
Report To: Inverclyde Integration Joint Board **Date:** 24 August 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/53/2020/LA

Contact Officer: Lesley Aird
Chief Financial Officer **Contact No:** 01475 715381

Subject: HSCP DIGITAL STRATEGY 2020-2024

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval of the enclosed HSCP Digital Strategy 2020-2024.

2.0 SUMMARY

- 2.1 The new Digital strategy has been developed as a guide for how we will design our digital services and structures to deliver positive outcomes for staff, service users and other stakeholders.
- 2.2 The COVID-19 pandemic has highlighted the importance of effective digital services for staff and service users. In March 2020 services moved from traditional operating models to agile working during the pandemic with a large portion of staff working from home, many working between home and the community and others working between home and the office. Face to face visits for non-essential services became phone and video call interventions to maintain social distancing and keep staff and service users safe.
- 2.3 This Strategy reflects the positive lessons learned during the pandemic and seeks to build on the work already complete around services becoming more digitally enabled and agile.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the work done to date;
 2. Notes and approves the attached digital strategy, and
 3. Authorises the Chief Officers to issue Directions to the Council and Health Board on the basis of this report and the specific direction at Appendix A.

Louise Long, Chief Officer

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.
- 4.2 Both the Scottish Government and Local Government recognise the necessity of digital as part of public service reform. *Realising Scotland's full potential in a digital world: A digital strategy for Scotland* sets out to enable people and services to fully maximise the potential of digital by ensuring that we put digital at the heart of everything we do. Digital technology is key to transforming health and social care services so that care can become more person-centred.
- 4.3 This strategy is intended to complement and work within the existing NHS GGC Digital Strategy (Digital as Usual) and Inverclyde Council Digital Strategy. Our aim was to develop a strategy for the HSCP that is both realistic and achievable.
- 4.4 The COVID-19 pandemic has highlighted the importance of effective digital services for staff and service users. As the country went into lockdown, services had to transform and become agile almost overnight. While this was a challenge for all staff, services and service users, the change was managed successfully. Initial feedback through lessons learned activity as part of the COVID-19 Recovery Planning work indicate that this transition and the embracing of new technologies to support alternative service delivery models is one of the real successes of the past few months.

5.0 DIGITAL STRATEGY 2020-24

- 5.1 The Strategy, enclosed at Appendix B, reflects those positive lessons learned during the pandemic and seeks to build on the work already completed around services becoming more digitally enabled and agile.
- 5.2 Digital Technology is the area of greatest change in society, and offers huge potential in terms of transformation within health and social care.
- 5.3 The strategy is for service users, staff, managers and policy makers across the HSCP, including partners in NHS GG&C, Inverclyde Council and the Third and Independent sectors.
- 5.4 An effective digital strategy will support the IJB's delivery of the Strategic Plan and 6 Big Actions. Inverclyde is an area with high levels of deprivation. We have a population that is expected to reduce but within that an aging population with increasing levels of support needs. Services need to be able to meet additional demand within limited resources and embracing digital technology can help us achieve that by operating more efficiently.
- 5.5 We have already delivered some successful digital changes within our services. This Strategy seeks to build further on these successes which include:
 - Technology Enabled Care (TEC) – providing mobile, wearable technologies for service users to enhance self-management and improve individualised healthcare information and analytics
 - Home and Mobile Health Monitoring (HMHM) – supporting people with long-term conditions
 - Analogue to Digital (A2D) – funding to support the transition from analogue to digital alarm units
 - Improved record keeping and management information reporting across the HSCP

- Virtual appointments, clinics and meetings for a variety of services, patients and service users
- Improved communications with service users and the general public through enhanced use of social media, Interactive Information Screens in public spaces, text messaging to improve appointment attendance levels
- Agile workforce continuing to support service users through enhanced use of technology during Covid-19

5.6 Digital technology is moving from being reactive to supporting prediction; it has the potential to:

- ensure people remain in optimal health for longer
- support people to better manage their health
- avoid unnecessary hospital admissions
- reduce delayed discharges
- deploy resources more effectively

5.7 The enclosed digital strategy was agreed by the Strategic Planning Group in August.

6.0 IMPLICATIONS

6.1 FINANCE

The are no direct financial implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

6.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

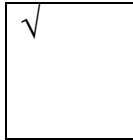
6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

YES (see attached appendix)



NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None

People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective workforce planning ensures more effective use of staffing resources across the HSCP

7.0 DIRECTIONS

7.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

A copy of the proposed Direction is enclosed at Appendix A.

8.0 CONSULTATION

8.1 This report has been prepared by the IJB Chief Officer in consultation with Heads of Service and the Council's Corporate Management Team has been consulted.

9.0 BACKGROUND PAPERS

9.1 None

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Inverclyde Council is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Detailed Request

Requirements of the enclosed Digital Strategy approved by the IJB on 24/08/2020.

This direction is effective from 24/08/2020.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Greater Glasgow & Clyde NHS Health Board is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Detailed Request

Requirements of the enclosed Digital Strategy approved by the IJB on 24/08/2020.

This direction is effective from 24/08/2020.



INVERCLYDE HSCP DIGITAL STRATEGY 2020-2024



Digital Health and the Transformation of Care

Contents

Background and Introduction.....	3
Purpose of this document	3
Introduction	4
Vision for health and social care	6
Policy Context.....	7
Digital Transformation.....	11
Case for Change.....	11
Digital technology in health and social care	13
Delivering Change	17
Appendix A – 6 Big Actions.....	19
Appendix B – Successes - What Has Been Delivered	26
Appendix C – Action Plan	32

Background and Introduction

Purpose of this document

The new Digital strategy has been developed as a guide for how Inverclyde Health and Social Care Partnership (HSCP) design its Digital services and structures to deliver positive outcomes for staff, service users and other stakeholders.

We will engage with the public and other partners on ways to improve access to information and support within our communities. Supporting education, health literacy and self-management to people to access information.

The principles within this strategy provide a framework for how ICT services will be designed, sourced and delivered and how Digital can support ways of working and ways of doing things where the customer experiences real benefits.

For the full picture of how Digital services are being deployed across the Health and Social Care Partnership please read this document in conjunction with the current version of the NHS GGC Digital Strategy (Digital as Usual) and Inverclyde Council's Digital Strategy. Our aim was to develop a strategy that is both realistic and achievable.

Both the Scottish Government and Local Government recognise the absolute necessity of digital as part of public service reform. Realising Scotland's full potential in a digital world: A digital strategy for Scotland sets out to enable people and services to fully maximise the potential of digital by ensuring that we put digital at the heart of everything we do. Digital technology is key to transforming health and social care services so that care can become more person centred.

The COVID-19 pandemic in 2020 has made the importance of effective digital services for staff and service users even more vital. As the country went into lockdown our services moved from their traditional operating models to agile working with a large portion of staff working entirely from home, many staff working between home and the community and others working between home and the office. Face to face visits for non essential services moved to phone and video call interventions to maintain social distancing and keep staff and service users safe.

This Strategy reflects the positive lessons learned during the pandemic and seeks to build on the work already complete around services becoming more digitally enabled and agile.

Digital Technology is the area of greatest change in society, and of potential transformation for health and social care.

Introduction

What is digital health and care?

Digital health and care is the use of technology to:

- help people to maintain their health and wellbeing
- enable people to have greater choice and control over decisions affecting their care and support
- deliver more integrated, efficient and effective care and support
- improve access to care and support
- provide people with more information about their own health and wellbeing
- enable people to remain living independently for longer
- safely share and access relevant health and social care information

Digital health and care builds on existing technology such as telecare, telehealth and eHealth

- Telecare – is the use of technology to provide support and assistance to vulnerable people living at home or in a homely setting. It does this by using equipment connected to emergency alarms that trigger a response.
- Telehealth – is the use of technology to gather and provide information electronically to support long distance clinical care.
- eHealth – is the use of technology to join health information systems together. This enables health professionals to access real time, relevant information about people's health and care.

Why do we need a strategy for digital health and care?

Digital technology is transforming the way people live their lives. More and more people routinely use digital technology to:

- shop
- bank
- arrange travel
- connect with family and friends
- find information
- access services

The HSCP recognises it is critically important to embed technology in order to sustain high quality, efficient and effective care and support. This local digital strategy has been developed within the framework of 'Scotland's Digital Health and Care Strategy' (the national digital strategy), published April 2018. It describes how digital health and care will be delivered in to ensure that:

- information about people's health and care is accurate, up to date and secure

- people are provided with greater choice with regard to how they access and experience care and support
- technology is used effectively to deliver integrated care and support, enabling people to have improved experiences and outcomes
- the local infrastructure needed to offer digital choices is in place, reliable, robust and secure
- training is easily accessible for people who use and deliver care and support

Virtual Patient Management

The NHS board have established a virtual patient management group to look at ensuring high quality equitable patient care and service delivery whilst providing services that are sensitive to inequalities and meet the needs of our diverse communities.

The group's key objectives are to;

- Facilitate the programme of operational change/implementation
- Ensuring alignment with other key programmes including COVID recovery planning, MFT across Specialities and Sectors.
- Supporting and enabling the implementation activity of specific sub/Implementation Groups
- Ensuring the systems and processes are in place to deliver key performance indicators.
- Ensuring continued clear and consistent communication between stakeholders

The boards target is 70% of virtual contacts for a number of services, whilst focussing on Active Clinical Referral Triage (ACRT).

Who is this digital health and care strategy for?

This digital health and care strategy is for service users:

- with long-term conditions or disabilities
- who have unpaid caring responsibilities
- who are well and want to maintain or improve their health and wellbeing
- who have a degree of vulnerability or are in need of protection
- who need an intensive or acute level of service
- who are experiencing health or social care inequalities

It is also for staff, managers and policy makers across the HSCP, which includes NHS GG&C, Inverclyde Council and Third and Independent Sectors.

Vision for health and social care

National

The national vision for health and social care is

“Scotland offers high quality services, with a focus on prevention, early intervention, supported self-management, day surgery as the norm and when hospital admission is required, that people are discharged as quickly as it is safe to do so”. (Health and Social Care Delivery Plan, 2016, page 3)

Local

The vision for health and social care in Inverclyde is

“Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.” (Inverclyde Integration Joint Board Strategic Plan 20192024)

Digital technology will enhance the national and local vision for health and social care by supporting people to have safe, high quality, efficient and effective, more integrated care. It will enable greater choice and control with regard to how people access and experience health and social care.

Policy Context

National context

Scotland's Digital Health and Care Strategy: Enabling, Connecting and Empowering
The national digital strategy was published in April 2018. Digital technology is the area of greatest change in society, and of potential transformation for health and social care. This strategy sets out how care and support for people in Scotland can be enhanced and transformed through the use of digital technology that is widely available and familiar to them.

To enable this to happen, six key domains have been identified:



Domain A - National direction and leadership

Clear leadership is needed to drive the digital agenda forward within health and social care. To achieve this, a national decision making Board was established in July 2018.



Domain B - Information governance, assurance and cyber security

People who access care and support want their information to be safe, used appropriately and with the right professionals accessing it at the right time. By 2020 there will be clear national arrangements for information sharing in place. These will comply with the General Data Protection Regulation (GDPR).



Domain C - Service transformation

Over the next twenty years, Scotland will face significant demographic, financial and workforce challenges. Care and support needs to be transformed, using digital technology to meet these challenges.



Domain D - Workforce capability

People delivering care and support need to have the knowledge and technology to deliver this effectively and efficiently. New training will be developed to ensure the workforce has the right digital skills.



Domain E - National digital platform

The new platform being developed will enable appropriate exchange of information about people's health regardless of location. It will be able to be accessed by people using and delivering health and care in real time.

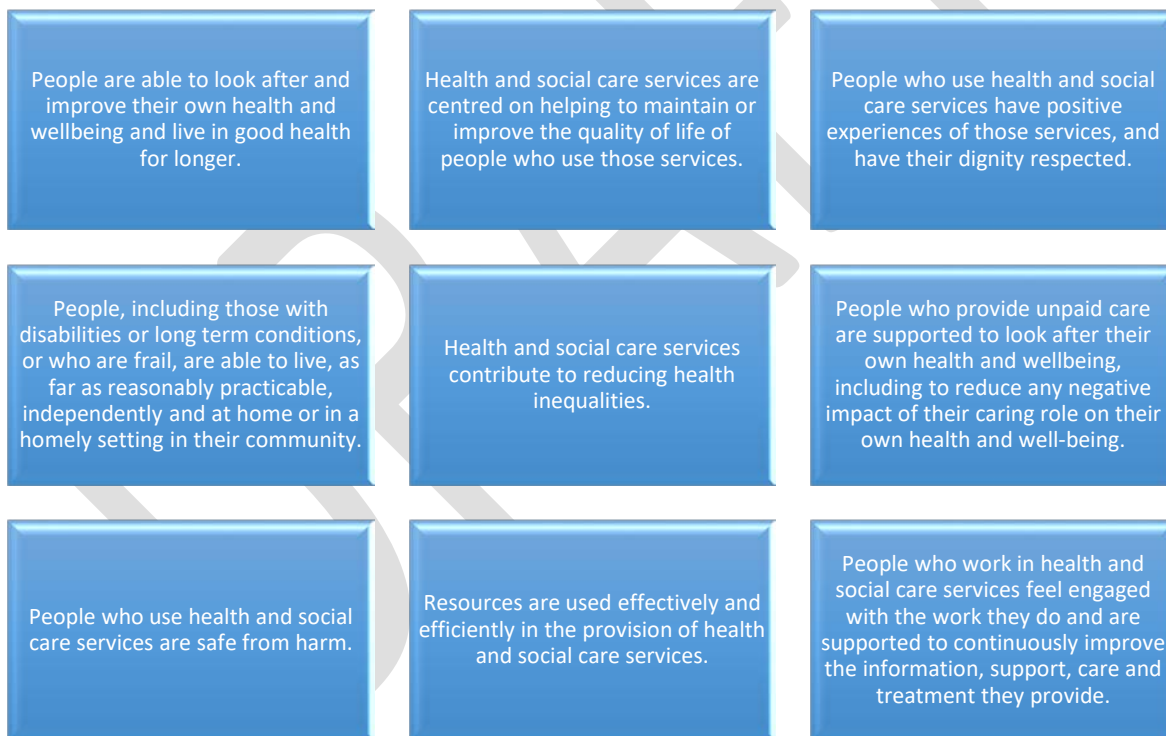


Domain F - Transition process

Delivering this change will be challenging, take time and require significant input from delivery partners.

National Health and Wellbeing Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people:



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

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the legal framework for integrating health and social care in Scotland. The main purpose of integrating health and social care is to improve the wellbeing of people who access care and support. This is particularly important for people with more complex needs who require support from a range of providers at the same time.

Health and Social Care Delivery Plan

The Scottish Government's Health and Social Care Delivery Plan (2016) set out a framework and actions to meet anticipated national demographic, workforce and financial challenges. Its focus was on:

- the integration of health and social care
- prevention, anticipation and supported self-management
- the provision of the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions
- enabling people to get back into their home or community as soon as appropriate

The plan recognised that digital technology is central to transforming health and social care.

There are a range of other national policies that demonstrate the increasing importance of technology in delivering health and social care. These include Health and Social Care Standards (2017), Scotland's National Dementia Strategy 2017-2020, The Active and Independent Living Programme 2016-2020, and Creating a Digitally Confident Third Sector in Scotland: A Call to Action (2016), and What Next? (2018).

General Data Protection Regulations 2018 (GDPR)

These regulations relate to data protection and privacy for all individuals and aim to give people control over their personal data. Organisations must:

- keep records of all personal data
- demonstrate that consent was given
- show where the data is going and what it will be used for
- explain how data will be protected

Local context

The Strategic Plan 2019-2024 was developed through consulting with, and listening to, people who access care and support, their families, Carers, members of the public and people who work in health and social care. The Plan outlines six Big Actions as detailed below. Roadmaps for each of these Big Actions can be found at Appendix A.



The Inverclyde Workforce Plan 2020-2024 has been developed to support the integration of health and social care. Integration presents an opportunity to further develop existing partnerships and to work more collaboratively and innovatively. This will ensure that the right people with the right skills in the right place at the right time. The plan outlines the positive contribution that digital technology will have in transforming care and support and how it will support people to manage their own health and care.

Digital Transformation

Case for Change

The key challenges for health and social care locally include

- **Demographics**
People are living longer but the number of years that people live in good health has not increased. The challenge is how to provide high quality, safe care in the face of increasing need and reducing resources
- **Increased complexity of need**
There are an increasing number of people with multiple long term conditions requiring higher levels of support. There are an increasing number of people experiencing health inequalities which also means an increase in level of need.
- **Workforce.** By 2037 it is predicted that the working age population in Inverclyde will decline by over 25%. This means that there will be fewer people of working age to provide care and support to an increasing number of people. The recruitment and retention of key health and social care professionals across the HSCP is also challenging.

Population Projections to 2037

Age Gro	2012		2022		2032		2037	
	Number	%	Number	%	Number	%	Number	%
0-15	13,403	17%	12,295	16%	10,348	15%	9,171	14%
16-49	34,949	43%	27,579	37%	24,149	35%	22,152	34%
50-64	17,127	21%	17,745	24%	12,996	19%	11,597	18%
65-75	8,198	10%	9,263	12%	10,953	16%	10,202	16%
75+	7,003	9%	8,404	11%	10,464	15%	11,892	18%
Total	80,680	100%	75,286	100%	68,910	100%	65,014	100%

- Source: NRS population projections

Across the country there are more Carers requiring greater levels of support to continue in their caring role and maintain their own health and wellbeing

Finance

The annual HSCP budget for 2020/21 is £167.8m, including £23.9m for Set Aside. The table below shows the 5 year financial plan for the IJB as agreed in March 2020.

OBJECTIVE ANALYSIS	Approved Budget 2020/21 £000	Projected Budget 2021/22 £000	Projected Budget 2022/23 £000	Projected Budget 2023/24 £000	Projected Budget 2024/25 £000
Strategy & Support Services	2,095	2,095	2,095	2,095	2,095
Older Persons	30,253	30,871	31,508	32,163	32,838
Learning Disabilities	12,241	12,458	12,708	12,958	13,208
Mental Health - Communities	6,833	6,833	6,833	6,833	6,833
Mental Health - Inpatient Services	9,051	9,111	9,116	9,121	9,126
Children & Families	14,013	14,105	14,115	14,125	14,135
Physical & Sensory	3,009	3,009	3,009	3,009	3,009
Alcohol & Drug Recovery Service	3,490	3,490	3,490	3,490	3,490
Assessment & Care Management / Health & Community Care	9,867	10,333	10,353	10,373	10,393
Support / Management / Admin	6,318	5,866	5,876	5,886	5,896
Criminal Justice / Prison Service **	0	0	0	0	0
Homelessness	1,095	1,095	1,095	1,095	1,095
Family Health Services	25,973	25,973	25,973	25,973	25,973
Prescribing	18,744	19,644	20,564	21,494	22,434
Resource Transfer	0	0	0	0	0
Carried Forward to Reserves	0	0	0	0	0
Unallocated Funds	905	2,899	5,010	7,228	9,565
Unallocated Savings	0	(1,915)	(3,837)	(5,837)	(7,924)
HSCP NET EXPENDITURE (DIRECT SPEND)	143,887	145,867	147,907	150,007	152,167
Set Aside	23,956	24,675	25,415	26,177	26,963
HSCP NET EXPENDITURE	167,843	170,542	173,322	176,184	179,130

The delivery of high quality care and support services must continue within the existing budgets, while the HSCP responds to the short term and longer term impacts of COVID-19 and the ongoing financial pressure facing the entire public sector. Any changes to models of care and support or developments are will need to be achieved using existing resource.

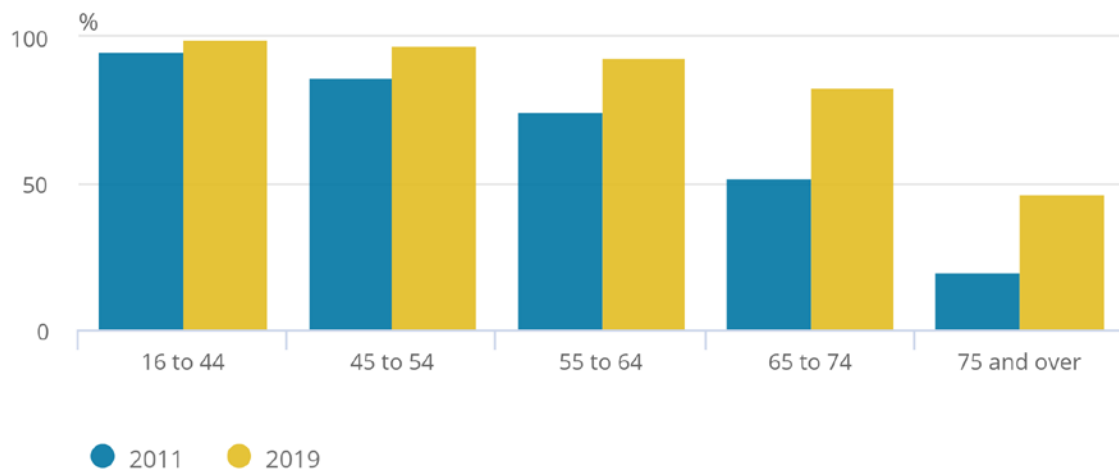
For significant investment proposals, papers will come to SMT and the IJB detailing these investment plans including any anticipated spend to save aspects of them.

Digital technology in health and social care

The majority of people now have access to digital technology. Most people regularly use the internet and in the past few years the largest increase in usage has been within the 65 to 74 age group.

Figure 1: Since 2011, the 65 to 74 years age group has seen the largest increase in recent internet use

Recent internet users, UK, 2011 and 2019



(Office for National Statistics, Statistical Bulletin Internet Users, UK: 2019)

Digital technology makes access to care and support more accessible and interactive, similar to online banking and shopping. Everyday digital technology enables people who use services to:

- have more choice and control with regard to how they access care and support and information, including their own personal health and care records
- take more responsibility for their health and wellbeing
- receive care and support in their own home or community
- make appointments electronically

Successes – what has already been delivered?

Appendix B contains a detailed overview of some of the main successes already delivered within Inverclyde. These include:

- Technology Enabled Care (TEC) – providing mobile, wearable technologies to enhance self-management and improve individualised healthcare information and analytics
- Home and Mobile Health Monitoring (HMHM) – supporting people with long term conditions
- Analogue to Digital (A2D) – funding to support the transition from analogue to digital alarm units
- Improved record keeping and management information reporting across the HSCP
- Virtual appointments, clinics and meetings for a variety of services, patients and service users
- Improved communications with service users and the general public through enhanced use of social media, Interactive Information Screens in public spaces, text messaging to improve appointment attendance levels

Digital Communications

The pandemic has made digital communication a necessity. Like all organisations the HSCP is employing a number of digital communication tools to enable staff to stay in touch with each other and maintain contact with external organisations and service users. This has involved a combination of approaches including:

- Agile Working – Inverclyde was already rolling this out for a number of teams. The pandemic sped up this approach with the majority of staff now able to work remotely as required
- Jabber (Instant Messaging) - allows employees to communicate instantly with colleagues on computers / laptops. Employees can see if colleagues are available, on the phone or in a meeting. Telephone calls can be made using instant messenger via outlook. Using instant messenger reduces the amount of unnecessary emails being stored on the server.
- Video conferencing - enables people to have face-to-face contact using a computer, tablet or smart phone either at home or at a location nearer home. It has been used for many years across Scotland by the NHS to support meetings at different health sites. During the pandemic the HSCP has significantly increased its use of this technology for a variety of purposes including meetings, service user contacts and health and social care video consultations. Inverclyde Council is primarily using WebEx for this at the moment, NHS GG&C is using MS Teams. Some Council staff within the HSCP are also able to access MS Teams as guests. Longer term the Council plans to move to MS Teams as well which will make this

easier. The pace of change around this was rapidly increased as a result of the pandemic and the need to socially distance. Moving forward the HSCP wants to preserve the positive elements of this change and use new technology alongside more traditional service delivery models.

Video consultations can:

- make health and social care more accessible
- reduce travel time for people who use and deliver care and support
- enable people to attend an appointment without negatively impacting on their other commitments
- reduce anxiety by enabling people to attend appointments at a location appropriate for them
- reduce the spread of infectious diseases
- ensure resources are used more efficiently and effectively

Across Scotland, NHS Attend Anywhere is being used to support video conferencing and consultations. In Inverclyde during the pandemic this has been rolled out across social care settings as well as health. The software:

- supports social distancing during the pandemic, helping reduce the risk of infection
- enables family members who would otherwise find it difficult, to attend meetings far from home
- enhances the delivery of care and support provided by Third and Independent sector organisations such as the CVS, Your Voice and the Carers Centre
- enables virtual befriending services
- offers return healthcare appointments by video

Telecommunication companies in Britain aim to upgrade all phone lines from analogue to digital by 2025. The Scottish Government are currently working with HSCPs and telecare providers to prepare for this switch.

Upgraded digital systems will support and enable:

- faster connections from telecare equipment to the team who coordinate a response
- a wider range of telecare equipment to be used, increasing capacity and flexibility
- the introduction of telehealth monitoring equipment

Future developments

Predictive technology Digital devices are being used to enable people to manage their healthcare more effectively. It is known as connected healthcare and can anticipate an incident before it occurs. This means that digital technology has moved from being reactive to supporting prediction. Utilising digital technology that can raise warning flags prior to an incident occurring has the potential to:

- ensure people remain in optimal health for longer

- support people to better manage their health
- avoid unnecessary hospital admissions
- reduce delayed discharges
- deploy resources more effectively

Technology can now use people's data to provide insight into their health. By anticipating issues before they arise, the technology has the potential to significantly improve people's wellbeing and quality of life.

Artificial Intelligence

Artificial Intelligence (AI) is also being used to support health and care. AI uses complex algorithms and software to imitate human cognition for analysing medical data. These algorithms recognise patterns in behaviour and create its own logic. For example AI is being used to read x-rays. Analysis of this has shown that AI is on a par with humans for reading orthopaedic x-rays.

Robotics

Robotic technologies are being used to support healthcare in a number of ways to

- disinfect hospital rooms and operating suites, reducing risks
- work in laboratories by taking samples, transporting, analyzing, and storing them
- prepare and dispense medications in pharmacological labs
- carry bed linen and meals on carts in larger hospitals

Information sharing

Across Inverclyde, health and care professionals have access to a range of information and communication technology (ICT) systems to help them carry out their work. However, many of these systems work in isolation which means it is difficult to share information between services and health and social care professionals.

Appropriate information sharing is key to ensuring that people receive the right support from the right person at the right time. The national digital strategy recognises the challenges that exist in relation to information sharing, security and data protection. There are plans for national arrangements to be in place by 2020.

Patient Self Care

Empowering self-care is an important part of our strategy, given that more individualised data allows for better decision making, resulting in intervention being optimised for the most appropriate place for care. Greater alignment of individual medical, healthcare and fitness information will provide opportunities to explore

remote healthcare monitoring and personal dashboards that can be configured and delivered as part of our electronic health and care records system.

Collaboration with medical and health technologists is needed to support such innovation, in order to meet all legal, security and data regulations. This area represents a real opportunity to transform healthcare into the future in line with realistic medicine and newly designed services. Self-management plans in asthma are well-established and recent SBRI innovation funding sought to ‘enable citizens to better manage their inflammatory bowel disease through better lifestyle and prevention or early intervention approaches.’

Building on our successful initial pilot of a Health & Social Care Patient Portal – a “Digital Front Door” to health and care services people told us,

“The concept of this Portal is fantastic, a long time coming in my opinion”

“This portal would put patients firmly in control of their health care, and that can only be a good thing”

Delivering Change

Inverclyde HSCP has a good track record in working with communities and young people to develop services. Over the next 4 years we will build on this and begin to design services with our communities for our communities. We know from consultation that people – and in particular young people - want us to build a digital system that will allow them to access support online. In response, we will ensure the Digital Strategy includes commitment to this action.

Innovation in digital health and social care provides a real opportunity to evolve and enhance relationships with people receiving care, where telecare and telehealth, virtual clinics using video and advice and dialogue are supported with digital tools. Increasingly person held data from wearables, apps and technology enable care systems will form part of the Electronic Health and Care Record. People will be able to access services through a different channels including online through the internet and via mobile phone apps. People will be supported to access and contribute to their integrated EHCR allowing greater empowerment of self-care. It will be necessary to support people to access and use self-care technologies and not to increase health inequalities.

Self-care can be when patients are enabled to seek reliable information to allow them to manage minor conditions or to attend the most relevant care service for them. Existing examples include NHS Inform and NHS 24. Patients may also perform self-care when they have chronic conditions but they are given advice on how to manage fluctuations in their condition over time.

Linked to this we have developed a digital action plan which is enclosed in full at Appendix C. The key drivers of this plan are:

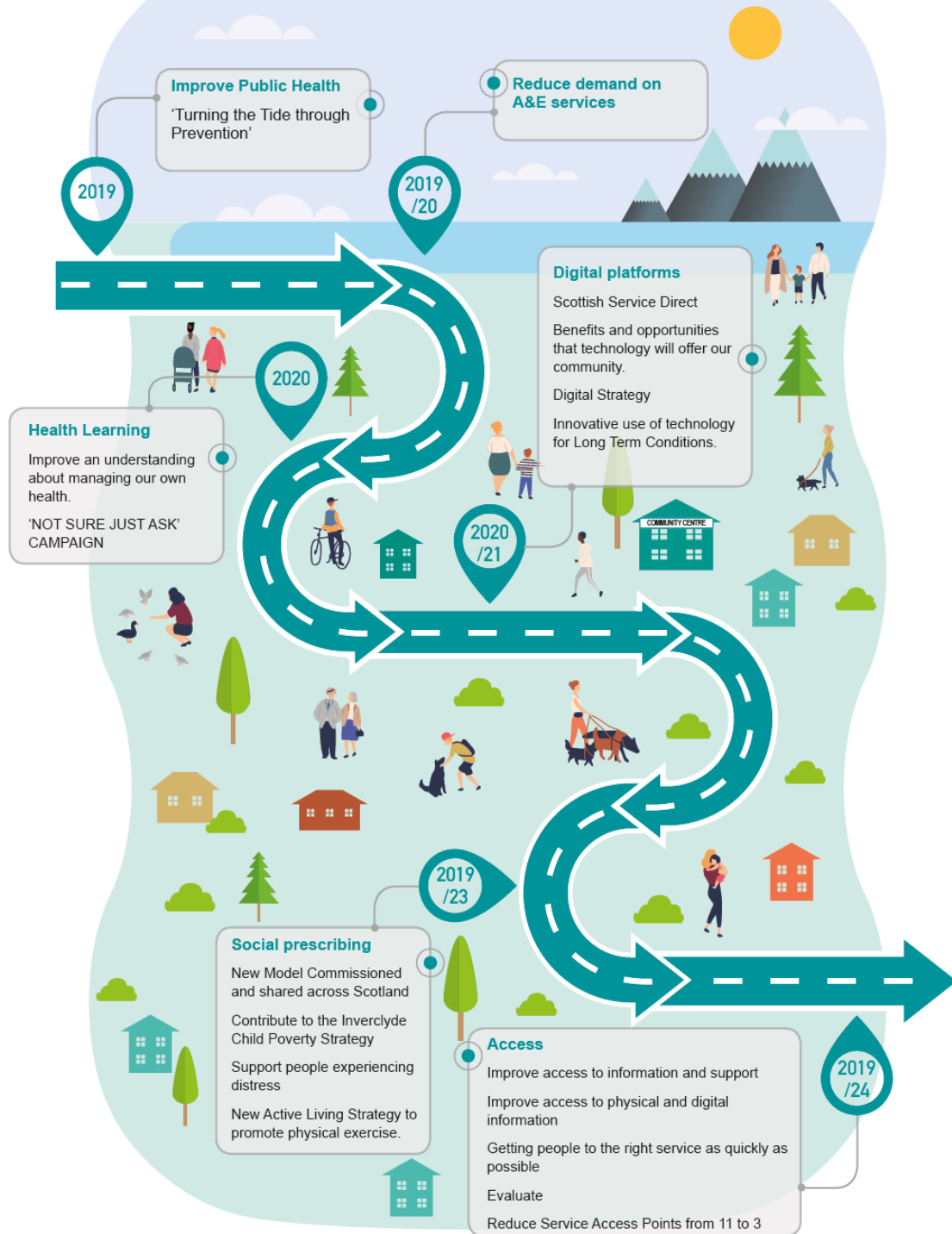
- Consideration of the benefits and opportunities that technology offers

- Improving access to information through engagement with the local community and other stakeholder
- Supporting education, health literacy and self-management
- Developing social prescribing
- That it underpins delivery of the Strategic Plans 6 Big Actions

DRAFT

Big Action 1 Roadmap

Reducing inequalities by building stronger communities and improving physical and mental health.



Improving lives

Big Action 2 Roadmap

A nurturing Inverclyde will give our children and young people the best start in life.



Improving lives

Big Action 3 Roadmap

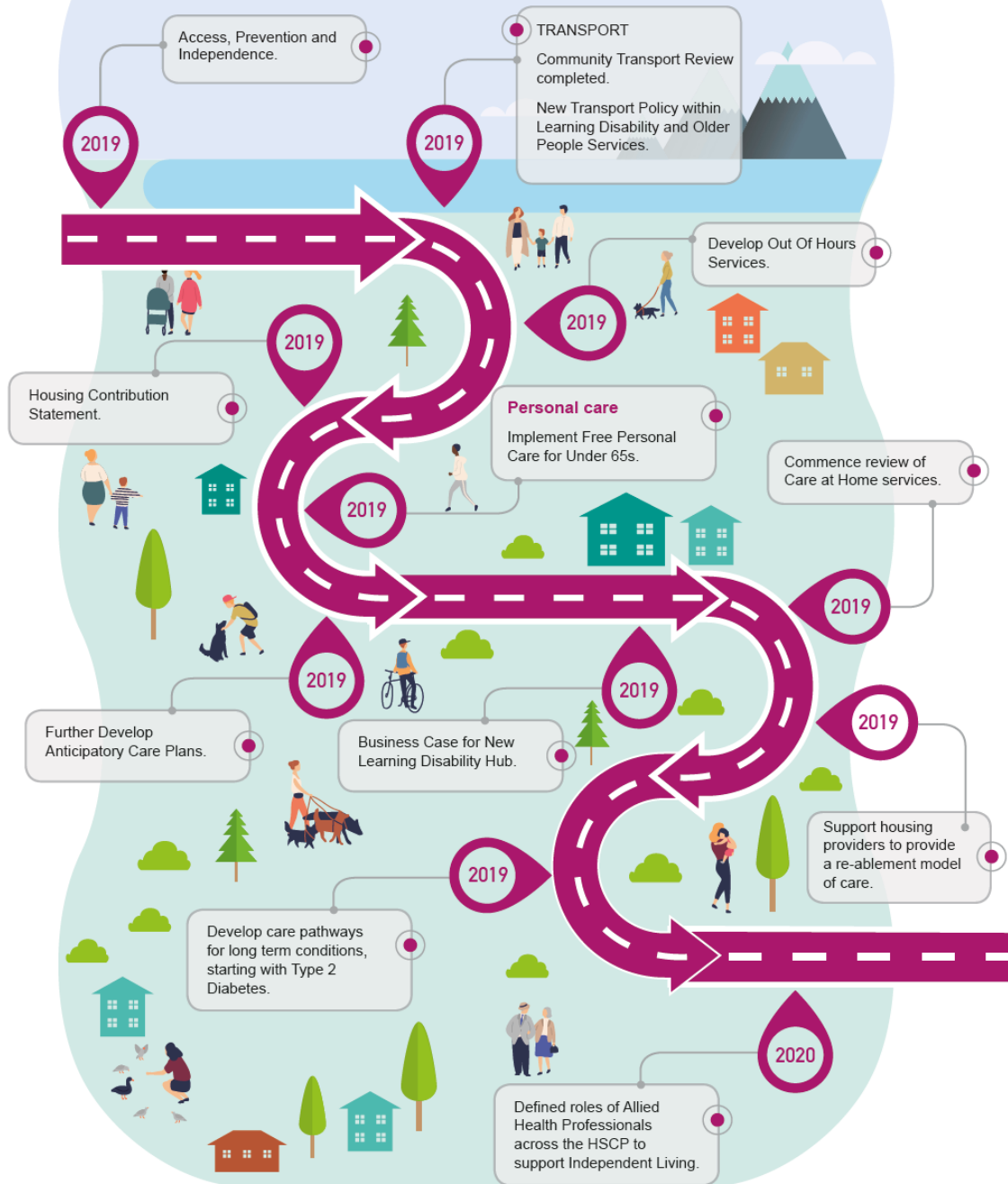
We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities.



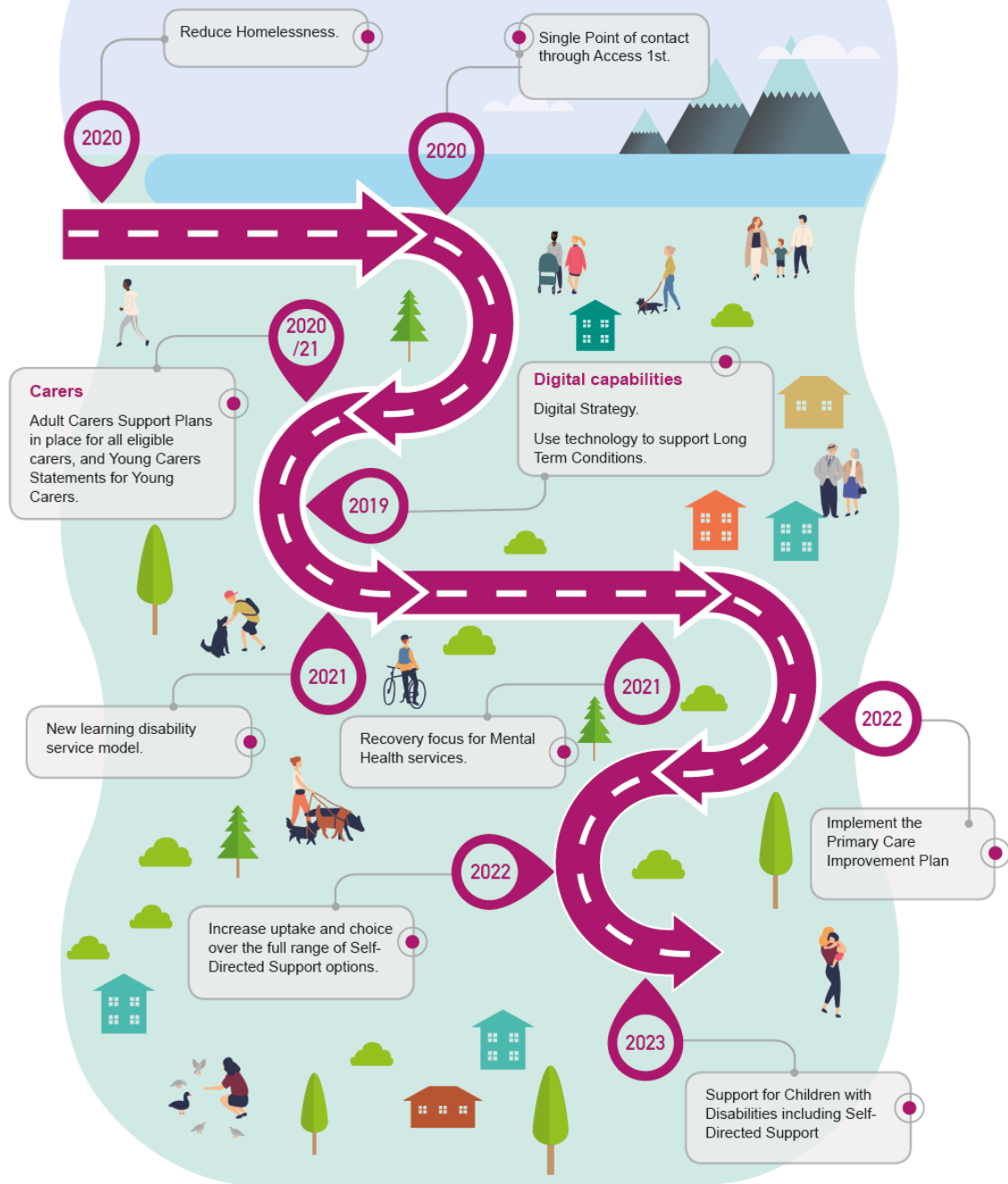
Improving lives

Big Action 4 Roadmap

We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.



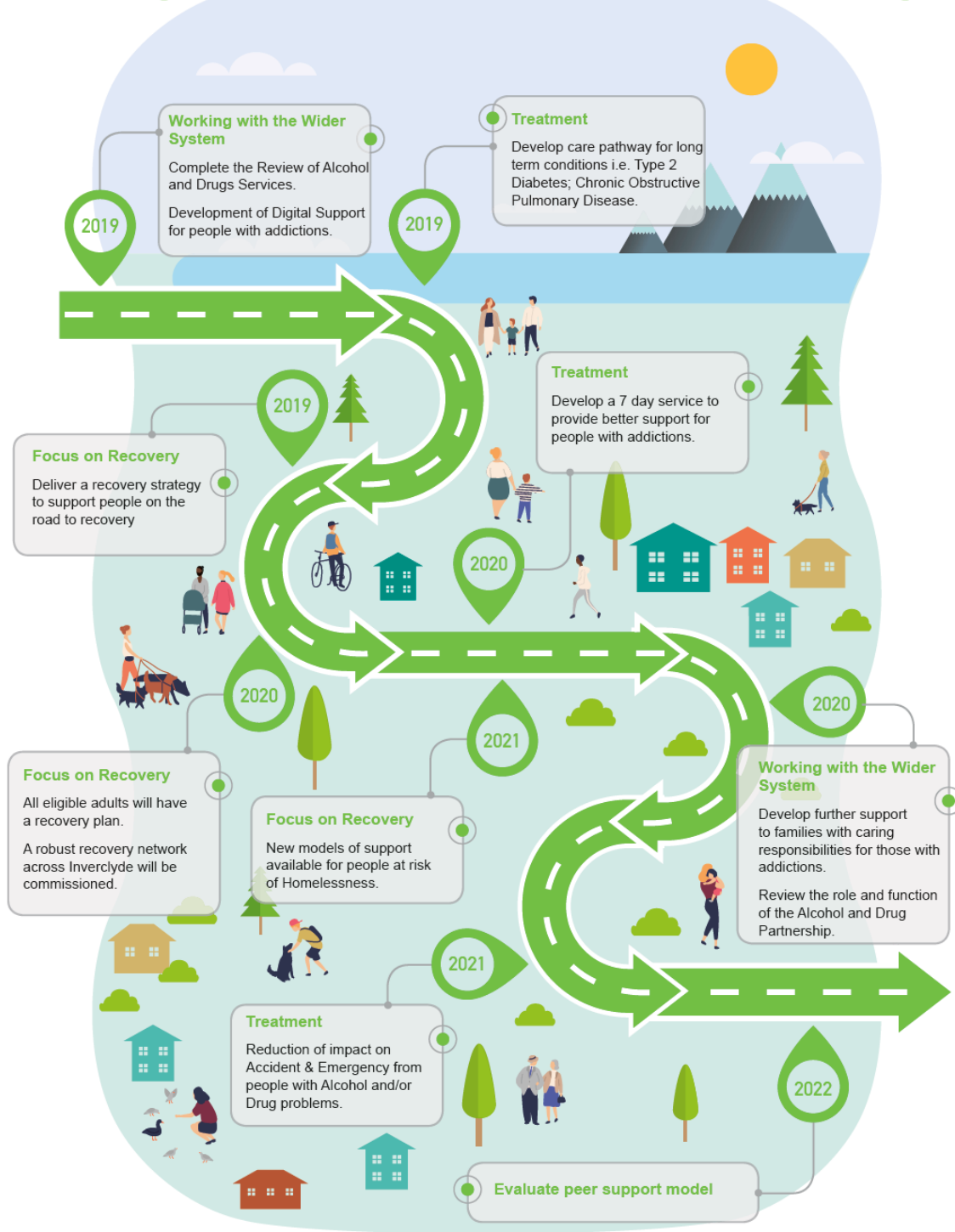
We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.



Improving lives

Big Action 5 Roadmap

Together we will reduce the use of, and harm from alcohol, tobacco and drugs.



Improving lives

BigAction 6 Roadmap

We will build on the strengths of our people and our community.



Improving lives

32

Appendix B – Successes - What Has Been Delivered

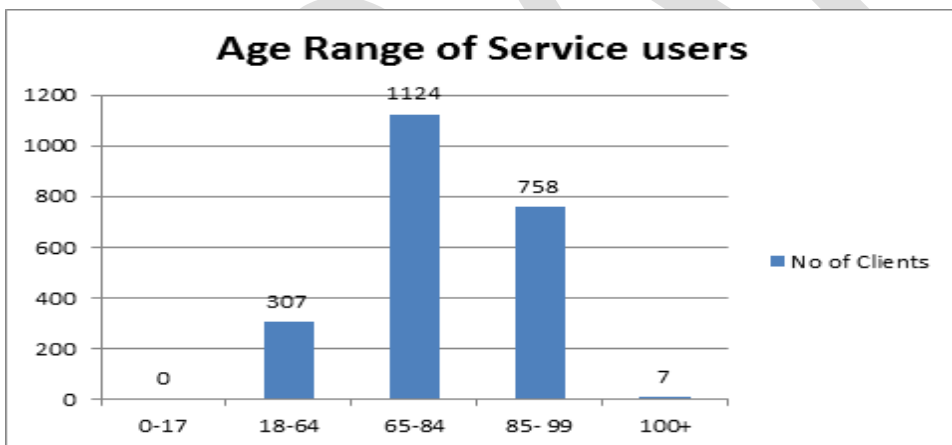
Technology Enabled Care

Technology enabled care such as home health monitoring which deliver benefits to people and services at scale will be a key focus with the integration of this information into the care plan, supporting self-management of health and well-being with a focus on digital products and services.

The Telecare alarm (also referred to as the Community Alarm) allows people to call for help in an emergency from their own home through to a contact centre, 24 hours a day. Contact centre operators can arrange to contact family members or other nominated person, a doctor, emergency services such as Police, Fire and Rescue Services. The benefits from having telecare alarm can help support peoples safety and independence at home. There are a range of telecare tailored solutions available such as sensors that recognise risks within people's homes.

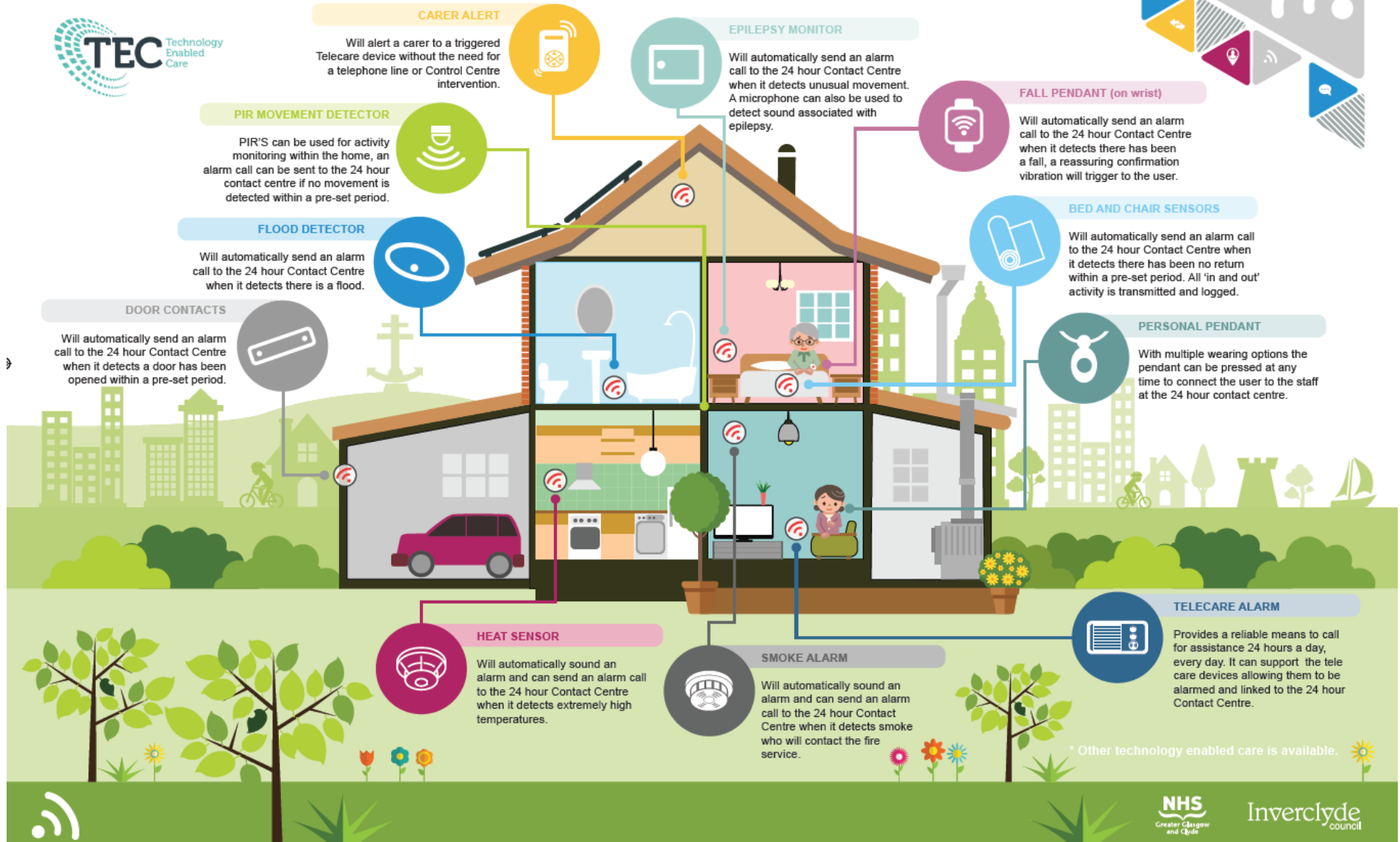
Inverclyde supports 2,200 community alarm users with over 400 users having additional environmental and/or personal safety sensors accounting for over 1,000 pieces of peripheral equipment. Of those utilising enhanced technology, 60% are over 75 years old.

In comparison with the Scottish average, Inverclyde has a greater telecare provision for those over 65 years.



Calls from alarms are triaged through our contracted call handlers who manage, on average, 8,000-10,000 calls for assistance per month. Around 20% of these calls are passed to our TEC mobile responders who provide a 24 hour response service.

Telecare within the home



* Other technology enabled care is available.

Home and Mobile Health Monitoring (HMHM)

Significant developments in the area of home and mobile health monitoring have been achieved locally. Using technology to support long term conditions in the community means that people develop a greater understanding of their condition and are more engaged with interventions and treatment plans. This results in them being able to look after and improve their own health and wellbeing and live in good health for longer.

Test of Change funding received from the Scottish Executive since 2017 has allowed us to implement and develop services to improve self care in Diabetes, Hypertension and COPD. Using technology in the form of Florence (FLO text messaging service), Docobo Home Health Hubs along with intensive support, education and early intervention treatment has evidenced a reduction in hospital admissions, GP appointments and district nursing home visits.

Children and Families Digital Initiatives

Children and Families Services have undertaken a number of digital initiatives to improve service delivery, record keeping and reporting, including:

Service Delivery

- Expanded use of social media platforms like Twitter and SCS for promotions, health awareness campaigns like the Breastfeeding agenda, parent support groups and celebrating success and recruitment drives
- Adopting Attend Anywhere Face time / video conferencing clinics for children and young people to support attendance as appropriate
- Introducing interactive touch screen in Health centres which provide patient and health promotion information in patient waiting areas
- Use of the Click to Connect facility for child smile and access to practitioner appointments.

Record Keeping, Communications and Reporting

- EMIS single child health electronic records in Community.
- Use of dashboards and micro strategy performance platforms to improve the quality of our management information and reporting to ensure services are better able to understand service delivery and service improvements and targets.
- SMS text messaging reminders for appointments to improve appointment attendances

Virtual Clinic and Advice Referral Pilots

Pilots of virtual clinics have been undertaken and these will now be scaled up across services. The evaluations demonstrated that there are benefits for the public relating to convenience and flexibility. Many people and carers spend a significant number of hours waiting in a hospital environment (pre and post appointment) having been

dropped off and thereafter waiting to be picked up to be taken home. The use of video consultations allows people to connect with the care team from home on their phone or tablet device.

There have also been a number of successful advice and clinical dialogue pilots using systems like TrakCare and SCI Gateway. These are now being rolled out across services.

Staff also benefit as there will be opportunity to perform pre-assessments ahead of any actual clinic attendance.

Health & Social Care Patient Portal

A proof of concept “Patient Portal” has been developed in response to a national Scottish Government commission. This involved a new digital platform which allows data to flow securely between the public using wearable apps or by entering data into forms and the NHS eHealth systems. An outline business case was developed which will inform the national digital strategy. This is a significant step towards delivering the innovation to support people’s access to their EHCR and self-care.

The business case proposes five broad service categories to reflect the number of ways in which a national digital platform could now be developed including self-care and self-management of long term conditions, social care integration, integrating “The Internet of Things” and efficiencies.

New Social Care System

The current Social Care Case Management system in use within Inverclyde HSCP is SWIFT.

SWIFT is now considered a legacy system nearing end of life. Advances in technology over the years mean newer products are much more efficient in coping with the high demands placed on Social Care Services when it comes to information governance, service provisions and reporting requirements. Inverclyde HSCP are in the process of procuring and implementing a new, technologically advanced, Case Management system in order to future proof our Services and expand on our digital capabilities.

This investment will allow the HSCP to generate significant gains across all ‘6 Big Actions’ set out in the Strategic Plan. Services and processes will be transformed allowing staff to better manage their caseloads and empowering Social Care clients to more actively manage their own care.

The strategic benefits from this project are to:-

- Empower citizens / clients to better manage their health and wellbeing, support independent living and gain access to Services through digital means.
- People who use Social Care Services have a positive experience and have their dignity respected by the safe and secure storage of their personal data.

- Build a more effective joined up way of working by integrating the multiple systems used across the Partnership.
- Futureproof the stability of our Services and information governance requirements through investing in the stability of the technical infrastructure underpinning them.
- Empowering staff and Managers to better manage their caseloads and Services through providing the technical means to do with advanced, innovative technology.
- Longer term efficiencies / savings due to automated processes and reduction in the requirement to duplicate work tasks.
- Contribute to achieving aspects of all six 'Big Actions' set out within the 2019-2024 Strategic Plan and this Digital Strategy.

NHS GG&C's Clinical Portal

NHS Greater Glasgow & Clyde's Clinical portal is a web based application that presents key patient information to a wide range of services and staff such as medical, nursing, AHP and administrative staff as well as Social Care staff and NHS staff based within HSCPs. It should be noted that the Clinical Portal is not a database driven application, although it does extract information from various database driven clinical systems such as Trakcare and EMIS web.

The Clinical Portal can also be accessed by NHS staff across Scotland (for use when a GG&C based patient has the need to access health services in other parts of Scotland).

Future plans include creating an interface to allow the Clinical Portal to connect and extract information from the 6 GG&C partnerships Social Care Systems (work is currently in progress to achieve this).

Virtual Consultations – Attend Anywhere

As part of ongoing digital patient administration transformation, opportunity exists to implement virtual clinics to facilitate the option for remote consultations where clinically appropriate. The HSCP is currently rolling out Attend Anywhere across the HSCP. This work will allow more meetings and consultations with service users to be conducted digitally via a laptop or smart phone app, telephone, email, videoconference or online portals. This approach gives greater choice and convenience for people that would ordinarily have difficulty travelling for routine check-ups and help alleviate administration across our services.



This technology can also allow groups of professionals to come together virtually, reducing the need for travel and allowing timely decision making which can support our most vulnerable patients to remain in their own homes.

Digital Strategy Action Plan

Strategic Implementation Plan Ref		Agreed Action	Detailed Deliverables	Due	Responsible Officer
1	1.5	Consider the benefits and opportunities that technology will offer for all of our community.	Digital Strategy Developed	2021	Complete
1	1.11 1.16	Engage with the public and other partners on ways to improve access to information and support within our communities. Supporting education, health literacy and self-management to people to access information. Develop our approach and model to social prescribing and share this across Scotland.	Public Information a. Improving access to information and support. b. Access 1st (25% increase) c. Inverclyde Life (number of hits). d. Community Link Workers. e. Social Media. f. Refresh HSCP Website	2020	HSCP Senior Management Team
1	1.14	Be part of the Scottish Service directory for local services to improve public information.	The HSCP committed to joining this in 2019/20	2020	Complete
1	1.15	Develop a model to improve access to physical and digital information.	Digital Strategy developed	2020	Complete

Strategic Implementation Plan Ref		Agreed Action	Detailed Deliverables	Due	Responsible Officer
1	1.17	Develop and implement innovative use of technology to monitor and support people with long term conditions.	Home and Mobile Health Monitoring (HMHM) a. Number of people utilising FLORENCE to monitor hyper tension. b. Number of other conditions utilising FLORENCE. c. Number of people COPD utilising Docobo system. d. ARMED (fit bit)	2020	Complete
1	1.19	Have a Digital Strategy to support technology enabled care and self-management. This will include developing a preferred option for the Swift recording system in social care.	Digital Strategy complete	2021	HSCP Senior Management Team