social work staff, care at home staff, district nurses, housing staff from sheltered housing and volunteers.
- Dumfries & Galloway described working with private agencies, care at home staff and community hubs to provide a response. Technicians volunteered to provide support to fill gaps in cover, going on call through the night to do a doorstep check.

Response Visits West Dunbartonshire

Since the outbreak of COVID-19, West Dunbartonshire has seen the number of response requests increasing by 20%, however the percentage resulting in visits has reduced.

Around 18 months ago a new way of working was introduced. East Dunbartonshire ARC, which provides call handling for West Dunbartonshire (WD), does not have access to WD's social work system (CM2000) to gain information about scheduled home care visits. Previously the ARC would pass calls direct to the WD mobile responder who would conduct a response visit every time they received a call. The new way of working sees the introduction by WD of an extra triage level. On receipt of a response visit request from the ARC, the telecare office check the social work system (CM2000) and if appropriate get the regular home carer to attend when possible - depending on the scheduled timing of the home care visit.

This practice has increased during the outbreak to reduce visits and risk of infection for vulnerable customers and to staff. Average length of response visit has decreased from approx. 12 minutes to 7 minutes – possibly due to less informal interactions during the visit.

Considerations

Response Services have probably been the hardest hit by COVID-19, experiencing staff shortages, having to attend clients whose COVID-19 status is unknown and, like other frontline workers, having to adapt rapidly to adhere to infection control and prevention guidance.

Sustaining and building on new ways of working

Response services have been supported by a range of services and agencies, and in some cases families have provided a response, when this is appropriate.

When considered together, survey responses start to describe a tiered response model – with families attending when they were willing and able, and it was not an emergency situation; home care staff attending when the person was already due a visit or required personal care only; and telecare responders attending when it was an urgent or complex situation or there was no-one else to respond.

City of Edinburgh also described a number of measures to support families to provide the response – advice on moving and handling, PPE and telephone support, with the option for attendance if the family member felt ill-equipped to deal with the situation.

Two services described moving from two-person visits to single handed visits.

Learning gained from the need to rapidly reorganise responder arrangements in response to reduced service capacity, provides an opportunity for some telecare services to re-think and redesign their response arrangements going forwards. Risk associated with emerging service delivery models would have to be fully understood and mitigated, with absolute clarity around the roles and responsibilities of all involved.

Strengthening service continuity plans

A number of the contingencies described above, could be considered increase responder capacity and strengthen service continuity plans going forwards.

Action for TEC Programme

The TEC programme has worked with a wide range of partners to produce national guidance to support local authorities/HSCPs to build a business case for local telecare response services. This will be available late 2020.

Are you doing anything differently in terms of how you work with other teams, services or organisations?

17 services (68%) said YES (25 responses)

“Other teams within the council have been assisting the service where possible - making calls, helping to deliver equipment & PPE - it has been amazing how everyone is pulling together.”

Clackmannanshire & Stirling

“[We have been] part of a ‘Mini COBRA’, which includes HR, HSCP, Housing, NHS, Care Providers, Social Care, Procurement. Jointly, we are all now working on the recovery stage of reverting to normal working practices.”

Falkirk

Receiving and giving extra support to deliver services

- 7 services described other services and teams in the organisation assisting with telecare service delivery – usually installation and response.

- Five services described training and/or calling on other staff members to provide a response; alternative responders included occupational therapists from locality teams, social work staff, care at home staff, district nurses and housing staff from sheltered housing.
- Conversely, four services described taking on additional tasks to support other teams and services.
- East Ayrshire has been providing smart support advice to care homes to assist with keeping people digitally connected with loved ones and to prevent falls, with increased use of bed sensors linked to nurse pager.
- Edinburgh City described working with locality teams in terms of staff deployment.

Extra support for vulnerable people

- 9 services described making new connections to provide the right support for vulnerable groups; needs tended to be identified during outbound welfare calls.

- Edinburgh City described working across the organisation to support the broader outbound calling effort – telecare clients, shielded and vulnerable groups. They compiled a list of organisations that could provide support, and made connections to enable staff and citizens to access food supplies, volunteering, social isolation / befriending support.

Communication and co-ordination

- Falkirk described being part of a multi-agency task force planning and co-ordinating the local COVID response.
- Three services described working more closely with hospitals to enable faster discharge.
- Four services described using VC, Near Me, Zoom and Teams to keep in touch with other services and teams.
- South Lanarkshire described improved communication with wider TEC services, despite COVID-19. This included weekly calls with telehealth management staff using Teams, Teams conversations for TEC advisors to enable ongoing open communication while remote working, and weekly social catch-up using Teams to keep in touch.

Closer working with housing services

- 4 services described working in new ways with housing services.

- North Lanarkshire described local arrangements with Housing Managers to ensure a response is provided by housing staff for sheltered housing, following up on alarm activations, and also providing hot meals.
- Clackmannanshire and Stirling described working with the housing team for the more complex installations, with plans to develop further.
- City of Edinburgh telecare staff monitored inactivity and provided outbound welfare calls, to support people in Sheltered Housing.
- Argyll and Bute described supporting housing services to install key safes to void properties.

Considerations

Strengthening service continuity plans

A number of the contingencies outlined above, could be considered to strengthen service continuity plans going forwards.

Sustaining and building on new ways of working

Pre-COVID, during the TEC Programme's scoping activity early this year, a number of telecare service providers described telecare services working in a silo. One of the positive consequences of the COVID-19 outbreak appears to be closer, more joined up and integrated working with others services and organisations to provide safe and reliable care and support. New 'partners' have included services from the housing sector, care at home, health and the third sector. Falkirk described their telecare service being represented on the area's 'mini COBRA' group, which plan and co-ordinate the COVID response.

This presents an opportunity for telecare services to consider how they can continue to work in more joined-up ways, sustaining and building on the relationships established during the crisis.

Action for TEC Programme

The TEC programme will continue to provide telecare service providers with opportunities for knowledge exchange on new ways of working, building on the Telecare Drop In session introduced in early April 2020.

Working closely with other services and organisations is a key tenet of proactive telecare, and there will be opportunities for telecare services participating in the TEC-funded outbound calling Test of Change (see page 17) to consolidate and further develop partnership working first introduced in response to COVID-19.

Definitions

Community Alarm

A community alarm is a form of equipment for communication, especially useful as an alert should the user have an incident where they require to call for help quickly. Typically, it includes a button/pull cord/pendant which transfers an alert/alarm/data to a monitoring centre or individual responder. It can be used within an individual's own home or part of a communal system.

Telecare

Telecare refers to a technology package which goes over and above the basic community alarm. It is the remote or enhanced delivery of care services to people in their own home (or outside the home in the case of GPS locators) by means of telecommunications and computerised services.

Telecare usually refers to sensors or alerts which provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle using information and communication technology. It may trigger a human response or shut down equipment to prevent hazards

References

1. Scottish Ambulance Service Data Warehouse, August 2020.
2. From Stabilisation To Innovation: The Response And Redesign Of Tec Services During Covid-19 (July 2020); available from the TSA at <https://www.tsa-voice.org.uk/>

Thank you to all the Services
that contributed to the survey.

September 2020