Transforming care and saving money
Better Care Technology
Chair

Linda Sanders
ADASS Telecare Lead and Strategic Director People
City of Wolverhampton Council
Transforming care and saving money - Better Care Technology

Discussion points

• Digital health and care - enabling better care in Catalonia
  – Ester Sarquella - Member of the Inter-Ministerial Plan Committee for Integrated Health and Social Care

• Telecare as a critical tool for delivering savings and better outcomes
  – Steve Tingle - Director of Adults (DASS) Blackburn with Darwen Borough Council
Positioning technology at the heart of care and support

Linda Sanders,
Strategic Director for People, City of Wolverhampton Council

ADASS National Lead, Assistive Technology
The Health and Social care landscape is changing, bringing significant challenge for continued delivery of services and achievement of targets. Challenges are numerous but include:

- reducing admissions due to falls
- rapid Hospital Discharges/Delayed Transfer of Care
- reduced spend on delivery of care services both in care homes and at home
- meeting needs of an aging population with reducing budgets
- promoting independence and self management in the citizens of Wolverhampton

Objectives:

- intervene and support people earlier
- reduce, defer and delay the need for more intensive support
- provision of better information and increased alternatives of less intensive care to help people be as independent as possible.

The expansion of the Better Care Technology offer across Wolverhampton is an integral part of the city’s ‘Promoting Independence policy’ and the ‘Home First Approach’ to support people to remain independent within their own home and community – integral to integrated health and social care through our Better Care work.
Wolverhampton – Desired Outcomes

• Target admissions due to falls for telecare users of less than 10% per annum for all users over the age of 65 (33% national average)
• Target reduction in the cost of care provision through “technology first” culture (particular focus in LD)
• Support at times of high demand (such as winter pressures) through proactive support for individuals in their own home
• Support for delivery of Public Health campaigns through proactive support services delivered via an integrated care and support hub
• Generating efficiencies and support for the broader Health Economy through receipt of referrals from multiple sources including self-funders
• Target the following areas through the large scale implementation of telecare:
  • Reduction in ambulance call outs
  • Reduction in A&E Attendance
  • Reduction in hospital admissions
  • Maximise discharges to home rather than care homes or intermediate care environments
  • Support re-ablement and promote independence allowing people to remain in their own homes for longer
"At Home" is a concept developed collaboratively by WM ADASS, 14 local councils in West Mids (and increasingly others outside the region) and Naidex to raise public awareness of assistive technology and how it can support independent living for longer – www.athome.uk.com

- It is a campaign to increase awareness for those thinking about later life
- To increase public knowledge and confidence to access resources to help people stay at home for as long as possible longer.
Future Vision: Technology enabled services

- **Virtual Clinics**: Videoconferencing supported by biometrics
- **Wearables Integration**: Using consumer wearable tech to support health/care
- **Social Inclusion**: Connecting people with social circles/activities
- **Service Delivery Extension**: Using telemonitoring centre as integrated service hub
- **Behavioural Trends/Analysis**: Building a picture of activity & responding to changes

- **Supported Discharge**: Hospital discharge support
- **Specialist Need Support**: Tailored services supporting specific needs
- **Apps & Health Tracking**: Supporting health and care via smart technology
- **Supporting Mobility**: Mobile health & care solutions
- **Real Time Hospital**: Real time patient location - automated bed occupancy & discharges

*ADASS: Adult Social Services*
New ADASS resources

Better Care Technology - Results of Call for Evidence
• The findings cover 28 examples across England from Brighton to Bury
• As well as financial savings, you will read about some fantastic people stories.

Guide to Supporting Carers through technology enabled care services
• As well as describing the different ways technology can help, it covers top 5 things we need to challenge when looking at technology enabled care to help support carers
Key messages to commissioners and providers

- **Shared leadership endeavour** - the right people and a good business model.

- **Capture the imagination** of members and partners, assuaging the fears and anxieties that we’re doing techy stuff - view telecare as an essential core support activity rather than perceived as a replacement for personal care.

- Ensure an unequivocal **focus on the change process** – it should be a leadership priority across the system so things don’t drift.

- It’s not an optional extra

- **Embrace the passion** and commitment about the difference it can make in empowering people
Spanish Model

Unique proactive ‘teleassistance’ model

Ester Sarquella

Member of the Inter-Ministerial Plan Committee for Integrated Health and Social Care
Government of Catalonia
Digital health and care enabling better care in Catalonia
## Catalonia: a snapshot picture

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.4</strong> Million People</td>
<td>Growth of 1M the last decade</td>
<td>16% of Spain</td>
</tr>
<tr>
<td><strong>948</strong> municipalities &amp; 42 counties</td>
<td></td>
<td>63 municipalities over 20,000</td>
</tr>
<tr>
<td><strong>83.2</strong> Life expectancy at birth</td>
<td></td>
<td>80.3 for male 86 for female</td>
</tr>
<tr>
<td><strong>1.5</strong> Million people at risk of poverty</td>
<td>20.9% of the population</td>
<td></td>
</tr>
<tr>
<td><strong>26%</strong> AROPE (risk of poverty or social exclusion rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18%</strong> population over 65 and 4.3% over 80</td>
<td></td>
<td>1.3 million over 65, 0.41 over 80 and 1,700 people over 100 (2013)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4 million over 65, 0.94 over 80 and 21,500 people over 100 (previsions for 2051)</td>
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<tr>
<td><strong>20.3%</strong> Unemployment rate</td>
<td></td>
<td>47.1% youth unemployment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11.5% long-term unemployment</td>
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</tbody>
</table>

Source: [www.idescat.cat](http://www.idescat.cat) UE Indicators Programa de prevenció i atenció a la cronicitat (PPAC) Portal estadística dependència. IMSERSO Departament de BSIF. Memòria 2014
## Catalonia: our health and social service system

### Social services
- Exclusive powers to regional government
- Run by local and regional governments
- Majority of powers for the regional governments according to Spanish law
- Run by regional government

### Healthcare services
- Universal coverage and free access to some services
- Universal coverage & free access
- Funded by taxes but with co-payment for some services
- Funded by taxes. Co-payment in pharmaceutical products

### Different maps of service delivery areas

<table>
<thead>
<tr>
<th>Social services</th>
<th>Healthcare services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal coverage and free access to some services</td>
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</table>

### Multi-provision model

<table>
<thead>
<tr>
<th>Social services</th>
<th>Healthcare services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide range of services covered publicly by regional government and by local authorities, provided directly publicly or by the Third Sector or private providers.</td>
<td>Wide range of publicly covered services provided mainly in public facilities</td>
</tr>
<tr>
<td>Budget: <strong>€2,279</strong> million €1,878.33 million: regional government €400,67 million: local authorities</td>
<td>Budget: <strong>€8,500</strong> million</td>
</tr>
</tbody>
</table>
Catalonia: our health and social service system

- **2** Ministries: Ministry of Health – Ministry of Work, Social Affairs and Family

- **7** Health regional services vs. **5** Social Welfare regional services
  Depending from the ministries

- **43** Clinical strategic areas commissioning health
- **103** Local Authorities commissioning social services

- **369** Primary Healthcare Centres
- **103** Basic Social Services Areas

- **69** acute hospitals
- **96** long term & intermediate care centres
- **41** Mental Health Centres

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A history of trying to work together...

“Life to the years” program

Dependency Act (Spain)

1986

Inter-ministerial Plan for Mental Health

Directive Plan for Health and social Care

Planificació i Avaluació Pla Director Sociosanitari

Social service Act 12/2007

Chronic Care Program (5/7/11)

Inter-ministerial Plan for Integrated Care (26/2/14)

Parliament resolution for health and social care integration (8/7/15)

Pla integral d’atenció a les persones amb trastorn mental i addiccions

Inter-ministerial Plan for public health

Ester Sarquella. PIAISS
Catalan chronicity strategy 2011-2014 has worked successfully

Evolution of avoidable hospitalization rates in chronic patients 2011 - 2014

Effect of clinical pathways on main DM type 2 indicators 2008 - 2014
Only 57% of complexity is explained by morbidity.
Why integrated health and social care?

- Better health and social welfare results
- Better experience of care to the health and social needs
- Better use of resources

Provide better care for people

2014 the Catalan government takes a decision (PIAISS)
Integrated Care, for whom?

Population based but starting for high need & high risk & high use

Healthcare complex needs

Social care complex needs

**PCC**
- Multimorbidity
- Severe unique disease
- Advanced frailty

**MACA**
- Limited live prognosis
- Palliative approach
- Advance care planning

**P**
- Functional autonomy needs

**N**
- Interpersonal and relational needs

**A**
- Instrumental and material needs

**S**
- Functional autonomy needs

**C**
- Interpersonal and relational needs

- Instrumental and material needs

Ester Sarquella. PIAISS
Catalan Model of Health and Social Integrated Care. Core & Enabling elements

**Health and social care boards**
- [HSC](Health and Social Care Board)

**Local Partnerships**
- Community-based orientation
- Guarantee of continuity:
  - Integrated pathways | Transitional care | 7x24 care

**New role of the people**
- [Programa Pacient Expert Catalunya](Programa Pacient Expert Catalunya)

**Clinical & professional leadership**
- Case Management and collaborative practice
  - Identification, shared assessment, and shared intervention plan
  - Defining new roles for professionals

**Integrated planning, commissioning and shared accountability**

**ENABLING ELEMENTS**
- Shared vision for the use of resources
- Digital health and care
- Leadership and Change management
- Shared budgets

**Multilevel strategy**

Font: Elaboració pròpia del PPAC i PIAISS. Contel, J. Sarquella, E.
Digital Health & Care Ecosystem

- **Standards & Interoperability**
  - HC³ (Història Clínica Compartida a Catalunya)
  - I-SISS.Cat
  - EHR
  - SIRE – Electronic Prescription

- **Personal Health Record**

- **Non face-to-face care model**

- **Analytic Model**

- **Marketplace**

- **Primary Care**

- **Specialized care**

Using material from: Oscar Solans. HC3. CatSalut. TicSalut
Digital Health supporting care processes, collaborative practice and care pathways

- Electronic Health and Social Care Records (HC3)
- I-SISS.Cat Platform
Shared Medical Record

This is the **Electronic Medical Record** that collects all important information on the state and evolution of a patient throughout their healthcare process.

**Video on Vimeo: Catalan Electronic Medical Record**

Using material from: Oscar Solans. HC3. CatSalut. TicSalut
Digital Health enabling new models of care

✓ Personal Health and Social Care Channel

✓ Remote care
http://lamevasalut.gencat.cat

PC and tablet vision

Mobile vision
Background to Tunstall Televida

- Tunstall Televida supports **more than 245,000 people** across Spain with telecare and associated services
- Across 8 monitoring centres
- **16 million calls** each pa
- Delivers Barcelona’s Regional telecare service - **75,000 users**
- Provides Barcelona City’s Local Telecare Service - **67,000 users**

What is the Barcelona’s teleassistance Service?

- Commissioned by Barcelona Council in conjunction with the municipalities in the province since 2005
- Service received by 10% people aged 65+ and 25% 80+
- 60% of calls are outbound

The service provides people who are older and/or have long-term care needs with a range of support including:

- Monitoring
- Telecare systems
- Home care, Response
- Prevention and wellbeing services
Key elements of a unique model

- Service of support and care by means of technology
- Preventive and proactive
- Proximity as an added value
- Advanced telecare services
- Alliances with local services
- Public-private partnership

Local Telecare Service

Greater autonomy for individuals

- 2,200 Outgoing calls
- 4,400 calls (including the automatic)
- 2,000 Incoming calls
- 200 Sensors calls
- 4,200 Automatic check calls

- 160 emergency/problem
- 145 loneliness
- 310 asking for information
- 615 other reasons
Digital Health enabling better decisions

✓ Interoperability and standards definition

✓ Stratification tools and analytics
Prevalence of multimorbidity
Information available at regional and PHC level
Digital Health and Care

• supporting care processes, collaborative practice
• enabling new models of care
• enabling better decisions
Generalitat de Catalunya
Pla interdepartamental d’atenció
i interacció social i sanitària

presidencia.gencat.cat/PIAISS

esarquella@gencat.cat
Twitter: @estersarquella
Telecare as a critical tool for delivering savings and better outcomes

Steve Tingle
Director of Adults (DASS)
Blackburn with Darwen Borough Council
Technology enabled support in Blackburn with Darwen

Transforming Social Care

Steve Tingle
Director of Adult Services
Contents

• Our journey - parts one, two and three
• Some personal stories
• Lessons learned
• Current and future plans
Our journey

- Small unitary with a 150,000 population
- More than \( \frac{1}{2} \) with two or more long term conditions
- High use of residential care and unplanned health system historically
- 50 people receiving telecare in 2010
- 1800 within 18 months through partnership with Tunstall
- Development of the Safe & Well partnership from 2013
- Change program from 2014 in partnership with Newton - with complex AT as an integral part
2010-2012

- Rapid improvement work based on Tunstall experience in North Yorkshire (=1800 people for BwD)
- Created dedicated capacity
- Performance management – “carrot and stick”, including self selected targets
- Piloted telehealth with mixed results
- Focus on FACS eligible users
- Strong link to Putting People First and preventive shift
- Large scale savings (mainly cash avoidance) given the standing start
2013 -

Whole system AT strategy and brand
Delivered and supported by a broad range of Partnerships
Embed Assistive Living Technology across the Borough
About the person, not the tech
Some equipment low tech and low cost
Pilots for LD, complex needs, care homes and non-FACS eligible (“try before you buy"
Not everything worked
Good level of savings on the LD pilot

Partners
- Blackburn with Darwen Borough Council
- Blackburn College
- Your Support Your Choice
- Twin Valley Housing
- Tunstall
- Tynetec
- BES Healthcare (BAM labs).
- Telemagenta
- Age UK Blackburn with Darwen
- Lancashire Fire and Rescue
- Care Network
| Path to Placement | Complex installations can lower reliance on domiciliary care and delay placement admission  
| Reablement | Opportunity to significantly increase number of complex telecare packages by ~200%  
| Assistive Technology | Promoting Independence Reviews would result in a change of reviewing method, using the full suite of preventative interventions and third sector services to promote more independent outcomes for service users  
| Voluntary Sector | 83% of reviews currently result in no change of package  
| Promoting Independence Reviews | Opportunity to increase reablement referrals by 43%  
| Voluntary Sector | Opportunity to increase signposting to the voluntary sector services  
| Optimisation – Reducing Demand | Voluntary sector services should, where appropriate, be used in substitution of traditional care packages.  
| Optimisation – Productivity | Onward referrals from the customer liaison officers could be reduced by increased use of sign posting and direct referrals to services such as reablement and equipment  
| | Onward referrals could be reduced by ~20%  
| | The productivity of the social work teams can be significantly increased through re-engineering of processes, removal of duplication and effective scheduling.  
| | Productivity could be increased by 40 – 60%  

2014 - Social Care change program
Complex Telecare installations

Complex telecare (i.e. over and above a simple box and button) has the potential to reduce domiciliary and carer support costs and has been actively driven and measured as one of a number of key elements within our change program.

What This Graph Shows:
The green bars show the number of complex Telecare Installations each week. The red line is the target number per week and the black line shows the average for the last 8 weeks, week on week.

£560K recurrent savings as part of £2.8M from programme overall

Complex telecare (i.e. over and above a simple box and button) has the potential to reduce domiciliary and carer support costs and has been actively driven and measured as one of a number of key elements within our change program.
Residents find peace of mind

PIONEERING

Case Study – Ibrar

From the Lancashire Telegraph
6th June 2014

By LAWRENCE DUNHILL
Health reporter

RESIDENTS with learning disabilities have been taking part in a £15,000 pilot project which aims to make them less dependent on carers.

Blackburn with Darwen Council has spent the cash on independent living aids and electronic devices for 33 residents, after identifying people who would benefit from the programme.

The devices include memory books, GPS systems, panic buttons and falls detectors to help them cope better on their own.

The project could also produce cost savings, or at least allow the council to use resources more efficiently, as carers will be freed up to spend more time with people who need more support.

A spokesperson for Blackburn with Darwen Council said: “Ibrar, who lives in Acrefield, has been using an electronic memory book, which gives him step-by-step instructions on how to do a variety of household chores from making a sandwich, boiling milk on a hob and washing and drying his clothes.

He said: “I get up in the morning and from eating my breakfast I use it and it tells me how to do things. There’s pictures of everything and then you press the button and it reads out the instructions.”

“Pilot project aimed at those with learning difficulties is helping them to be less dependent on their carers.

Ibrar Riaz says the new system is helping him ‘to do things on my own’.

“I really helps me to do things on my own. I use it everywhere and it makes things easier for me. Sometimes the staff help me out but mostly I can do it on my own.”

He has also tried out a GPS system that allows people to go outside independently but provides a warning signal to carers if they stray too far outside a comfortable boundary.

Whilst he is just starting with this technology his carers hope that in future Ibrar will be able to go into the town centre with the aid of the system and go shopping on his own, as he loves to pick out all his own clothes and manage his own finances.

The technology is supplied by companies such as Tynetec, Tunstall Solutions and BAM Labs.

Coun Mohammed Khan, the council’s cabinet member for Health and Adult Social Care, said: “These advancements are really helping people like Ibrar enjoy a real peace of mind and help them to enjoy their lives.”
Case Study – Carol

- **Carol works as a receptionist at Blackburn with Darwen Carers Service and is the main carer for her dad who suffers from dementia, and her brother who has a learning disability.**

- Following a recommendation from her Carers Advisor, Carol went to an event at Your Support Your Choice to find out more about assistive technology and how it can help carers. At the event a representative from assistive technology company Telemagenta recommended a phone and memory book for Carol’s dad to use. They also recommended a phone for her brother too.

- The phone is a similar size to a regular mobile phone but features large buttons that can be programmed to phone specific numbers, for example Carol’s mobile phone and other family members. There is a panic button on the back of the phone which calls through all the numbers programmed into the phone in sequence until someone answers. The phone also has a GPS tracking function.

- Carol’s brother couldn’t use a standard phone because of his learning disability, but thanks to the large buttons and pre-programmed numbers, her brother can use the new phone without any help. Carol’s brother wouldn’t leave the house before he got the phone, but now he feels confident enough to take their dog for a walk, because he knows he can use the phone to call for help if he needs it. If Carol is worried about her brother and he isn’t answering his phone she can use the GPS function on the phone to find out where her brother is by using an app on her own mobile phone.
Case Study – Carol

- Due to his dementia, Carol’s dad sometimes wanders away from home, so Carol can use the GPS function on her dad’s phone to find out where he is too. Carol’s dad knows to press the panic button on the phone if he needs help, so Carol doesn’t have to worry about him as much now. Her dad also uses the phone to ring his other son for a chat.
- The phones were provided free of charge by Telemagenta as part of the Safe and Well programme. All Carol has to do is top up the credit on the phones.
- In addition to the phone, Carol’s dad was prescribed a memory book, which is like a small photo album, but with each photo you can record an accompanying audio message. Carol’s dad loves looking at photos, so Carol is going to fill the book with family photos and record an audio message for each photo, such as a message from the family member pictured, or a message to explain what the photo is of, to help her dad remember. This will be a pleasant activity for Carol’s dad to enjoy and it will help him to remember people and places.
- Carol feels more relaxed knowing that her brother and dad can call her on their phones if they need help. Before her brother got his phone, Carol used to call him regularly to check he was OK and sometimes she felt like she was pestering him, but now she knows he will call her if there’s a problem. The new phone has also given her brother more confidence and Carol is hoping he will be soon able to use the phone to book his own taxis, further increasing his independence. The phone also helps Carol’s brother in his role as a carer for their dad, because he can call Carol for advice if he needs it.
- Carol used to feel exhausted, worried and like she wasn’t getting enough rest, but the phones are helping to take the pressure off Carol.
- Through her job at the Carers Service Carol has been recommending assistive technology equipment to other carers. She said: “The GPS tracking facility on the phone is brilliant for people with learning disabilities or dementia. More people should know about it, it’s great. I only went to Your Support Your Choice to find out about equipment for my dad, but then I realised the equipment would be great for my brother too. The phones mean I don’t need to worry as much, I’ve got more peace of mind. I don’t need to rush at the shops to get home and I don’t need to worry at work anymore – the equipment has helped me to get some of my life back.”
Lessons learned

• This is about lateral, problem-solving, creative thinking, not the gear!
• Dedicated capacity for AT is a must if you are starting from a low baseline
• An artful blend of carrot and stick is needed with social care and health staff
• New services take a while to become part of a social care workers “unconscious” toolkit
• Make the process as simple as possible for social workers, they don’t need to be experts but they have to refer!
• Massive variation from one practitioner to another is a challenge to address
• People stories with the right outcomes are what sell this approach to professionals
• Savings estimates can be too optimistic and do not take account of attrition
• The pros and cons of charging for people with eligible needs
• Initial bursts of activity on AT and Reablement could come back to bite you further down the line
• The private payer market has vast potential as an upstream, attractive retail offer, based on lifestyle and home safety vs a dependency model (think Apple shops rather than the austere looking mobility shop)
• Change work with Newton has helped make the organisation much more efficient and data driven/savvy
Current and future plans

- Continuation of our work on complex telecare
- Private payer market at scale – a different offer via the mainstream looking to develop this as part of the Council’s commercial arm
- Proactive telecare service to commence in May 2016 for our 1900 users
- Telehealth and telemedicine linked to unplanned use of the acute system (Airedale)
- Further work on falls prevention - 3000 per year and only 200 seen by the falls prevention service
- Try to get off the burning platform – increase the health and care prevention spend from the current 6% towards a target of 15% (HWB strategy)
Thank you

Any questions?

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Sharing best practice

Kevin Alderson
UK Sales and Marketing Director
Tunstall Healthcare