Telehealth and Telecare: Integrated Delivery In Scotland

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JIT is a strategic improvement partnership between the Scottish Government, NHS Scotland, CoSLA, the Third Sector, the Independent Sector and the Housing Sector
Overview of Presentation

• Set out the Scottish Context – some facts and figures
• Provide some background context to the Telecare Development Programme
• Describe the current Policy Drivers and ambitions for Scotland’s health and care services
The JIT and SCTT: An Effective Collaboration

The **Joint Improvement Team (JIT)** is a *unique strategic improvement partnership* between the Scottish Government, NHS Scotland, Convention of Scottish Local Authorities, the Third Sector, the Independent Sector and the Housing Sector.

The **Scottish Centre for Telehealth & Telecare (SCTT)** was established to support and guide the development of telehealth and telecare throughout Scotland.
Facts and Figures

- Population: 5.3 million and projected to rise to 5.8 million in next 20 years.
- The 2011 Census was the first time that the number of people aged over 65 years was greater than the number aged 15 and under.
- Between 2012 and 2037, the number of people over state pension age is projected to increase by 27 per cent.
- Over next 20 years number of people over 75 will increase by 60%. More people living with complex long term conditions.
- Numbers of people with dementia will double by 2035.
- A girl born today has a one in three chance of reaching 100 and boys have a one in four chance.
- Scotland getting healthier but gap widening between better well off and less well off.
Scotland's projected population by age group: 2012-2037 (indexed to 2012)

Source: General Register Office Scotland; chart by Peter Knight JIT
System Drivers

- Long Term Conditions
- Ageing population
- Health Inequalities
- Workforce Challenges
- Affordability
- Sustainability
Telecare Development Programme

• What was its context?
• What did it achieve?
• What have we learnt?
Scottish Government’s Strategic Objectives - 2007

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td>Wealthier &amp; Fairer</td>
<td>Increase wealth, fair shares</td>
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<tr>
<td>Healthier</td>
<td>Sustain and improve – especially disadvantaged communities, local and faster access</td>
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<tr>
<td>Smarter</td>
<td>Local communities; strong, safer and better</td>
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<td>Greener</td>
<td>Expand opportunities</td>
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<td>Improve natural and built environmental and sustainable use</td>
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“supporting health and social care partnerships”
The Big 3 – our agenda for older people’s services

User/carer

Outcomes

Joint commissioning

“supporting health and social care partnerships”
Overall aim of Telecare Development Programme….

• *To help more people to live at home for longer, with safety, security, and quality, through the use of Telecare equipment*
Ms Nicola Sturgeon  
(Deputy First Minister of Scotland and Cabinet Secretary for Health & Wellbeing)

“We simply can’t go on doing things the way we have done them”

“Existing and new technology will be key”

“The benefits of telehealthcare are currently undersold”

“There are no real down sides to telehealthcare”

“We should be prepared to embrace telehealthcare in a more fundamental way than we have in the past”
Joining it all together

- **Phase 1 (2006-9):** Raise awareness/develop local & national expertise
- **Phase 2 (2010-12):** Joint strategic drive, strengthen underpinning infrastructure & expand/integrate national programmes (90% roll-out/10% innovation) = Robust Platform
- **Phase 3 (2013-15):** Health & Social Care integration. Increase scale of development to inform national expansion. Increase innovation/data integration & analysis. £10m Scottish Assisted Living Demonstrator announced March 2011.
Challenges - 2011

> Lack of co-ordinated strategy, leadership and investment at both local & national level
> In many areas there is still a project mentality instead of seeing a significant service redesign opportunity
> Equipment and data integration
> Initially slow but gathering momentum – huge enthusiasm from carers and practitioners working with the technology
> Telehealth & Telecare at different stages, and need for integrated community based services
What have we learnt?

- This is about complex change management and takes time, effort & resources
- Technology can play a significant part in remodelling our health & care services
- Incremental implementation – establish key priorities, have robust monitoring in place and review as progress
- It can be hugely personalised and empowering for the service user and their carer, but it is not suitable for everyone
- Needs effective leadership nationally & locally - champions
- Build on what you have and keep going!
Policy Context - 2014
• **32 Local Authorities**, social care, education, housing, transport etc.

• **14 NHS Boards** – acute, hospital, community, primary care

**And by April 2015**

• 32 New Health and Social Care Partnerships for social care, community, primary care and some hospital services

NHS Boards and Local Authorities still providing range of services
National Policy Drivers

- Overarching strategic objectives: wealthier & fairer, healthier, smarter, safer & stronger and greener (see www.scotlandperforms.com)

- Public Service Reform

- Public Bodies (Joint Working) (Scotland) Bill 2013

- Reshaping Care for Older People

- National Telehealth and Telecare Delivery Plan for Scotland to 2015
A Scottish Approach to Public Service Reform: Ambitions

• **a decisive shift towards prevention**: we must prioritise expenditure on public services which prevent negative outcome and preventing problems arising or dealing with them early on.

• **greater integration of public services** at a local level driven by better partnership, collaboration and effective local delivery bringing public, third and private sector partners together with communities to integrate service provision deliver shared outcomes that really matter to people.

• greater investment in **the people who deliver services** through enhanced workforce development and effective leadership

• a sharp focus on **improving performance**, through greater transparency, innovation and use of digital technology.
Setting the Context for Health & Care in Scotland – The Quality Strategy

- **Safe** - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

- **Person-Centred** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making.

- **Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.
And our 2020 Vision…

By 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

• We have integrated health and social care
• There is a focus on prevention, anticipation and supported self-management
• Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
• Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
• There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission
“Improve the wellbeing of recipients....”

- Is integrated from the point of view of recipients
- Takes account of the particular needs of different recipients
- Takes account of particular needs of recipients in different parts of the areas in which the services is being provided
- Is planned and is led locally in a way which is engaged with the community and local professionals
- Best anticipates needs and prevents them arising, and
- Makes the best use of the available facilities, people and other resources”
Outcomes driving Health & Social Care Integration

Underpinned by Legislation by April 2015: *nationally agreed outcomes;*

1. Healthier living
2. Independent Living
3. Positive experiences and outcomes
4. Carers are supported
5. Services are safe
6. Engaged workforce
7. Effective resource use
Reshaping Care: A Programme for Change 2011-2021’ – Integration in Action

10 year whole system transformation programme that seeks not only to **shift the location of care** (from institution to community) but also to **transform the culture and philosophy of care** from reactive services provided to people towards preventative, anticipatory and coordinated care and support at home **delivered with people**

£300 million Change Fund 2011/12 – 2014/15
£120 million Integrated Care Fund for 2015
Number of long stay residents in care homes: people aged 65+; actual vs projected

Source: CD & GRO; analysis by F Knight and A Royle
Emergency Admissions in Scotland

- **65+ Real data**
- **65+ Prediction if solely due to demographic change.**
  Based on changes from 2007/08 demographic

- **75+ Real data**
- **75+ Prediction if solely due to demographic change.**
  Based on changes from 2007/08 demographic

Source: ISD unpublished data; analysis by P. Knight & C. Seaman
Comparison of average daily beds used by emergency admissions aged 65+:
Actual versus Expected (based on 2008/09 rate)

Source: ISD & GPO data, analysis by P. Knight JIT
Trend in emergency admissions (Index) by length of stay (LOS), aged 75+

Source data ISD
Chart PK JIT
Local Authority Commissioned Services: Telecare and Home Care

- 25% Telecare and home care
- 20% Other home care clients
- 55% Telecare no home care
December 2012: National Delivery Plan

Significant role of Telehealth and Telecare in the reform of health, care, housing and wellbeing in Scotland
4 Objectives

> Telehealth and telecare will enable choice and control in health, care and wellbeing services for an additional 300,000 people.

> People who use our health and care services, and the staff working within them, will proactively demand the use of Telehealth and Telecare as positive options.

> There is a flourishing Innovation Centre where academics, care professionals, service providers and industry innovate to meet future challenges and provide benefits for Scotland’s health, wellbeing and wealth.

> Scotland has an international reputation as a centre for the research, development, prototyping and delivering of innovative Telehealth and Telecare services and products at scale.
> **“Telehealth”** - provision of health services at a distance using a range of digital and mobile technologies. This includes the capture and relay of physiological measurements from the home/community for clinical review and early intervention and “teleconsultations” where technology such as email, telephone, telemetry, video conferencing, digital imaging, web and digital television are used to support consultations between professional to professional, clinicians and patients, or between groups of clinicians.

> **“Telecare”** is the provision of care services at a distance using a range of analogue, digital and mobile technologies. These range from simple personal alarms, devices and sensors in the home, through to more complex technologies such as those which monitor daily activity patterns, home care activity, enable ‘safer walking’ in the community for people with cognitive impairments/physical frailties, detect falls and epilepsy seizures, facilitate medication prompting, and provide enhanced environmental safety.

> **“Telehealthcare”** is used as an overarching term to describe both telehealth and telecare together.
Example – Telecare for People with Dementia: Evaluation of Renfrewshire Project

- Renfrewshire Council’s Telecare Service has data on 325 people with dementia using telecare to enable them to stay safely at home.
- Most relevant are door contacts and Responder Service.
- Provide evidence on cost-effectiveness of using telecare in people with dementia.
- Quantitative using assessed savings from avoided admissions.
- Qualitative from interviews
Findings

• From 2007 to 2012, avoided 114 hospital (35% of 325) and 88 care home admissions (27% of 325)
• Mean length of stay: 19.5 days in hospital and 606 days in a care home
• Mean cost: £336 per hospital day (or £6,522 per admission), £577 per week in a care home (£49,998 per admission)
• Annual cost of telecare less user fee: £1,330
• Annual cost of social care for clients: £12,570
• Net savings: £2.8 million over 5 years (about £8,650 per client)
Findings

- Safe – for users and staff
- Effective – equipment and Responder service
- Accessibility – improve by earlier referral before dementia sever, better links to NHS (e.g. discharge planning) and housing providers
- Acceptability – high for clients, carers, families and police
- Satisfaction – rated by users and carers as ‘very’ or ‘satisfied’
- High quality cost-effective telecare service for people with dementia
Key Messages

• Shared learning is vital – Telehealthcare Learning Network
• Political support plays a big part
• Continuity of policy – shared ambitions across portfolios
• Recognition of local priority – national government can set the ambition, but local areas drive change
  – However, must continually support and challenge
  – Dialogue must be encouraged and maintained; delivery cannot exist in isolation from policy
• See slide from 2011!
For more info:

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www.jitscotland.org.uk and www.sctt.nhs.scot.uk

www.livingitup.org.uk

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