

# Developing a series of metrics for telecare

- Improving quality and outcomes

Guidance document produced in conjunction with ADASS Standards and Performance Policy Network , supported by Tunstall Healthcare

Final 30.9.14

## About this document

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This document is primarily aimed at commissioners and providers of social care and health services who have identified technology enabled care services (TECS) as an effective way to support the health and social care needs of their local population.

This document will sit alongside the “Telehealthcare Quality Standard” [www.good-governance.org.uk/services/telehealthcare/](http://www.good-governance.org.uk/services/telehealthcare/) and provides sufficient detail in order to frame a set of metrics that Directors of Social Services and stakeholders can use to monitor the progress of technology enabled care services locally.

At present the mostly widely used metric is simply the number of users.

Many local authorities would be interested in metrics that measure

- a. value for money
- b. return on investment/benefit realisation from using technology to avoid service provision
- c. improved outcomes for the individual receiving technology
- d. timeliness of assessment for technology after referral
- e. timeliness of provision of technology after referral
- f. data on the types of technology being used e.g. whether simple or complex, for use inside the home or outside the home

The document is required to be user friendly, practical, contain standards and relevant measures as well as mini case study examples to bring the metric to life.

It is not designed to be prescriptive, enforcing one model of service on each commissioner, but as a framework tool which can be adapted for each locality based on the needs of the particular area in which it may be implemented.

It is worth stating that technology enabled care services are an integral tool within the overall health or care package and is not a stand-alone service. When used most effectively it is within an integrated approach to assessing the overall holistic needs of the individual.

The objectives of the document are:

- To create a “next level down” set of metrics from the Quality Standard which would aid commissioners of technology enabled care services in monitoring progress
- To develop useful metrics to help local authorities monitor progress in using technology services

## What are technology enabled care services?

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Our society’s health and care needs are changing rapidly. The population is ageing quickly, people are living far longer and the number of people with long-term care needs is increasing. Radical thinking is needed to ensure that health and care provision in the future is able to meet these needs.

The Better Care Fund offers a way of integrating services and where there is a direct link to the outcomes, you will see the flag: 

### Better Care Fund Objectives - Pay for Performance based on:

- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service-user experience
- Local metric

The scope of technology enabled care services (NHS England's new terminology for 3millionlives) will encompass the full range of products and services, from low level gadgets available on the high street through to traditional telecare/telehealth and emerging digital technology (including mobile phones, apps and tele-video).

These solutions offer a way of delivering tailored care for people and their carers in any care setting, improving quality of life, preventing the need for more costly and intensive support eg admission to acute setting and long term care and supporting early discharge.

The terms Digital Health, eHealth, mHealth, telecare, telehealth and telemedicine do not have either a commonly accepted or industry-wide meaning. Also there are no legal definitions in UK law or EU law. The terms include the provision of health and care services by way of hardware and/or software devices, remote monitoring devices, devices that assist independent living, remote communications by healthcare professionals and mobile and IT solutions that are designed to improve an individual's healthcare or monitor it. Increasingly they involve educating and empowering people to manage their health (wellness) and long-term conditions.

- **Digital Health** involves the use of information and communication technologies to help address the health problems and challenges we all face. Digital Health, in the form of mobile technology, social media and sensor technology already helps us to reduce inefficiencies in healthcare delivery, improve access, reduce costs, increase quality, and make medicine more personalized and precise. These digital capabilities, now more than ever, need to be focused on changing how we use and interact with technology, to empower people to be equal partners in the design and delivery of their own Health & Care services." (Digital Health Institute in Scotland)
- **eHealth** is the overarching term for the range of tools based on information and communication technologies used to assist and enhance the prevention, diagnosis, treatment, monitoring and management of health and lifestyle". (WHO)
- **mHealth** is the delivery of healthcare services via mobile communication devices". (Foundation for the National Institutes of Health)
- **Telecare** is a combination of alarms, sensors and other equipment to help people live independently. (The NHS's Whole System Demonstrator: An Overview of Telecare and Telehealth). This involves services to people in their own homes which might alert changes to them or call centres. These services are social care, not strictly regulated healthcare/medical services.
- **Telehealth** uses equipment to monitor people's health in their own home. (The Whole System Demonstrator). This includes the remote monitoring of physiological data.
- **Telemedicine** is the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities. (WHO)
- **Assistive Technology** (AT) - Standalone technology which aids or alerts an individual and/or a carer.
- **Wellness** - six dimensions (physical, emotional, intellectual, spiritual, occupational and environmental). (British Columbia Atlas of Wellness). Wellness is an active process through which people become aware of, and make choices towards, a more successful existence. (The US National Wellness Institute)

One of the challenges for commissioners when looking to commission technology enabled care services is the lack of national guidance and support to help them measure their service and to recognise what good looks like. This document aims to support this challenge.

## **Background to the telehealthcare quality standards**

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The Telehealthcare Quality standard was produced by the Good Governance Institute (GGI) <http://www.good-governance.org.uk/services/telehealthcare/> and was widely consulted upon. GGI convened an expert group, bringing together leading experts from health, housing and social care, to make recommendations for what should be included in a quality standard for telehealthcare services. The GGI then undertook a detailed consultation on the initial framework of the standard through a clinical advisory group and a LinkedIn consultation with health and social care professionals. Over 100 responses to the consultation were received from across the health and social care spectrum.

The quality standard is currently being looked at by the Chair of the British Standards Institute Technical Committee and Convenor of the Cenelec Working Group for Social Alarms.

## **The consultation process**

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This document was produced as a result of meetings with the ADASS Standards and Performance Policy Network (co chair at the time was Sarah Norman) and Tunstall Healthcare. The focus from Standards and Performance in this area was on developing useful metrics to help local authorities monitor progress in using technology enabled care services..

It was at the request of the policy network that whilst the quality standards were useful to frame an end to end process, it was felt that assessment for technology should be part of a broader holistic assessment. To look at this in practice the group suggested it would be useful to share this work with some Councils that had, or were in the process of, outsourcing assessment and care management activity and might therefore have done some detailed work on standards.

Tunstall was referred to and would like to thank Jim Ellam, Commissioning Manager & Assistive Technology Project Lead, Staffordshire County Council who have a well developed telecare service and to Nathan Downing regional telehealthcare lead in West Midlands for their contribution to the development of these metrics. In addition the ADASS West Midlands Telehealthcare Network has provided excellent feedback in the development of these metrics, in particular Sue Williams, Chair.

The ADASS standards and performance group has also given valuable feedback.

There may be potential for a measure to be developed within ASCOF.

## **Contact details**

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For questions or advice about this document please contact:

Paul Najsarek, co-chair of ADASS Standards and Performance policy network,  
[paul.najsarek@harrow.gov.uk](mailto:paul.najsarek@harrow.gov.uk)

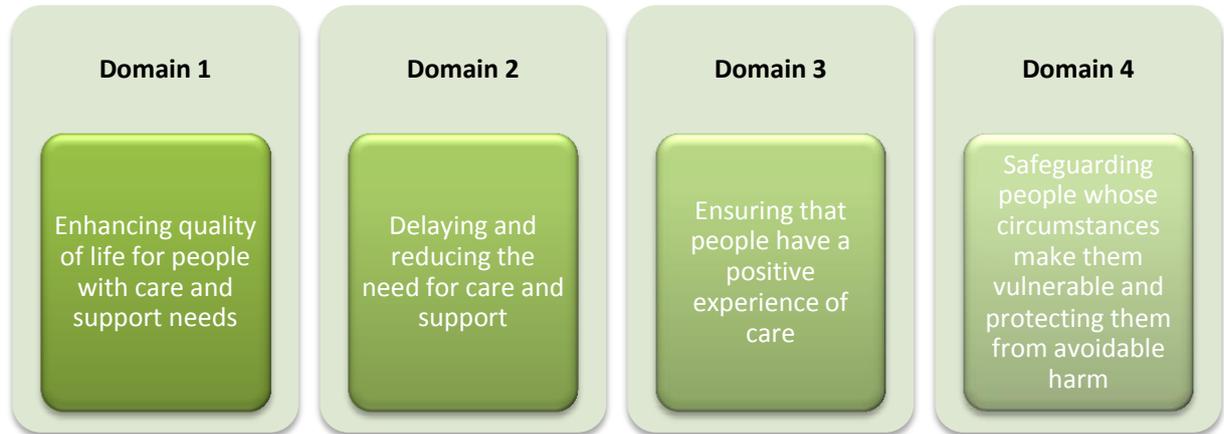
Ali Rogan, External Affairs Director, Tunstall Healthcare. [Alison.rogan@tunstall.com](mailto:Alison.rogan@tunstall.com) 01977 555613

## The Adult Social Care Outcomes Framework

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The Adult Social Care Outcomes Framework (ASCOF) is “used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability<sup>1</sup>.”

The ASCOF is structured into four outcomes domains, these are as follows.



Technology enabled care services have the ability to help deliver improved outcomes for people with long-term conditions and users of adult social care in all of the four domains above.

### Metrics

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The GGI telehealthcare quality standard document contains 11 components

1. Referral
2. Assessment
3. Implementation
4. User engagement
5. Monitoring
6. Information governance
7. Alerts
8. Equipment, integrity and safety
9. Service review
10. Effectiveness audit
11. Innovation

It was felt that this metrics document should focus on developing metrics on the standards that cross practitioners the most, namely:

- 1 referral
- 2 assessment
- 3 implementation (in part)
- 9 service review
- 10 effectiveness audit.

## Summary Metrics

Standard	Subject	Key metric
QS0:	Awareness	Communication plan in place with a series of measures and a methodology to review its impact on an 6 monthly basis to test if the plan having the desired affect <ul style="list-style-type: none"> <li>• Referrals</li> </ul>
QS1:	Referral	Mandatory annual awareness training for all teams indicates that you are working towards a holistic service which will improve outcomes for individuals and create efficiencies in the system <ul style="list-style-type: none"> <li>• % of teams gone through training course</li> </ul>
QS2:	Assessment	Assessment metrics will demonstrate that the right people are receiving technology as part of the care package and are able to benefit from enhanced independence and care support <ul style="list-style-type: none"> <li>• Number of successful requests to the service for support from an expert technology assessor</li> </ul>
QS3:	Implementation BCF	Implementation metrics cover processes which will ensure that the end to end process is working efficiently in order to reduce or prevent reliance on statutory services. <ul style="list-style-type: none"> <li>• Impact evaluation – what difference has it made eg in relation to care homes admissions, hospital admissions, GP contacts, home care package</li> </ul>
QS9:	Service Review	Service Review metrics cover processes which should identify changing needs for the service user and for the commissioner in order to prevent needs escalating, improve service delivery or signpost to other services <ul style="list-style-type: none"> <li>• Annual customer satisfaction review</li> </ul>
QS10:	Effectiveness audit BCF	Effectiveness Audit metrics cover processes which identify true outcomes for the service user and the efficiency savings across the system Health benefits <ul style="list-style-type: none"> <li>• % reduction in falls</li> <li>• Prevention of hospital admissions</li> <li>• increase or decrease secondary care activity</li> </ul> Home care impact <ul style="list-style-type: none"> <li>• Homecare volume</li> <li>• Homecare new starts</li> <li>• Homecare visit analysis</li> </ul> Care home <ul style="list-style-type: none"> <li>• Admissions avoidance</li> <li>• Length of stay reduction</li> </ul>

**London Borough of Havering** have carried out a robust, longitudinal analysis to investigate the impact of AT and homecare (cohort A) compared with homecare only (cohort B) on

- **general hospital admissions** – cohort A **less likely** to be admitted after 18 months by a margin of **25%**
- **hospital admissions due to falls - reduction of 44%** in 2013 compared to 2011 which would convert to estimated annual savings of £2.24m (or if attributing 50% of this to AT then £1.12m)
- **residential/nursing care admissions** – cohort A less likely to be admitted by a margin of 6% than cohort B which would equate to an annual net saving of £937,500

Source: Health and Wellbeing Board paper Jan 14

<http://democracy.havering.gov.uk/documents/s9914/HWB%20-%20paper%20on%20AT%20v5.pdf>

It was strongly advised that there should be a new step created before referral which related to raising overall awareness and providing information and advice to individuals in order to create the referral in the first place or to signpost people where they can self purchase or use personal budgets.

### **New standard requested: Awareness**

A new step in the process has been added to represent the importance of raising awareness of the potential of technology locally.

overall outcome / beneficiary	Steady stream of referrals for the service, audiences clearly know the benefits to them and outcomes being recognised
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<b>Subject</b>	<b>Communications plan</b>
who is it for	all front line teams, members, health stakeholders, info and advice teams, managers, media, general public
How often	Annual plan, 6 monthly review
Measure 1	Communication plan in place with a series of measures and a methodology to review its impact on an 6 monthly basis to test if the plan having the desired affect
Measure 2	Clear pack of accessible, uniform service information available for stakeholders and general public, across all channels
Measure 3	Are people aware of this service – yes /no
Measure 4	Are you able to track % increase in demand for the service annually

#### **Case Study – Christmas campaign**

Staffordshire ran an online Christmas campaign which resulted in 2000 web hits.

Please follow this link to the Staffordshire Cares Christmas campaign video:

[http://www.youtube.com/watch?v=c8WV1VKqO\\_I](http://www.youtube.com/watch?v=c8WV1VKqO_I)

This is a link to the campaign poster <http://www.staffordshirecares.info/pages/news-campaigns/publications-campaigns.aspx> and the all year round 'Featured gadgets' page

<http://www.staffordshirecares.info/pages/my-home/staying-independent/featured-gadgets.aspx> Also, for info the Christmas Gift page had five times more page views this year than the same page in 2012.

**Michael's Solihull Council gadget blog:**

<http://gadgetcommunities.wordpress.com/>

## Quality standard 1: Referral

Service users should be referred for a comprehensive assessment in a timely and efficient manner

overall outcome / beneficiary	Mandatory annual awareness training for all teams indicates that you are working towards a holistic service which will improve outcomes for individuals and create efficiencies in the system
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### 1. Training metrics - 3 levels of training

#### Skills for Care launches Assisted Living Technology training resources

The Skills for Care ALT resources have been designed to support the learning and development of staff with assisted living technology and services and have a range of practical resources available. This now includes a new assisted living app which will guide you on how to find out more about ALT, choose the right type to suit people's needs, view variations of ALT and learn more about our ALT framework which underpins the other resources we have available through our ALT resource hub. The new assisted living app is available to download from the App Store. To access the ALT resource hub click here. <http://skills4carehub.virtual-college.co.uk/>

#### Mandatory awareness training

Subject	Mandatory awareness training
who is it for	all front line teams, members, health stakeholders, info and advice teams, managers, finance team.
How often	Annually, for half a day
Type of training	Tell stories, not technical, overview of available equipment. Cover how to refer, provide suitable handouts
Measure 1	Requires a test with 75% pass rate. If not achieved, resit the course
Measure 2	Number of referrals that lead to a solution being put in place, by individual, by team, by agency – manager of team to be held accountable
BCF	
Measure 3	Add into assessment form – why not technology. Technology should be offered in every referral unless good reason why not appropriate
Measure 4	Self funders – in house is measureable but if using a provider, add mandatory training into their contract
Measure 5	Activity must be to build it into community groups awareness

#### Technology champions training

Subject	Technology champions training
who is it for	Chosen technology champions – 1-2 people per team
How often	Every 6 months, one full day
Type of training	Tell stories, technical training of available equipment. Cover how to refer, provide suitable handouts
Measure 1	Requires a test with 75% pass rate. If not achieved, resit the course
Measure 2	How many briefing sessions the champion carries out pa
Measure 3	Monitor the number of referrals achieved from each group they train
Measure 4	Team referral numbers
Measure 5	Number of e-learning training packages utilised

### Technology experts / Development officer training

(see appendix for sample job description for Telecare/AT development role kindly supplied by Nathan Downing)

Subject	Technology experts/development offer training
who is it for	Technology experts / telecare development officers
How often	Every 6 months, one full day
Type of training	Detailed technical training and installation training of available equipment. Cover how to refer, provide suitable handouts
Measure 1	Requires a test with 75% pass rate. If not achieved, resit the course
Measure 2	Annual Evaluation and audit of service – how much have we saved tracking through to finance
Measure 3	Meet marketing plan objectives
Measure 4	Number of assessments supported
Measure 5	75% of referrals that convert into an actual service
Measure 6	Sit on the MDT panels – how many cases come to panel that get asked for technology, how many already have telecare involved
Measure 7	70% of a community based package with technology
Measure 8	50% of new people coming through reablement with technology
Measure 9	Number of people referred in with technology already in place – increase the proportion of people referred for care package with technology already in place

### 2. Information and advice

Subject	Information and advice
who is it for	Person responsible for marketing the service
Measure 1	Number of hit on technology pages – webmaster monthly report. Also important that there are links to the technology web pages from all relevant services
Measure 2	Number of self referrals
Measure 3	Source of enquiry measures
Measure 4	Number of people receiving information & signposting from first point of contact service – and follow-up data to measure whether this initial advice was useful, did the person visit the webpages they were given links to, did the person make contact with the service recommended
Measure 5	For the person providing the information and advice, was the opportunity for technology explained to the individual

### 3. Referrals link to current information systems

Subject	Links to current information systems
who is it for	Person responsible for IT ??
Measure 1	Having referrals embedded within client index system / case management system eg CareFirst – tick box driven (Wolverhampton, risk, response required, response requirements)
Measure 2	Add in ave cost of care package into record and the difference that technology can make
Measure 3	Reporting on proportion of people entering residential care who have technology to support improved quality of life

#### 4. Leadership

Subject	Leadership ownership
who is it for	Adult social care / health director or equivalent
Measure 1	One to one supervisions and development plans - As a team manager, I should be encouraging my team to increase usage of technology where it is appropriate for the individual
Measure 2	Technology should be written into the overarching plan, but also plans for partnership, neighbourhood, team, safeguarding, financial, falls, personalised outcomes, commissioning – yes / no
Measure 3	Annual evaluations of service by provider organisation
Measure 4	Total referrals generated by care professionals to-date (monthly)
Measure 5	Current weekly run rate for new referrals generated by care professionals
Measure 6	Total referrals passed back to referrer with data quality issues to-date
Measure 7	Total referrals successfully installed to-date
Measure 8	Number of references to technology in internal comms
Measure 9	Take 10 user stories randomly, and test the service delivery, quarterly

#### 5. Positive experience of care

Subject	Positive experience of care
who is it for	Person responsible for customer satisfaction
Measure 1	Annual Satisfaction surveys (TSA or equivalent)
BCF	
Measure 2	6 monthly updates to OP or client groups

#### 6. Feedback to the referrer

Subject	Feedback loop to the referrer
who is it for	Technology service provider
Measure 1	Feedback loop to the referrer to say what's happened eg to GP and managers – you've had 8 referrals, and the outcomes are x (how often)

## Quality Standard 2: Assessment

Service users should receive a tailored assessment of their health and social care needs.

overall outcome / beneficiary	These assessment metrics will demonstrate that the right people are receiving technology as part of the care package and are able to benefit from enhanced independence and care support
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### 1. Has to be part of the overall assessment

Subject	Has to be part of the overall assessment
who is it for	Assessor
Measure 1	Number of requests to the technology service for support from an expert technology assessor
Measure 2	Number that lead onto more information or 2 <sup>nd</sup> visit required
Measure 3	Number that lead to no further action
Measure 4	In advance as part of the referral - Must be fully armed with cost, telephone line/broadband requirements, 3 key holders required
Measure 5	Need to consider that where 'the service' is externalized there may be additional measures reflecting different areas of responsibility

## Quality Standard 3: Implementation

Service users who have been assessed and deemed appropriate for technology should have services implemented that meet agreed industry standards or locally agreed standards

overall outcome / beneficiary	These implementation metrics cover processes which will ensure that the end to end process is working efficiently in order to reduce or prevent reliance on statutory services.
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Subject	Implementation
who is it for	Technology service provider
Measure 1	Need a flag to the care professional that technology has been installed
Measure 2	Flag to indicate when you need to review the package. provider should provide feedback in terms of the monitoring history, identified any changing needs or certain trends. Work proactively to understand this eg front door is opening at 2am. TSA guidance covers the trigger for a review
Measure 3	Impact evaluation – what difference has it made eg in relation to care homes admissions, hospital admissions, GP contacts, home care package. A simple questionnaire or discussion with service user would be advisable
Measure 4	Proactive monitoring data via the call monitoring log should be provided on a regular basis to form part of the review or re-referral
Measure 5	Whole systems approach – eg GP, how local health economy can work together – measurement of GP referrals into the service. Are GPs investing in the service
Measure 6	Number of installations, Installs by client age band, location, Total Unsuccessful Installs or Rejections by Service User To-date, Total Active Service Users Today

## Quality Standard 9: Service Review

Commissioners and technology service providers should regularly undertake service reviews in order to drive improvements in service provision

overall outcome / beneficiary	These Service Review metrics cover processes which should identify changing needs for the service user and for the commissioner in order to prevent needs escalating, improve service delivery or signpost to other services
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Subject	Service review
who is it for	User and commissioner and front line staff
Measure 1	User experience – user panel to be set up to ensure service is delivering outcomes intended
Measure 2 BCF	User experience – Annual customer satisfaction surveys
Measure 3	Is it the right package for the user – annual personal service review to ensure for example self funders are getting value for money and outcomes achieved
Measure 4	Commissioner service review – annual evaluation of service versus outcomes – efficiency, value for money, satisfaction
Measure 5	Front line workers to include technology in all client reviews – suggest setting up professional review panel

## Quality Standard 10: Effectiveness Audit

Commissioners and technology service providers should conduct regular effectiveness audits to assess the impact of technology services on user outcomes and to identify areas for improvement

overall outcome / beneficiary	These Effectiveness Audit metrics cover processes which identify true outcomes for the service user and the efficiency savings across the system
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Subject	Effectiveness audit
who is it for	Commissioner or provider
Measure 1 BCF	Cost of care package before and after technology service installed – measure cost avoidance / cashable saving
Measure 2 BCF	Did technology service reduce or delay need for higher package – yes/no/neutral. If yes or neutral, what was the outcome
Measure 3	Proportion of users in relation to total number of people receiving care services – should be at least 20-25% of total. If lower training and awareness plan required
Measure 4	Proportion of users who are FACs eligible versus self-funders. Aim for FACs users to be a lower proportion
Measure 5 BCF	Longer term benefits of using technology- you may have avoided 6 months care home entry
Measure 6 BCF	At the date of ( <i>contract start</i> ) the existing residential requirement is measured as being XXXX full year equivalent clients at a total cost of £XX.Xm and hence an average annual package cost of £XX,XXX.
Measure 7	Health benefits - Lot of benefits accrue in health <ul style="list-style-type: none"> <li>• % of falls</li> <li>• Prevention of hospital admissions</li> <li>• increase or decrease secondary care activity</li> </ul>
Measure 8	How flexible and responsive is the service to changes in circumstances/local issues?
Measure 9	Average age of service user at point of admission to residential/Nursing Care
Measure 10	Homecare impact <ul style="list-style-type: none"> <li>o Homecare volume</li> <li>o Homecare new starts</li> <li>o Homecare visit analysis (% 15 mins, 30 mins etc)</li> <li>o Average size of homecare package</li> <li>o Average cost of homecare package</li> <li>o Length of homecare episode</li> </ul>
Measure 11	Impact on carers – consider demand on respite care and impact on carers health

<sup>i</sup> Department of Health, *The 2013/14 Adult Social Care Outcomes Framework*, November 2012

## Appendix

### **JOB DESCRIPTION & PERSON SPECIFICATION**

<b>POST:</b>	<b>Telecare/Assistive Technology Development Post</b>
<b>DEPARTMENT:</b>	<b>Commissioning</b>
<b>RESPONSIBLE TO:</b>	<b>Head of Commissioning</b>
<b>GRADE:</b>	<b><u>xxx</u></b>

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#### **Job Purpose Summary:**

The post holder will lead on the development of mainstreaming a universal, accessible Telecare/Assistive Technology Service across the Council and Health partners. The postholder will work with Adult Social Care (including identified Telecare/AT Champions and working alongside Telecare/AT Assessor/Co-ordinator roles within Provider services), Health (Clinical Commissioning Group), Council commissioned Telecare monitoring and response service, Voluntary sector bodies and care providers to coordinate and implement a robust improvement programme and savings initiatives.

The post holder will lead on the development and implementation of best practice, across social care, developing quality and performance standards to be used in the commissioning and procurement of Telecare services and the associated infrastructure required for the effective delivery of services; and liaise with Telehealth delivery plans as and when applicable to ensure a cohesive delivery model across Social Care and Health.

#### **Key deliverables will be:**

Provide tailored project management techniques to develop a systematic approach to Telecare/AT development, implementation and evaluation. This will include developing the existing strategic plans for Telecare/AT, identifying local need and priorities, developing business case proposals for approval by the Management Team or Telecare/AT steering group, and implementing and evaluating approved savings proposals.

To work collaboratively with other organisations in promoting and spreading best practice within the delivery of Telecare/AT as an integral element of care and support.

To ensure increased staff, service user and general public awareness of Telecare/AT.

To develop and pilot new technologies and establish the evidence required for spread and sustainability.

You will work closely with all stakeholders: Social Care, Health and Housing representation to develop and implement governance structures and delivery mechanisms for change within the Telecare/AT arena.

You will develop close working relationships with partner organisations in health, social care, voluntary and independent sector as well as service users and carers.

#### **Key Accountabilities:**

##### ***System development***

- Taking a broad whole systems view, spending time with all stakeholders to make sure there is a partnership approach to agreeing overall objectives that deliver on a Council-wide mainstreamed Telecare/AT Service and to understand the delivery systems and resources required to deliver those objectives.
- Ensure Telecare/AT is integrated into existing and new pathways across social care and health, including prevention, promoting independence, support planning and review.

##### ***Establishing the business case***

- To make sure systems are in place in Adult Social Care services to capture the cost benefit of Telecare/AT by demonstrating “cost avoidance” and cashable efficiencies resulting from the use of assistive technology as an alternative to other care pathways across client groups, and

to support the business case to make sure the Telecare/AT delivery infrastructure is sustainable.

***Programme development***

- To support or lead development of projects associated with each core element of a Telecare/AT service (including delivery of service, 24-hour responses across all client groups, streamlining and aligning referral process across Social Care, Health and other partners (GPs, Fire and Police), amendment of assessment documentation, expanding the range of Telecare/AT solutions available, marketing of Telecare/AT service, public facing demonstrations and training/awareness raising), making sure development activity is strategically aligned, delivered to time and quality and working in collaboration with partners and suppliers.

***Governance and project support***

- To project manage the development and delivery of the Telecare/AT Implementation Plan, obtaining and retaining the commitment of departments, individuals and partners, including managing risk and resources and preparing reports to be delivered at Strategic, Executive, Telecare/AT Steering Group, and local team levels and for key partners and any project working groups.

***Communication and influencing***

- To promote and drive forward the Telecare/AT (and linkage with Telehealth as and when applicable) agenda, seeking to influence, advocate and champion the benefits of Telecare/AT (and Telehealth), based on current research, data, benchmarking exercises including technical innovation, and best practice findings.
- This should be delivered across a range of platforms and media, including
- Intranet and internet, hard copy information/leaflets and through social media.

***Performance management***

- To work with partners to develop metrics and outcome measurement systems and tools that will provide measures and evidence of the outcomes of Telecare/AT use.

**Person Specification:**

	Essential Criteria	Desirable Criteria	Measured By
<b>Education &amp; Qualifications</b>	<p>Educated to Degree level or equivalent academic ability and or equivalent experience</p> <p>Project management qualification or equivalent experience</p>	<p>Relevant professional qualification, for example in Occupational Therapy or Social Work</p> <p>Evidence of continuous personal development</p>	<p>Application Form and verified by pre-employment checks</p>
<b>Skills &amp; Abilities</b>	<p>Ability to lead and manage a programme of change</p> <p>Offer positive flexible and motivational project management</p> <p>Ability to manage and monitor financial or budgetary systems</p> <p>Ability to proactively encourage innovation</p> <p>Ability to demonstrate problem solving</p> <p>Ability to prioritise, plan and make best use of resources</p> <p>Ability to work in partnership and demonstrate commitment to collaborative styles of working within the Directorate and with partners.</p> <p>Ability to understand principles of risk assessment and work within legal clinical and social frameworks.</p> <p>Ability to effectively use IT skills and equipment to communicate and produce appropriate formats for reports e.g. PowerPoint, Excel and Microsoft Word.</p> <p>Ability to present complex information clearly on a one-to-one and group basis</p> <p>Ability to lead policy practice and procedural Development</p>		<p>Application Form</p> <p>Interview</p>

<p style="text-align: center;"><b>Experience &amp; Knowledge</b></p>	<p>Substantial professional knowledge base in relation to assessment for Telecare provision</p> <p>Ability to demonstrate a good understanding of the Technical infrastructure and platforms that support Telecare/ Telehealth equipment Up-to-date knowledge of linked and standalone Assistive Technology equipment and its application</p> <p>Contemporary knowledge of the relevant legal statutory frameworks in health and social care and associated relevant guidance.</p> <p>Have an excellent understanding of research relating to Telecare and Telehealth</p> <p>Extensive knowledge of the principles and implementation of personalisation</p> <p>Experience and understanding of developing policy, process and procedures</p>	<p>Experience of working with professional staff to deliver projects</p> <p>Experience of developing Communication plans/strategies to support service change/redesign</p> <p>Experience of involving people in service planning and development, including carers, older people, adults with learning, physical or sensory impairments, or people who use mental health services</p> <p>Knowledge of LEAN principles and methodology in public services</p>	
<p style="text-align: center;"><b>Core Qualities</b></p>	<p>Self-Awareness: Learns continuously and effectively adapts behaviour in response to feedback.</p> <p>Personal Effectiveness: Makes things happen; operates with resilience, flexibility and integrity.</p> <p>Communication: Shares and listens to information, opinions and ideas, using a range of effective approaches.</p> <p>Service Delivery: understands customer needs and responds appropriately</p>		<p style="text-align: center;">Interview</p>

<b>Other requirements</b>	<p>Awareness of Data Protection Act and Confidentiality</p> <p>Awareness of Equal Opportunities and Diversity</p> <p>Commitment to team working and respect and consideration for the skills of others</p> <p>Light moderate physical effort – lifting maybe required of between 2-5 kilos</p> <p>Visit service users in their own homes to assist with Telecare/assistive technology assessments</p> <p>Office based but required to travel frequently to different locations within or outside the Council boundaries</p>	<p>Driving licence holder</p> <p>Car Owner (due to the need to transport demonstration equipment)</p>	
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Post Holder Signature..... Date.....

Print Name.....

Line Manager Signature..... Date.....

Print Name.....