

REPORT TO: Health Policy and Performance Board
DATE: 15 November 2016
REPORTING OFFICER: Director of Adult Social Services
PORTFOLIO: Health and Wellbeing
SUBJECT: Telehealthcare Strategy
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the Telehealthcare Strategy at the Appendix.

2.0 **RECOMMENDATION: That the Board note the contents of the report and associated appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 Introduction - The development of technology is affecting and extending the way care can be delivered in the health and social care arena. The population is ageing and there is a significant strain on healthcare resources with an increasing number of people affected by long-term chronic conditions.

3.2 Of the 18.5 million people in the UK who have a long-term medical condition, the vast majority of such individuals are aged 65+, living at home and because of their condition are more likely to:

- Request a home visit from their GP or require a visit from their District Nurse
- Oscillate to and from hospital (A & E and overnight stays) as their condition alternatively deteriorates and is stabilised
- Have their condition worsen to such an extent they require admission to residential care

3.3 This is an unsustainable position especially as the number of older people living longer is increasing and the pressure on primary and social care services becomes greater each year. Coupled with this is the fact that local authorities are in the financial position of having to do more with less.

3.4 One approach is the use of hi-tech home healthcare solutions. According to the DH as many as 35% of people currently living in residential care could be supported to live at home or in extra care housing schemes. This use of remote monitoring is increasingly enabling people to lead more independent lives. The term

Telehealthcare refers to both Telecare and Telehealth.

- 3.5 Many local authorities including Halton offer services in the form of an alarm system connected to the telephone. More than 1.5 million people in the UK have access to this type of service often called Telecare, Community Alarm, Careline, lifeline or Social Alarm. Detectors monitor and signal potentially dangerous situations and if an event is triggered a phone call results and if necessary a person is sent to investigate.
- 3.6 Telehealth allows health care to be delivered in radically different ways using innovative digital technologies. These can provide a virtual medical presence in a person's home, allowing real-time physiological measurements (blood pressure, oxygen saturation, heart rate, blood sugar...etc) and activity levels, to be communicated to health professionals by means of intelligent devices.
- 3.7 Hence, the person's home environment becomes a virtual ward and by means of a modern mobile phone, tablet or home computer and in the future TV vital signs monitoring and social care information can be exchanged between the person and professionals. Developments in this area have been considerable and digital health and social care will increasingly become an integral part of health and social care at home
- 3.8 This strategy points out the principal drivers behind the technology its advantages and possible future developments. It also stresses that it is difficult to gauge accurately overall costs and savings from current published literature, much of which is funded by providers of the software and equipment. Nonetheless, in the context of reduced funding from central government, Halton will need to be more innovative to ensure the needs of its community can not only be met now, but into the foreseeable future. Digital technology in the form of Telehealthcare seems the obvious way forward.
- 3.9 The Action Plan which is central to the strategy will operate on six different work-streams at minimal cost (Table 1 and Table 2) and in addition sets out significant challenges and their solution (Table 3). An important part of the solution is to determine a more accurate estimate of the cost of implementing Telehealthcare over a one-year period and at the same time estimate potential savings from fewer ambulance and GP call-outs and fewer admissions to A&E or hospital. This study will involve 14 individuals across 7 different conditions. By following these cases closely for a 12 month period, it will be possible to accurately assess cumulative costs and savings.
- 3.10 In addition to this Halton will continue to expand and improve its Telehealthcare monitoring service throughout the life of the strategy. We aim to have a 2% increase year on year at an estimated total cost of £36,000 for additional equipment and training, but relying upon the same staffing levels. This modest expansion will be funded through grants for further pilot studies which will provide comparative measures of actual cost and savings.
- 3.11 Future Developments – A number of strategic milestones have been set with a view to expanding the service, increasing public awareness in the service and working

with partner organisations to pilot and cost new technology as it develops over the next three years. This will require the expansion of the present Telehealthcare Steering group to monitor future developments particularly around priority areas and conditions prevalent in Halton.

- 3.12 Halton's currently Early Intervention/ Prevention Strategy highlights the importance of individual dignity, independence and equality while at the same time reducing loneliness and social isolation. It is the intention that Telehealthcare will continue this adoption of the Care Act 2014 'wellbeing' principle. This will enable those who are at home with a long-term condition to use the technology to maintain their quality of life through the exchange of information and social interactions.

4.0 POLICY IMPLICATIONS

- 4.1 In order to raise awareness among staff of the current and future importance of Telecare all relevant staff will need to be kept informed of new developments as part of their normal continuing Professional Development.
- 4.2 Telecare continues to be a significant part of HBC's Early Intervention/ Prevention strategy, which stresses the importance of individual dignity, independence and equality.
- 4.3 Telecare can have a crucial role in 'Vital Signs Monitoring' to assist individuals to manage their long-term conditions such as diabetes at home. This will be offered via the PCT with HBC in a supportive role and would be a useful precursor to developments such as the Virtual Ward. In this respect, Widnes-based GP surgeries will continue to pilot Telehealthcare within the Virtual Ward Concept. This will result in an increase in referrals for current sensors as well as a possible installation and technical support service for Telehealthcare applications.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 When Telecare is coupled with an appropriate individual support plan, the most significant outcome is that the person is able to remain safely and independently at home for longer. Greater independence, reduced risk and better quality of life are the prime movers for Telehealthcare. The average cost for residential care in Halton is £456.00 per week and the annual cost for hospital and home visits by GP and Community Matron for a person with COPD is £1,870. Hence there is the potential to save substantial amounts if through the preventive aspects of Telehealthcare, provided equipment, implementation, monitoring and training costs are not too high. The proposed pilot study aims to measure such costs and savings more precisely over a full year.

This pilot study and its analysis will be overseen by the Telehealthcare Steering Group. This group will be expanded to include further representation from the CCG, Care Management, Finance and ICT.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

Telehealthcare involves technology to enable professionals to remotely monitor data on certain aspects of a person's health benefitting people with disabilities with a range of conditions.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Risk is balanced against individual need and rather than being seen as imposed surveillance. Telehealthcare operates as a carefully agreed set of responses that enable previously identified risks to be managed efficiently and safely within an agreed set of parameters specific to each individual and determined by their multidisciplinary team.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.