

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 25 OCTOBER 2017

### DELIVERING DIGITAL HEALTH & CARE IN ABERDEENSHIRE

#### 1 Recommendation

It is recommended that the IJB:-

**1.1 Ask officers to explore the development of an Aberdeenshire Digital Health & Care approach, assessing our current provision against potential future developments, to ensure we maximize Aberdeenshire outcomes, taking any learnings from national approaches, with an awareness of budgetary challenges.**

**1.2 Agree to receive a report on this at a future meeting of the IJB.**

#### 2 Risk

- 2.1 IJB 2 – Health and social care policy – failure to develop an approach around digital health and care may result in Aberdeenshire not adequately benefitting from digital technology and becoming mis-aligned with emerging national policy on the adoption of digital technology.
- 2.2 IJB 1 – Sufficiency of Resources – with the potential that digital technology can offer to deliver efficiencies, work smarter and free up traditional service resources, failure to develop in this area may lead to missed opportunities that would enable us to better meet future demand within available resources.

#### 3 Background

- 3.1 For Health and Social Care integration to truly succeed requires transformational change of how we respond to demand for services. Digital transformation is increasingly a key building block at the heart of successfully meeting this challenge. Digital technology has the potential to empower our citizens to more actively manage their own health, close to home, and be a core driver of efficiencies in how we use our available financial and staff resources.
- 3.2 Nationally, this has been recognised and documented within key strategies, and is soon to be supported and led by a new **Digital Health and Care Strategy** for Scotland, due for release in late 2017/early 2018. The over-arching vision of that strategy being as follows:

*“As a citizen of Scotland, I have access to the digital information, tools and services I need to help maintain and improve my health and wellbeing. I expect my health and social care information to be captured electronically, integrated and shared securely to*

*assist service staff and carers that need to see it, and that digital technology and data will be used innovatively to help plan and improve services, enable research and economic development.”*

3.3 This national strategy is intended to guide and support Health Boards, Health and Social Care Partnerships, and their partners towards achieving:

- A digitally-active population
- A digitally enabled workforce
- Health and social care integration
- Whole-system intelligence, and
- Sustainable care delivery

3.4 Similarly, in *The Modern Outpatient* digital technology is seen as the **key enabler** of service redesign and delivery of the vision and aspirations set out in that strategy:

*“by 2020, health and care delivery in the community should be **routinely** supported by digital technology and aid delivery to improve outcomes. Consideration of technology to become **embedded** at all key points in service pathways.”*

3.5 In practical terms, digital health and care offers a range of possibilities for individuals and service providers, through the application of technological advances in different care settings, and could become a key enablers in our service redesign, contributing towards all our strategic priorities, and in particular to help us:

- Enable people to safely live independently for as long as possible
- Prevent unnecessary hospital admissions
- Facilitate timely and safe hospital discharges
- Deliver health and care services as close to home or a homely setting as possible
- Improve and maximise health and wellbeing outcomes for people
- Empower and facilitate greater self-care and self-management of long term conditions
- Contribute to future-proofing our services, by:
  - Reducing inefficiencies
  - Optimising service costs
  - Improving access to services
  - Increasing quality of health and care services.

3.6 The combination of expected growth in demand for health and care services, and already constrained budgetary capacity, means that we need to increasingly optimise how we use our resources. A key advantage of digital technology is the potential it offers to free up existing capacity.

3.7 Applied correctly, digitally enabled health and care should deliver obvious efficiencies, whilst providing at least as good quality of care. It should at worst be at no additional overall cost, and at best free up resources for deployment elsewhere. Examples might include replacing a face to face consultation with a phone call, video call, or text message, or enabling the remote capture, relay and review of information between patient and clinician that removes the need for an appointment altogether.

- 3.8 Consideration of an appropriate approach to digital health and care for Aberdeenshire should therefore explore the realisable cost benefits of adopting digital technology, within our existing financial resources. This should identify any associated upfront investment (spend to save, or seed funding) required to release those benefits and how those costs could be met, for example through financial assistance from national funding streams that may become available to support the emerging national digital strategy, and/or self-funding from internal resources directly released through the adoption of technology.
- 3.9 The emphasis should be that digital technology is a strategic “enabler” of what we do and how we design and transform services, not a service or series of services in their own right.

#### 4 What is Digital Health & Care?

- 4.1 **Digital Health and Care** is the term increasingly used to describe any use of technology and digital communication (broadband, mobile networks) to enable the remote exchange of information between health and care services, their staff, clients and patients. It covers a range of other terminologies (technology enabled care, telecare, telehealth, teleconsultation, tele-diagnostics).
- 4.2 **Telecare** is the term used for electronic sensors and aids that make a home environment safer so that people can live independently for longer, and include for example falls sensors, heat or movement detectors.
- 4.3 **Telehealth** refers to the way in which health services can be delivered at a distance between patient and health care provider. For example, it can enable people to relay clinically relevant information about their health and wellbeing such as physiological measurements taken at home (e.g. blood pressure, blood glucose levels) to clinicians in a remote setting (a hospital, GP practice).
- 4.4 **Teleconsultations** and tele-diagnostics can both be summed up as forms of telemedicine and both allow a non-face to face consultation between a clinician and a patient, or between clinicians about a patient, over a distance, without the need for anyone to leave their desk or home. Teleconsultations could include a phone call or video call, while tele-diagnostics often incorporate the use of patient monitoring instruments that relay information to a remote diagnostic centre.
- 4.5 Aberdeenshire’s health and care services are already supported to varying degrees by these forms of digital technology, some as established service offerings - such as Aberdeenshire Lifeline, providing community alarm and telecare services to Aberdeenshire residents. Others are emerging technologies including tests of change currently underway using video consulting in primary and community based care, plus telehealth using text messaging to relay blood pressure monitoring by patients at home to their GP practice as a way to reduce the need for patients to travel to their GP, free up practice appointments and nurse time, and deliver quicker more accurate information to inform clinical decision making.

## 5 Development of a Digital Health and Care Approach for Aberdeenshire

5.1 The intention would be that, to explore the development of an appropriate Digital Health and Care approach for Aberdeenshire, officers should:

- Undertake an assessment of the extent to which our health and care services are currently supported, enabled and optimised by digital technology.
- Identify any gaps in provision or uptake, and particular opportunities that could drive efficiencies and further optimise the quality of care and outcomes for people.
- Consider the relevant links between housing services and health & social care services in the identification of an approach to digital health and care going forward.
- Draw on emerging national policy, best practice from elsewhere, and societal shifts in expectations in relation to digital health and care.
- Consider any particular challenges that may face Aberdeenshire in adopting digital technology, for example broadband or mobile network coverage in more rural areas.
- Within this context, put forward an outline approach for Digital Health and Care for Aberdeenshire, identifying possible priorities for consideration, with costed implications as outlined in 3.8 above. Where relevant this may include a costed option appraisal of different possibilities.

## 6 Equalities, Staffing and Financial Implication

6.1 There is no direct staffing or financial implications contained within this report.

6.2 An equality impact assessment is not required as the report has no differential impact on people with protected characteristics.

6.3 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

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