

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

15 DECEMBER 2016

TECHNOLOGY ENABLED CARE SERVICES (TECS)

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Summary

There is a national agreement that the Health and Social Care economies must work together to improve the outcomes for individuals who require additional support, whatever stage of life they are at.

Those providing help for people have, for some time, acknowledged that technology will play a larger part in providing that support. The Council and health partners are committed to delivering a local digital roadmap which is a key part of the Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP). Technology enhanced care services form an important part of that.

This report begins to explore some of the options that are available now for technology enhanced care services and will be possible in the near future.

1. Budget and Policy Framework

- 1.1 Consideration of this report is within the Council's policy and budget framework.
- 1.2 The information in this report is brought together to provide the context requested as a result of a request by the Committee for an update to be provided with regard to telecare.

2. Background

- 2.1 The Council and health partners are committed to delivering a local digital roadmap as a key part of the Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP) for the future delivery of health and care in Medway. From the Council's perspective, this is consistent with the vision in the Council Plan to 'use the best digital innovation to meet people's needs.' The Council's transformation programme recognises the centrality of digital technology in improving outcomes for residents and reducing costs.

2.2 The programme focuses on a number of strands where digital technology can improve services:

- Customer service and making services and information accessible online.
- Automating paper based processes to improve our speed of response and cut costs.
- Giving our staff the best tools to do their jobs, for example mobile technology for social workers.
- Enhanced information sharing between partner agencies and residents to provide the best service.
- Using the benefits of technology as a core part of service delivery.
- Making the best use of data to predict residents' needs and develop more preventative services.

2.3 The Local Digital Roadmap has a key focus on paperless at the point of care, effective information sharing through linking up systems, shared networks and giving staff the ability to collaborate across agency and physical building boundaries to enhance the care residents receive, whatever the setting.

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3. Telecare and Telehealth

3.1 Telecare and telehealth, both types of technology enhanced care are important examples of using technology as a core part of service delivery to maintain independence and wellbeing. The term "telecare" is used to cover a multitude of aspects of electronic care support, ranging from call buttons or pendants through to radio-frequency enabled movement monitors and pressure pads within a person's home, GPS enabled "tags" which capture if a person falls inside or away from their home. These are all monitored through a 24/7 call centre, such as that operated by Medway Commercial Group. Such equipment can be stand alone or part of a care package of domiciliary visits supporting someone to remain in their own home. It can also be part of a larger system within a residential 'supported living' environment with local (in house) monitoring.

3.2 There are also "Telehealth" electronic packages which enhance the basic equipment to provide a remote capacity to capture real-time data about basic health functions such as blood pressure, oxygen saturation (Sats), breathing, temperature etc. All of these would be linked to either a GP practice or to a community care provider for monitoring and triage purposes.

3.3 As technology advances, facilities such as Telehealth are being augmented to include trial use of applications such as Skype, which provide face-to-face contact with a clinician. This is either via the internet or, more recently, a "smart" mobile phone. Such equipment can also be used in a variety of other ways, such as to prompt medicine reminders to ensure someone takes vital medication appropriately and regularly.

3.4 The purpose of using such equipment is to make monitoring individual patients much easier as well as bringing significant efficiencies to the health and social care system, avoiding unnecessary travel, increasing the face to

face time, albeit via a video link and reducing down-time for professionals delivering support. All the while, people are allowed to remain in their own home with support “wrapped” around them.

- 3.5 An example of this would be that since the instigation of Home First, within which telecare is a component part, around 200 people have been supported with telecare since the trial began in April 2016. This would include providing people with lifelines and key safes to support their safe discharge home.
- 3.6 Approximately 92% of those who were provided with telecare through Home First during the initial reablement period decided to keep the service, paying for it privately after the initial “free” period facilitating their discharge home had come to an end.
- 3.7 This indicates a slight increase of around 20% compared to the use of telecare during the same period in 2015, although the data has not been statistically verified. What we already know about Home First is that it has reduced pressure on the Acute (hospital) system, got people home earlier than they would have done under traditional discharge pathways and delivered efficiencies across the health and social care system.
- 3.8 Developments in technology mean that the potential benefit to the health and social care system has the potential to outstrip the capacity of the current structures to adapt.
- 3.9 While there has been some initial trialling of telehealth in the Medway area, the use of telehealth has not been accurately tested within Medway, however what is known is that there may be significant savings released, reducing the need for face to face monitoring by clinicians. This will be tested through the developments in the Medway model for Health and Social Care.

4. Information sharing and interoperable systems to improve health and care

- 4.1 Much work has already begun: MedOCC is able to access patient records from GPs if a person is referred to them, either as a domestic out of hours call. This access can be gained either at the MedOCC base in Gillingham or in the Emergency Department at the Medway Foundation NHS Trust site at Medway Maritime hospital.
- 4.2 GPs are also able to receive an Electronic Discharge Notice (EDN) when patients are discharged from hospital.
- 4.3 To trial the next stage, there has been some roll out of preventative services for those who are considered most frail in our communities through a community Geriatrician initiative, which has been initially working from the Woodlands Practice. This has been bringing together the known information from across the clinical system about the most vulnerable people living in that area and has allowed the Geriatrician to do in-depth face-to-face assessments with those considered most at risk, review their medicines, set up regular monitoring from a fresh base-line of information and make appropriate referrals into both statutory and community-based support.

- 4.4 The outcome of this has been to downgrade some of the risks to which patients might have been exposed had the review not taken place. Allowing them to remain at home is a more stable state. The secondary outcome from this pilot is that the records of those reviewed are now up to date across the system, so should they need more acute care, the information with which the clinicians would be dealing is current, leading to less down-time and wasted investigations. The second phase of this trial, incorporating the lessons learned, will be started in Hoo during the early part of 2017.
- 4.5 As our health care systems operate in silos, there is a constant challenge with regard to the transition of patients across care settings; the need to coordinate transitions by phone, email and fax determines that professionals are spending time away from patients. The information received between settings can be incomplete; mistakes can occur and as a result clinicians, patients and the healthcare system will not operate as efficiently as they need to.
- 4.6 The Strata Pathways IT solution will be implemented in Medway to enable information regarding patients to be intelligently exchanged between care settings, in real time. Professionals will be presented with up to the minute, complete information.
- 4.7 It is expected that the use of the Pathways system will improve conditions for clinicians and patients. In clinics, primary care physicians can better match patients to an available specialist. Specialists will receive referrals that are complete. At specialist appointments, patients are not asked to rebook due to missing information. In hospital, patients move from emergency room to acute care faster. They are discharged to community care sooner. Inappropriate re-admissions are reduced. System-wide, clinicians spend less time on paperwork and more time with their patients.
- 4.8 Lead officers in Medway organisations have been identified in order for the supplier of Strata Pathways to work with them to start scoping the system requirements in Medway. This work will be undertaken across the system and in co-operation with partners in the health and social care system.
- 4.9 One of the national requirements within the Better Care Fund is to require systems to develop Advanced Programme Interfaces (APIs): systems that can “talk” to each other. Much of the work which has either been achieved or is presently under way comes under this banner.
- 4.10 The push being required under the development of the STP is to “industrialise” this process so that we get to a point of usability sooner and reap the rewards of being in a position to better respond to what people need more quickly, efficiently and effectively.
- 4.11 Technology is one of the four enablers identified within the STP and the Council is developing the processes in parallel to ensure they are aligned and complimentary.

5. Risk Management

- 5.1 There are no specific risk implications for Medway Council arising directly from this report.

6. Legal and Financial Implications

- 6.1 There are no specific legal or financial implications for the Council arising directly from this report. The report is within the remit of the committee to consider and comment upon.

7. Recommendation

- 7.1 The Committee is asked to note and comment on the report.

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Appendices

None

Background papers

[Transforming Health and Social Care in Kent and Medway – Sustainability and Transformation Plan](#)