ROME



FROM STRATEGY TO
IMPLEMENTATION: THE
JOURNEY FROM PILOT TO
PRACTICE





FROM STRATEGY TO IMPLEMENTATION: THE SCOTTISH EXPERIENCE

DR MARGARET WHORISKEY, DIRECTOR OF JOINT IMPROVEMENT TEAM, SCOTTISH GOVERNMENT IN PARTNERSHIP WITH NATIONAL PARTNERS - HEALTH, HOUSING AND SOCIAL CARE

What I will cover

- Brief Introduction to Scotland
- Policy Context
- Telehealth and Telecare strategy to implementation
- Key Mesaages

A Brief Introduction to Scotland











Some Facts and Figures

Population of 5.3 million

- From urban/post industrial cities to very remote & rural communities and 2% of the population spread across almost 100 islands (four of which only have one inhabitant)
- 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.
- Over next 20 years number of people over 75 will increase by 60%. More people living with complex long term conditions.

Health devolved to Scottish Parliament

- NHS Funding: £12 billion (€15.09 billion)
- Social Care Funding: £3 billion (€3.77 billion)
 - Combined: ~44% of Scottish budget (~£2,800 per person)

14 Health Boards, 32 Local Authorities

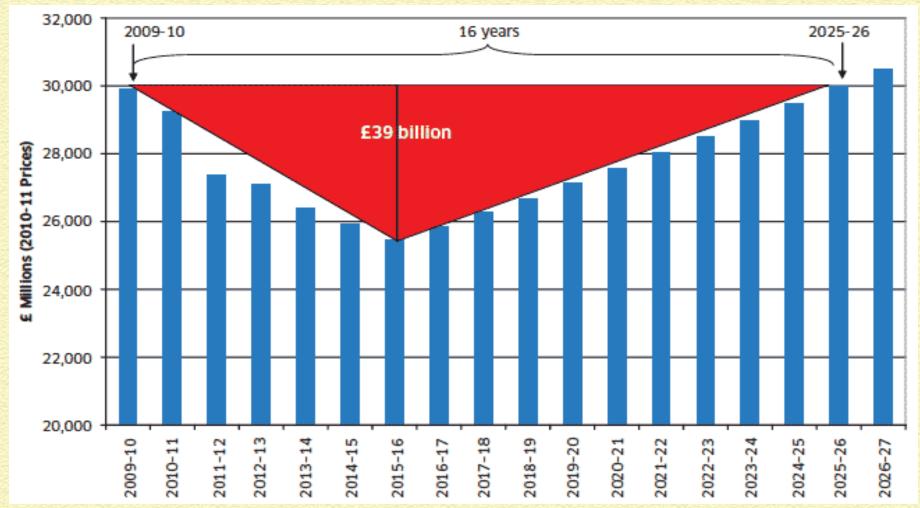
 Nationally-elected government oversees the health service, locally-elected government oversees social care services

Public Service wholly funded through taxation

Principles of mutuality, partnership, performance



Public Finances: The Fall in Government Expenditure





A Scottish Approach to Public Service Reform: Ambitions

- a decisive shift towards prevention
- greater integration of public services at a local level
- 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.



Health and Social Care OUR VISION IS THAT BY 2020...

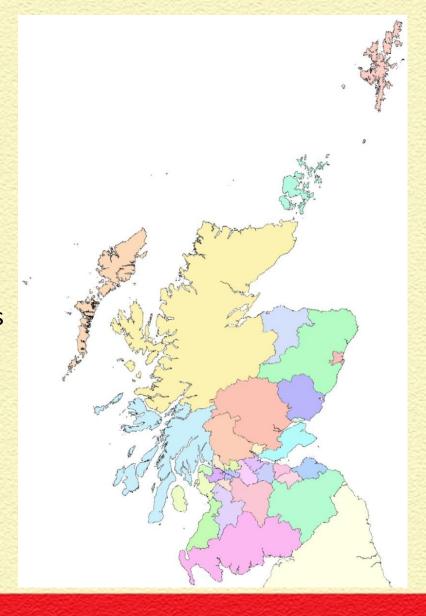
- Everyone is able to live longer healthier lives at home, or in a homely setting.
- We will have an integrated health and social care system, with a focus on prevention, anticipation and supported self management.
- When hospital treatment is required, and cannot be provided in a community setting, 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.



Health & Social Care Provision

- 32 Local Authorities social care, education, housing, transport etc.
- 14 NHS Boards –
 acute, hospital, community, primary care
- And Integrated 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





Public Bodies (Joint Working) (Scotland) Act (2014)

- Principles for integrated health and social care
- Nationally agreed <u>outcomes</u> for health and wellbeing
- Integrated <u>governance</u> arrangements for health and social care: delegation to a body corporate or lead agency
- Integrated <u>budgets</u> for health and social care
- Integrated oversight of <u>delivery</u>
- Strategic planning
- Locality planning



Telehealth and Telecare: Integrated Delivery In Scotland

- Significant role of Telehealth and Telecare in the reform of health, care, housing and wellbeing in Scotland
- 300,000 additional people to benefit from technology enabled support



A National Telehealth and Telecare Delivery Plan for Scotland to 2015

Driving Improvement, Integration and Innovation









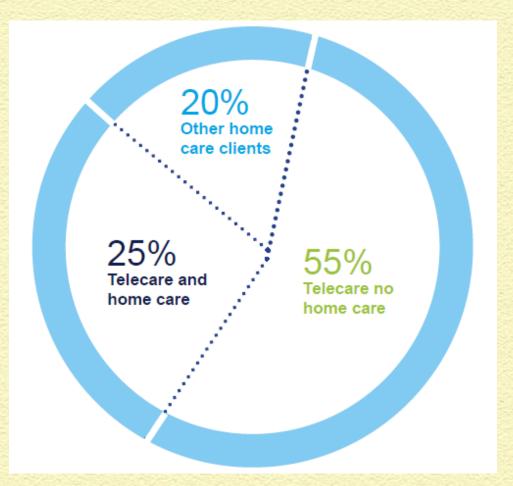
From Pilot to Practice: the Scottish Telecare Development Programme

- Use of basic telecare (community alarms)
 widespread, but small-scale, for over a decade;
- Significant evidence existed of the benefits of telecare from numerous pilots;
- Scottish Government funded the Telecare
 Development Programme in 2006, for five years, to spread and up-scale the adoption of telecare.
 - To help <u>more</u> people to live at home for <u>longer</u>, with <u>safety</u>, <u>security</u>, and <u>quality</u>, through the use of Telecare equipment



Telecare in Scotland Now – Local Authority Commissioned Services: Telecare and Home Care

- As of 2013, there are now an estimated 155,000 people supported by telecare in Scotland
- So, it is possible to take what is known to work and spread it across a region – but it takes time!





What have we learnt?

- This is about complex change management and takes time, effort & resources
- Technology can play a <u>significant</u> 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!



Current Large-Scale Activity

- Living it Up Scottish Government and InnovateUK (developed through engaging with the community and allowing people to keep connected, give back to their community, find out about local services and access information that is personal to them)
- United4Health European Commission (large scale home-health monitoring)
- Smartcare European Commission (changing our approach to falls management)
- Technology-Enabled Care Programme investing in spreading what works

Technology-Enabled Care Programme 2014 - 2016

- Designed to significantly extend the numbers of people directly benefiting from technology enabled care and support
- Benefits from £10 million in funding for 2015/16;
- Local areas challenged by the Cabinet Secretary to show how technology enabled care contributes to avoiding unnecessary hospital admissions, reduces length of stay and prevents delayed discharges from hospitals in all locations across Scotland.

Priorities:

- Substantial expansion of home health monitoring within integrated care settings;
- Extending the use of NHS video conferencing facilities to other partners, increasing the numbers and range of users and doubling the level of clinical consultations;
- Continued growth in the numbers of people receiving telecare packages – focus on prevention, transitions in care, dementia
- Scope shift from analogue to digital platforms for Telecare; and
- Sustaining and expanding our on-line platforms to enable direct access to information, advice and assistance.

Words of Wisdom

- "Tell me and I forget. Teach me and I remember. Involve me and I learn" Benjamin Franklin
 - Knowledge sharing, exchange visits and practical support are crucial
- "The definition of insanity is doing the same thing over and over again and expecting different results" Albert Einstein
 - Do not be afraid of failure. Learn from others, adapt and focus on what you know works



Key Messages

- Shared learning is vital Telehealthcare Learning Network still runs across Scotland
- 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



Health and Social Care Integration



Supporting people to live well and independently at home or in a homely setting in their community for as long as possible

- www.scotland.gov.uk/HSCI
- follow us on twitter @scotgovIRC

There's no ward like home



Sign-up to our newsletter at:

EUROPEAhttp://blogs.scotland.gov.uk/health-and-social-care-integration

