

Technology Enabled Care - Update

Purpose

1. To update members on progress on a range of developments relating to Technology Enabled Care and Digital Innovation.

Recommendations

2. Executive Group Members are invited to;
 - i. note initial progress on the development of the Digital Health & Social Care Strategy and as well as a number of other work streams under the heading of Technology Enabled Care (TEC); and
 - ii. note and comment on the Universal eCare Feasibility Study – in particular any concerns or apprehension about the potential direction of travel of this report with regards to a recommendation for a universal entitlement to free eCare for over 75s.

Background

3. Telecare facilitates the remote care of elderly and physically less able people, providing the care and reassurance they need to allow them to remain living in their own homes. Telecare may involve the use of sensors as part of a package which can provide support for people with illnesses such as dementia, or people at risk of falling. Telecare is specifically different from telehealth and telemedicine because it refers to the idea of enabling people to remain independent in their own homes by providing person-centred technologies to support the individual or their carers.
4. Early last year the Health & Well-being Executive Group agreed that COSLA should jointly draft a new *Technology Enabled Care & Digital Innovation Delivery Plan* with the Scottish Government. As work progressed on this, thinking also began on the next iteration of the *eHealth Strategy* which ends this year, and it became evident that there is a need for greater alignment in all digital activity across the breadth of the social care and the health care sectors.
5. With this in mind the Delivery Plan entitled *Supporting & Empowering Scotland's Citizens*¹ which was published in late summer 2016, is now intended to run alongside the Scottish Government's over-arching *eHealth Strategy* (2014-17), only as a short-term bridging document. A new integrated *Digital Health & Social Care Strategy for Scotland* will seek to align all relevant digital activity. As such the current delivery plan focusses less on long term developments and more on the core building blocks required at this point in time.

Digital Health & Social Care Strategy

6. On the basis that the agreement by the Health & Well-being Executive Group, in February last year, was for COSLA to contribute to the development of a longer term delivery plan, officers will continue working to jointly develop a *Digital Health & Social*

¹ <http://www.gov.scot/Resource/0050/00507649.pdf>

Care Strategy for Scotland with the Scottish Government and NHS Scotland, with the leadership of SOLACE and the advice and support of the Chief Digital Officer at Scottish Local Government Digital Office, Martyn Wallace.

7. As intimated above this work will consolidate with the objectives of the TEC delivery plan. A key element of the strategy will comprise a set of themes for TEC which will focus on increasing the use of digital channels and digital access supporting deployment of next generation technology. A Digital Health & Care Strategy Development Oversight Group has now been established, with the first meeting scheduled for 3rd March.
8. General views, ideas and feedback are being sought on the new plan through the eHealth website². These will inform the draft document which will form the basis for a more detailed discussion with stakeholder groups in the next few weeks. We anticipate that the new Strategy will be published during the Summer of 2017 and will come to the Executive Group for consideration and agreement.

Universal eCare Feasibility Study

9. Members will recall that the Scottish Government's Health & Social Care Management Board, and COSLA's Health & Wellbeing Executive Committee, agreed to commission a feasibility study to explore and examine options for a potential national approach to the provision of telecare services for people aged over 75 and potentially for those with a diagnosis of dementia who are under 75, given the evidence on its effectiveness for that particular client group. This is with a view to supporting older people to remain independent in their own homes, thereby reducing hospital admissions and aiding discharge after a crisis.
10. Following the issue of an invitation to tender and after 'associated procurement', Deloitte were awarded this commission. A draft executive summary and report has been produced but more work is required on the options appraisal section.
11. The scope of the feasibility study is limited to producing a report in order to inform further *consideration* of this idea by COSLA and Scottish Government through a better understanding of best practice, cost benefit and the legal and ethical considerations. We are clear that there is no assumption of COSLA agreement to any of the options which may be proposed, only to consider this information and whether to support any further work in this area.
12. There will be a range of options which will need to be considered before any agreement to a defined principle can be considered. These will include who the services might target (e.g. age, condition, need); what service specification might be provided (assessment, basic, high); how users could access the service (referral/self-referral, assessment/no assessment); who might provide the services (local authority, HSCP, other sectors/providers); and what charging/funding approaches it might be possible to use. There would also need to be an understanding of the need for and degree of flexibility within such provision to allow services to properly meet particular local need.

² <http://www.ehealth.nhs.scot/strategies/the-person-centred-ehealth-strategy-and-delivery-plan-stage-one/>

13. When we receive the final draft report members may wish to make political comment on the options outlined at paragraph 15 in Annex A. For example, it may be that members consider that within the context of highly constrained social care budgets it is reasonable for councils to apply a means tested charge for eCare services. In terms of service specification members might feel that the current variation of service specification is appropriate to local demographic circumstances and need. As for who could provide the service, again members might feel that one size does not fit all so that final options should allow for a mix or variation of provision across Scotland.
14. We understand that a final draft report will be available during March. This will provide the Health & Well-being Executive group the opportunity to fully consider the options before discussing or giving any agreement to the principles at our next Executive Group meeting – we are assured that no further action will be taken without the endorsement of Local Government. Additional information is included in the TEC update report (appendix I).

Conclusion

15. Members attention is drawn to the attached TEC report which provides an update on the range of initiatives and projects being progressed by the Technology Enabled Care programme board. Members are invited to note the report and comment as appropriate.

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