Scotland’s Healthy Ageing Innovation Cluster

Wednesday 30 June 2021, 1000-1200
Attendee reminder

• We are recording this event and will host it on our HAIC webpage resources so it can be watched on demand at a later date

• If you do not wish to appear on the recording, you should keep your camera and microphone turned off for the duration of the event
Today’s event
Joanne Boyle, DHI
Agenda

• 1000 – Welcome and Introductions
• 1005 – Prof Brendan McCormack, Queen Margaret University
• 1030 – Layla Robinson, University of Edinburgh
• 1055 – Funding update from Julia Glenn, UKRI
• 1130 – Commercial industry pre-recorded showcase videos
• 1145 – Partner update – Digital Office
• 1200 – Final comments & close
Introduction
Caring in a post-covid digital world – developing a progressive ecosystem of care

Prof Brendan McCormack,
Queen Margaret University
Caring in a post-covid digital world – developing a progressive ecosystem of care

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

Professor II, University of South East Norway, Campus Drammen.
Extraordinary Professor, University of Pretoria, South Africa.
Visiting Professor, Ulster University, Northern Ireland.
Professor of Nursing, Maribor University, Slovenia
Adjunct Professor, Canberra University, Australia
Guest Professor, University of Vienna
Adjunct Professor, Zealand University Hospital/University of Southern Denmark.
Honorary Nurse Consultant, Erskine Care
“The coronavirus situation provides an opportunity for all of us to pause, reset, and step up. COVID-19, like any disruption, essentially confronts each of us with a choice: (1) to freeze, turn away from others, only care for ourselves, or (2) to turn toward others to support and comfort those who need help. That choice between acting from ego or acting from ecosystem awareness is one that we face every day, every hour, every moment. The more the world sinks into chaos, desperation, and confusion, the greater our responsibility to radiate presence, compassion, and grounded action confidence” (Sharmer 20200


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

PERSON-CENTRED PRACTICE

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

(McCormack and McCance’s 2017)
Person-centred Practice Framework

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

(McCance & McCormack 2021)
Macro Context

- Health & social care/policy
- Strategic frameworks
- Workforce developments
- Strategic leadership
- Digital Health Strategy & Policy
Prerequisites

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

Using technology to:
- Manage personal boundaries
- Enable avoidance of values conflicts
- Enhancing ‘masked’ & ‘distanced’ personal connection
Care environment

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

Using Technology to:
- Manage staff structures
- Engage in decision-making
- Risk assessment
- Forward plan
- Connect key stakeholders
- Virtual reality
Person-centred processes

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

Using Technology to:
- Creative ways of ‘being present’
- Virtual reality for ‘presence’
- Family engagement
- Communication and planning
Using VR to Improve Wellbeing with Persons in Hospice

Immersive virtual reality in a hospice

A. Lloyd 1, Horakatike 1, 2
1 St Columba’s Hospice Care, 2 Robert Gordon University

Background

Several studies have confirmed positive outcomes using virtual reality (VR) for clinical conditions such as anxiety disorders, phobias, posttraumatic stress disorder, pain management, and palliative care. VR has also been employed to provide emotional wellbeing and alleviate loneliness emotions for people in hospice care. This study aimed to explore the feasibility, acceptability, and potential utility of VR in hospice care settings and its impact on the wellbeing of terminally ill patients.

Method

This was an observational and intervention study of immersive virtual reality (VR) in a hospice in a week-long period. VR sessions were individually planned and delivered to participants on a one-to-one basis, with the aim of exploring participants’ reactions to VR sessions and the impact on their emotional wellbeing.

Results

VR sessions were carried out with 20 patients. Thematic analysis of participant interviews revealed that VR allowed participants to transcend their current circumstances. Firstly, by providing an escape from the reality of their current situation, VR allowed participants to explore new environments and experiences. This helped to reconnect with lost interests and passions. Secondly, VR enabled participants to explore new environments and experiences, providing opportunities for new experiences and connections with others.

Conclusion

VR sessions were well-received by patients and their families. Participants reported enjoyment and decreased distress during VR sessions. The findings suggest that VR has the potential to improve the emotional wellbeing of hospice patients by providing a safe, immersive environment for exploration and escape. Further research is needed to explore the long-term effects of VR on emotional wellbeing and quality of life in hospice settings.
A Healthful Culture (living a positive life embracing all dimensions of our being)

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

Measured By:
- Person-centred Practice Inventory (PCPI)
- Observations of Practice
- PcP-KPIs
- Narrative & Stories
- Routine data
TESA: Technology Enriched Supported Accommodation for People Living with Dementia and their Caregivers

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

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

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

TESA in Northern Ireland

- Demographics
- Environmental Audit
- Technology Audit

Stakeholders

- Tenants
  - Interviews
  - Focus Groups
- Family and friend caregivers
  - Interviews
  - Survey
- Formal caregivers
  - Interviews
  - Survey

PPI: Peer Researchers

Dissemination
Overview of the Literature

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

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

Positive Outcomes

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

Negative Outcomes

-}

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Negative Outcomes

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

Collaborative Relationships
Creatively Engaging with Tenants

N=64 Tenants participated with 48 sessions across 8 schemes

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

N=25 Family and friend caregiver interviews

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

AT did not impact transition

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

Promoting choice and autonomy

Feeling that ‘you’re doing a good job’

Using assistive technology

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

Technology is essential to the caregiving role

Quality of Care

Security

Independence
Conclusions and Recommendations

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

• Advanced care planning
• Shared learning between TESA
• Consider standardisation of technology
• Practice guidelines
• TESA v traditional care
• Ethical debate
• Voice of PLWD
“By our very attitude to another we help to shape that person’s world. By our attitude to the other person we help to determine the scope and hue of his or her world; we make it large or small, bright or drab, rich or dull, threatening or secure.”

(Knud Ejler Løgstrup)
An introduction to the Advanced Care Research Centre (ACRC)

Layla Robinson, Partnership and Engagement,
University of Edinburgh
Introduction to the ACRC
Advanced Care Research Centre (ACRC)

- Interdisciplinary research centre
  - Collaboration across all three UoE Colleges and with University of Newcastle and UCL
  - Hosted by Usher Institute, School of Medicine

- £20M core funding from Legal and General plc CSR grant
  - Five-year research programme
  - Seven-year doctoral training programme

- Started end of 2020
  - Staff appointed (research and professional services)
  - Recruited the first cohort of PhD students for a September 2021 start
  - Formal launch event (online) on Wednesday 3rd November 2021
The ACRC – why care in later life?

Rich                      Evidence, data, technology                        Poor

Die of disease                          Die of ‘stuff’

Ageing population & multimorbidity  Imprecision medicine
Social care challenges              Health inequalities

Precision medicine
Trajectories in later life:

- *High*
  - Sharp decline following life threatening illness (e.g. cancer)

- *Low*
  - Need for care and resource use

Function and quality of life:

- *Low*
  - Prolonged dwindling (e.g. dementia, frailty)
  - Long-term limitation punctuated by acute exacerbations (e.g. heart failure)

Time → All lives end in death
Our vision is of data-driven, personalised and affordable care that supports the independence, dignity and quality of life of people living in their own homes or in supported care environments.
Active stakeholder engagement to co-create research and translation into policy and practice

Understanding the person in context

Data-driven insights and prediction

New models of care

New technologies of care

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

Translation into health and social care policy and practice.

New companies, products and services.

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

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

At Home

Extra Care Housing

Residential Care Homes

The Academy for Leadership and Training
Educating and training the leaders of the future through a uniquely interdisciplinary doctoral training programme.

Enhancing the data infrastructure in later life
Systematically exploiting and enhancing existing data, and developing new data resources
PPIE & partners working with ACRC at all levels

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

Also experts from a wide range of sectors and public partners
Structured, thematic, cohort-based 48-month Doctoral Programme

**Year 1**  
Cohort-based training programme; research preparation.

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

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

Alumni of the Academy will become leaders in their chosen field of later life endeavour which, across three annual cohorts, will be in a diverse range of pioneering and influential roles in the public, private and third sectors.
Enhancing the Data Infrastructure for Later Life Research and Development (WP3)

Free-text health and social care records make up 80% of the world’s data, making the value of unstructured electronic health record data in geriatric syndrome case identification significant.

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


Bea Alex

Honghan Wu

Develop, evaluate and routinely implement processing to understand people’s medical profiles and circumstances, diagnoses, social and family history, the presence of geriatric syndromes, functional deficits and frailty markers, place of residence (home, extra-care housing, care home) and household composition (living alone, fitness and frailty of other members of the household).
Understanding the person in context (WP4)

Personal Projects

Ageing in place

Care Transitions

Value in informal care networks

Images of Care

Promoting social engagement and active citizenship throughout life
Data driven insight and prediction (WP5)

**Objectives**

to use bespoke research **survey data** to explore and understand how later life trajectories of frailty, wellbeing and social participation interrelate and are influenced by factors such as housing, wealth, income, care, neighbourhood context; and
to use linked **routine data** to develop and validate a suite of risk prediction tools for mortality, hospitalization, institutionalization etc., for use in health and social care delivery.

Draw on the complementary strengths of **social statistics** and **machine learning**.
New Technologies of Care (WP6)

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

**Main research goals:**

- Implementing routine physiological monitoring
- Development and implementation of additional sensing modalities and devices
- Development of AI-based decision support and intervention management
- Development of platforms: IOT, Care receiver and care giver
New models of care (WP7)

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

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

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

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

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

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

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

Joanne Boyle, DHI
Funding Opportunities

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

Julia Glenn, Innovation and Design Lead
UKRI
Designed for Ageing Competition
September 2021
One in 12 people in the UK are over 75. By 2040, this will rise to one in seven. A third of children born now are expected to live to 100. On average, people aged 65 will live just half of the rest of their life without disability.

We want:

- everyone to remain active, productive, independent and socially connected across generations for as long as possible
- to narrow the gap between the experiences of the richest and poorest
- The challenge to help businesses, including social enterprises, to create products and services to help people as they age, and deliver them at scale
Designed for Ageing Competition
Launches September 2021

julia.glenn@innovateuk.ukri.org
Design Innovation Lead, Healthy Ageing Challenge
The Designed for Ageing Competition Presents an Opportunity to:-:

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

Fund eligible project costs* for up to two years.

Leverage the competition’s unique design stage gate to make your organisation more sustainable longer term – and more likely to capture viable market share.
# Designed for Ageing - Competition Profile

<table>
<thead>
<tr>
<th>Launch Sept 2021</th>
<th>£14.5m Fund Available</th>
<th>Project duration: 2 Year with design stage gate</th>
<th>Project Start: April 2022</th>
<th>Total Project Eligible Costs: £500K - £2m</th>
<th>Research stage - Industrial research</th>
<th>Grant funding for eligible project costs of:</th>
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- Planned R&D to gain new knowledge and skills for service/process/product development leading to an improvement in existing service/products
- up to 70% if you are a micro or small organisation
- up to 60% if you are a medium-sized organisation
- up to 50% if you are a large organisation
**Designed for Ageing**

**Proposed Competition Profile Cont.**

**Scope:**
- Service-led innovation that enables **self-care** and new models of care for independent living.
- Service-led innovation that encourages **sustaining physical activity** for people aged 50+, including for instance, active travel.
- Service-led innovation that improves mental health and/or addresses the ‘common complaints’ of ageing (such as incontinence, pain, mobility, hearing and eyesight).

**Applicant Profile:**
- Business-led
- Service innovation
- Solutions must address inequalities in healthy ageing
- Able to be shaped for market readiness by Design Stage Gate

**Bid Assessment:** Written and Interview
Design Focus Through Competition Lifecycle

- **Pre Competition Workshops** (with design focus) - July/August 2021
- **Application Process (Innovation Funding Service Form)**
- **Successful Entrants Funded**
- **Design Stage Gate**
- **Prototyping**
- **Competition End**

Timeline:
- **Start**: July/August 2021
- **April 2022**: Design
- **6 months**: Design Stage Gate
- **2 Years**: Competition End

Statuses:
- **Pass**
- **Conditional Pass**
- **Fail**

2 Years:
- **Sept 2021**: Pre Competition Workshops (with design focus)
- **Oct 2022**: Successful Entrants Funded, Design Stage Gate, Prototyping, Competition End
### Differential: Design Stage Gate Amplifier

<table>
<thead>
<tr>
<th>Gate</th>
<th>Criteria</th>
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<tr>
<td>1</td>
<td>User Engagement</td>
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<tr>
<td>2</td>
<td>People-Centred Design</td>
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<tr>
<td>3</td>
<td>Take Up &amp; Acceptance Within Practice Community</td>
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<tr>
<td>4</td>
<td>Augmented Proof of Market Statistics</td>
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<tr>
<td>5</td>
<td>Updated Business Plan: Fair View</td>
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</tbody>
</table>
The Design Stage Gate will help you focus your attention on:-:

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

If you have any questions, please contact julia.glenn@innovateuk.ukri.org
Commercial industry showcase opportunity
Cascade 3d Connected Care
TL Tech - Transforming Lives with Smart Home Technology
Hip Impact Protection – Fall Safe

Pitch deck for

HIP IMPACT PROTECTION

William Beckett, CEO
Frances Crewdson, International Marketing Director
Partner update

David Brown, Business Relationship Manager,
Digital Health & Care, Digital Office for Scottish Local Government
AN OVERVIEW OF THE DIGITAL OFFICE’S ANALOGUE TO DIGITAL TELECARE PROGRAMME
INTRODUCTION TO OUR PROGRAMME OF WORK

David Brown, Business Relationship Manager, Digital Telecare Programme
INTRODUCTION TO THE DIGITAL OFFICE

- The Digital Office for Scottish Local Government leads and facilitates digital transformation for a Partnership of 32 Scottish local authorities;

- The office aims to be a centre of excellence in data, technology and digital, working with the Local Authorities to help them with their own transformation and ensuring they are creating top class digital services for citizens;

- As well as working with the participating councils, the Digital Office collaborates with public sector partners including Scottish Government, Society of Information Technology Management (SOCITM), Scotland Excel, SEEMiS Group, NHS National Services Scotland, COSLA and the Improvement Service (IS) to exchange best practice, develop wider public sector strategic direction and develop new shared services and capacities.
OUR PROGRAMME OF WORK

DIGITAL HEALTH AND CARE

DIGITAL LEARNING AND TEACHING
(e.g. PB, IoT, Planning)

DIGITAL PLACE

DIGITAL COUNCIL
(e.g. Process Automation, Online Services, Digital Workplace)

DIGITAL FOUNDATIONS
(e.g. Cloud, Mobile, Data Analytics, AI, IoT)

DIGITAL LEADERSHIP & SKILLS
(e.g. Digital Maturity, Skills and Methods)

The outcomes, benefits and key actions for each portfolio can be found on our website.
WHAT IS TELECARE?

Scottish Government defines someone who uses telecare as:

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

• bogus caller buttons and door entry systems
• property exit sensors, extreme temperature, flood, falls, movement detectors
• linked pill dispensers
• linked smoke detectors
• linked key safes
THE TELECARE SECTOR IN SCOTLAND

Deloitte’s Feasibility Study – key findings

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

Benefits of telecare services

• generates benefits of around £99m per annum to the Scottish public sector
• Two thirds of the benefits accrue to the Social Care sector, one third to the NHS
• Largely non cash releasing; relating to prevention and delay of care home or hospital admission
By 2025 the existing analogue telephone network will be switched to digital connectivity.
OVERVIEW OF THE DIGITAL TELECARE PROGRAMME

Strategic background:

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

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

• Responds by setting a strategic direction to support analogue switch off by 2025
• Addresses the challenge through digital improvement, integration and innovation
STRATEGIC DRIVERS FOR CHANGE

• Analogue telephone services in the United Kingdom will be switched-off and replaced by packet-switched solutions (“ALL-IP”) by 2025

• The 2025 date associated with the rollout of digital telephony is a deadline, the process has already begun

• Nationwide Stop/Sell will be implemented by all telephony providers by September 2023. No analogue telephony provision will take place after this date

• Digital Telecare implementation supports providers to address these challenges, whilst also creating opportunities to ensure providers can fully exploit the capabilities of their upgraded telecare solution and redesign services around the user
DIGITAL TELECARE EVOLUTION

Digital Telecare is an evolution of existing analogue telecare services.

Reasons for implementing Digital Telecare fall into three broad categories:

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

Benefits associated with an implementation of Digital Telecare:

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

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

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

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

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

- Information
- Guidance
- Advice
- Templates

Co-created to draw on:

- Experiential knowledge
- Technical expertise
- International research
PATHWAYS

Key stepping stones across three phases:

• Discovery Phase
• Planning Phase
• Implementation Phase

Information within the Playbook is grouped into thematic ‘Pathways’

• Management Pathway: Launched October 2019
• Technical and Security Pathway: March 2020
• Procurement Pathway: Launched 2020
• Stakeholder Engagement Pathway: November 2020
• Workforce Pathway: Launched May 2021
THE DIGITAL TELECARE PLAYBOOK

864 individual downloads

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

• Supplier Security Questionnaire
• Outline Business Case
• Summary of Alarm and Peripheral compatibility
• Mobile Connectivity Frequently Asked Questions
• Data Protection Impact Assessment
PRIORITIES FOR THE NEXT 12 MONTHS

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

@DigTelecareScot

telecare.digitaloffice.scot

Digital Office for Scottish Local Government
Final comments

Joanne Boyle, DHI
Final comments

• Our next HAIC event is scheduled for Wednesday 25/08, 1000 – 1200

• We will be shortly sending out our next HAIC newsletter which will contain links to:
  • Register for the next HAIC event
  • Access the video and presentations from today’s event
  • Provide networking and collaboration opportunities through our LinkedIn Group

• 2 asks of you…
Sign up for the next HAIC event with UKRI

- Scan the QR code
- Or
- Enter: https://www.eventbrite.co.uk/e/healthy-ageing-innovation-cluster-august-2021-event-tickets-158572415363
Complete our HAIC feedback survey

• Scan the QR code ➔
Or
• Enter: www.surveymonkey.co.uk/r/Post_HAIC_Event_Survey
Join our digital health and care network

• Scan the QR code ➔

Or

• Enter:

www.dhi-scotland.com/join-our-network
Visit our HAIC webpage

• Scan the QR code ➔
Or
• Enter:
  www.dhi-scotland.com/innovation/innovation-clusters/healthy-ageing/
Join our private LinkedIn HAIC Group

• Scan the QR code ➔
Or
• Enter:
www.linkedin.com/groups/12496744/