

Personalisation in Action

Dr Lynne Douglas

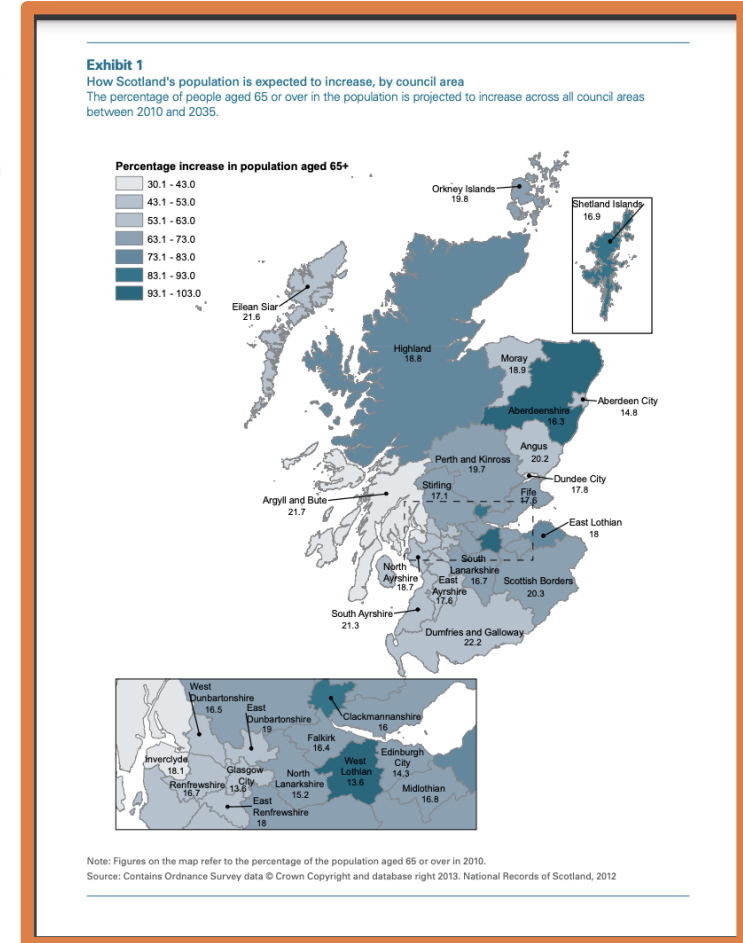
Chief Executive

Bield Housing & Care

TSA Manchester 5th July 2022

Bield Housing & Care- Who are we?

Our services



Our current customers?

- We have more women (65%) than men (35%)
- The average age 76.1 years
- The average age a tenants moves to Bield is 70.46 Years
- 66% of tenants do not live in one of Scotland's areas of deprivation
- 69.7% think that Bield services and support allow them to live independently
- 64.3% think that Bield services and support improve quality of life

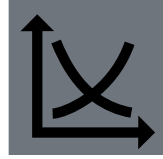


Future Need:



Demography

- Ageing Population, especially over 75's
- Ageing across Scotland
- More specialist older housing will be needed in the future
- Older people are attracted to the local area, access to shops, social relations with neighbours and the design of the home interior.



Social Economics

- Nearly 40% of the population will be over pensionable – 'grey pound'
- Up to 20% of older people are living in relative poverty
- Older people move (right now) at aged 70
- They are typically living independently at 79



Health & Care

- Living longer, but with ill health
- More likely to be dependant on carers
- Older people from SIMDs areas are likely to access housing and care services sooner



Connectivity: People and Technology

- More older people will live alone
- The proportion of older people using the internet is very low (right now, will change over time).
- 60-70% recognise that Bield (Specialist Housing) help them to live independently

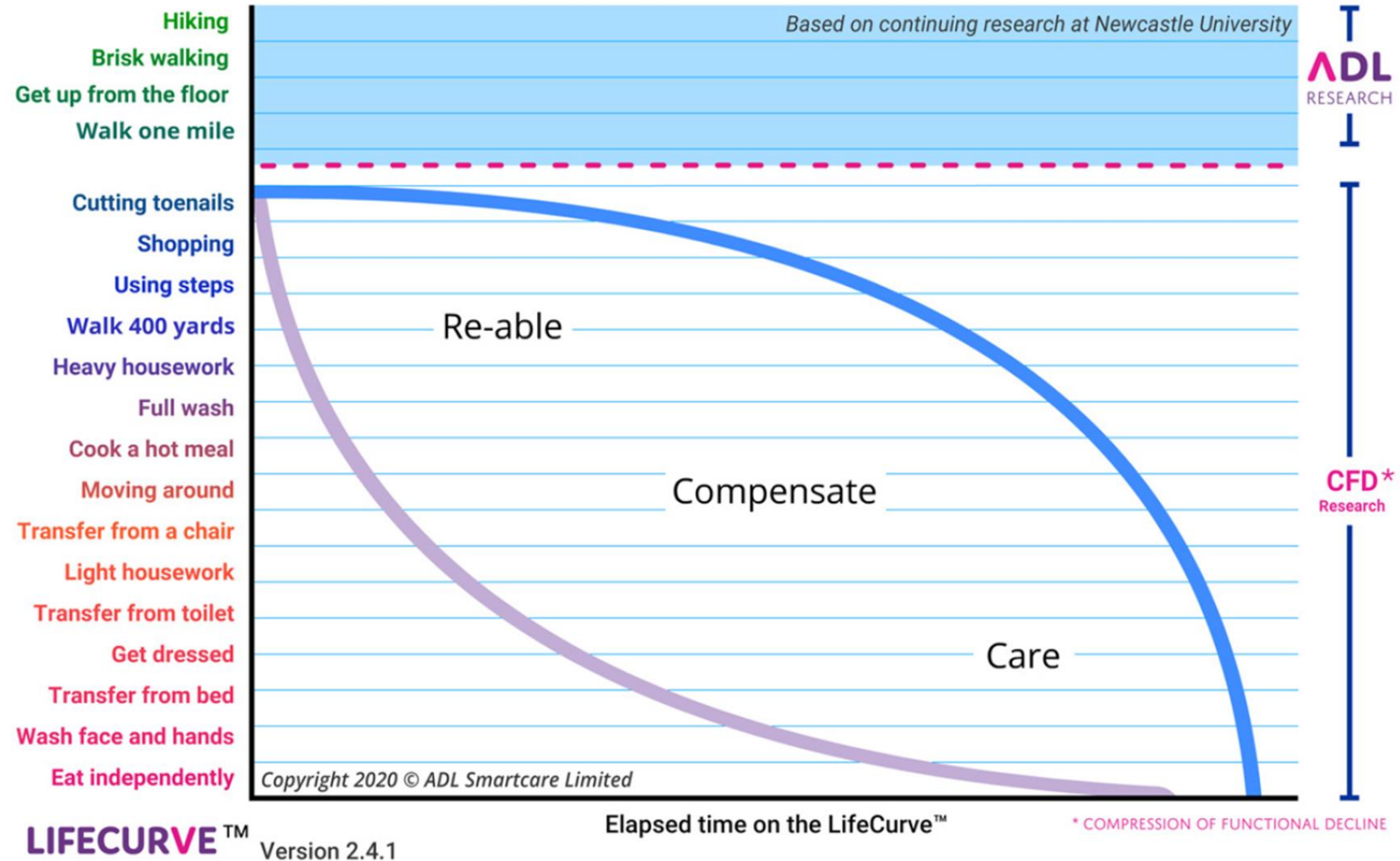
Technology, Housing & Personalisation

- The TAPPI Inquiry Report: Technology for our Ageing Population: Panel for Innovation – Phase One. Oct 2021.



Inspire Project

AIM: To test Proactive Telecare for health promotion, prevention and earlier intervention to increase a tenants/ service users' ability to be independent and remain active, healthy and socially connected.

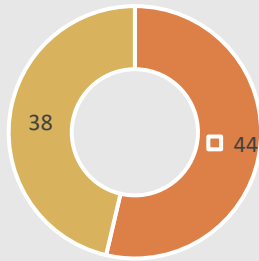


- ❖ 20 (25) Midlothian HSCP (Early in Life Curve) (Limited TEC)
- ❖ 13 (50) Inverclyde Area (Mid Life Curve) (TEC Dependant)
- ❖ 13 (13) Limestone Housing Association (Mid Life Curve – MIXED TEC)

Dashboard: Overall

Recruitment

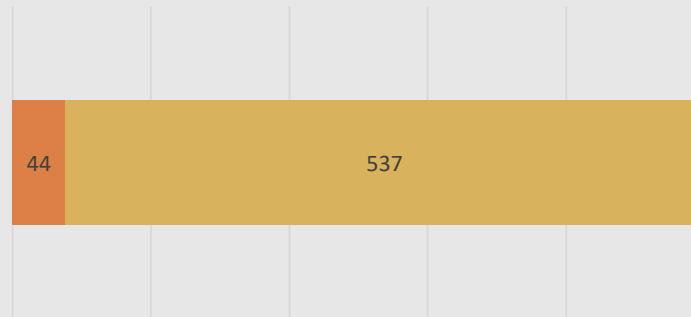
Service offered to 82 people



Accepted Refused

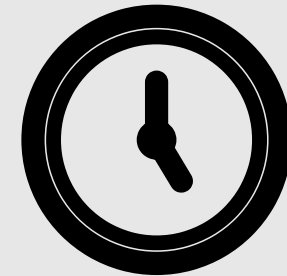
People Engaged

Number of Beneficiaries / Number of Calls



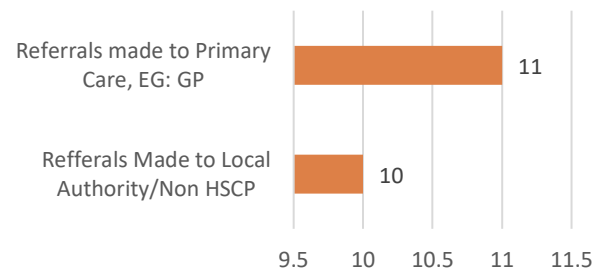
Avg Length of Call

24 Minutes ranging from 142 minutes to 11 minutes



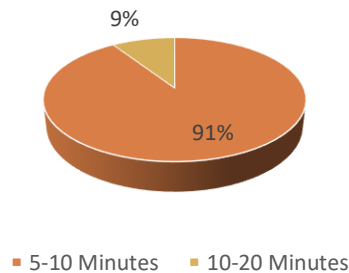
Referral Areas

Volume and Routes of Referral



Call Handler Stats

Admin Time after Call



Beneficiary Stats

AVG Impact on Alarms – No change
 Total. Changes to Tech – No change to Tech
 Referrals sought – a total of 12 beneficiaries referred to either primary care or local authority/non HSCP, 3 individuals referred via both routes.
 Satisfaction – Customers satisfied at start of project, but value of calls decreased over time as restrictions lifted and “normality” resumed.



When you change the conversation,
you change the community

Impact

- **Headline Stats**

- 44 Beneficiaries took up the service from 86
- 613 Calls (AVG 24 mins) (245 hours)
- 5-10 mins follow up time
- 11/44 (24%) Beneficiaries referred to Primary Care
- 10/44 (22%) Beneficiaries referred to non-HSCP/statutory services
- 100% of Beneficiaries felt the service was beneficial
- 88% of Beneficiaries would like to see this service continue with the remaining 12% wanting this or a similar service.

PERSONAL STORY



Bob advised our call handler that we have “saved his life” and now he has “meaning” back giving him the drive to live his best life.

TEC Scotland Summary Report (1)

Working Definition

“Proactive Telecare has a deeper relationship with the person receiving the service, gathering insights into patterns of behaviour and preferences over time, through good conversations, devices and linked data, enabling a more tailored and preventative service that aims to anticipate and prevent crises, and support wellbeing and resilience. Proactive telecare is enabled by greater integration with other health, care and housing services, the third sector and community supports.”

- Greater integration of telecare services with other services, organisations and community supports.
- Targeted & personalised outbound calls.
- Sign-posting for wellbeing.
- Escalation to statutory services when required.
- Outcomes-focused and asset-based.
- Intelligence-informed.

Proactive Telecare Outbound Calling - Tests of Change 2021 Phase One Summary Report

Our working definition

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Project Timeline

9th Dec 20 | 20th Jan 21 | 24th Mar 21 | June 21 | Apr 21 | Sept 21 | Nov 21

← Comms on MS Teams; monthly reporting; weekly learning bite meetings →

Proactive Approach

- Referrals and sign posts to:
 - Local foodbanks
 - Mindspace and Your Voice
 - Money Advisory Service
 - Citizens Advice Scotland
 - Age Scotland (Friendship Service)
 - Care & Repair
 - GPs
 - Social Work
- Telecare review or repair
- Provision of aids and equipment

Exploring Proactive Telecare in Scotland

Questions for Phase One

WHO: Who is the target population for an outbound calling service?

WHAT: What are the key components of the service?

WHY: What are the benefits and outcomes of proactive telecare for citizens, telecare services and the wider health and care system?

HOW: What are the key enablers and barriers?

TEC funded three telecare services to develop and test proactive outbound calling component as a sustainable enhancement of their existing service, and

- Build on the learning and successes of CoVID-19 outbound calling; and
- Gain rapid insight in to the practicalities, challenges, benefits and scalability of working proactively.

The Process

ENABLERS
Workforce skills; integrated working; data; technology; strengths-based and outcomes-focused approach.

BIELD
FREE TO BE

Bield Housing and Care (BR24)

Target Population:
1. Infrequent callers
Bield Tenants in Midlothian

2. Frequent callers
Inverclyde HSCP Telecare Service

3. Linstone Housing Association

56%

Customers accepted offer of PT

DUMFRIES AND GALLOWAY Health and Social Care

Dumfries & Galloway HSCP

Target Population:
Frequent callers

Changed to:
No manual trigger within 45 days (using Tunstall's risk stratification tool to identify people who may benefit)

22%

Customers accepted offer of PT

Edinburgh Health and Social Care Partnership

City of Edinburgh HSCP (ATEC24)

Target Population:
1. Frequent callers, who do not have regular access to care and support services

2. Next of kin in their capacity as informal carers

40%

Customers accepted offer of PT

For further information please contact nss.tec@nhs.scot

Digital Health & Care Innovation Centre

UWS UNIVERSITY OF THE WEST OF SCOTLAND

Proactive Approach

- Referrals and sign posts to:
 - Local foodbanks
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TEC Scotland Summary Report (2)

KEY LEARNING

- **Identify training needs** and resources to support staff with ‘Good Conversations’ Staff feedback - valued the training resulting in higher confidence levels and job satisfaction
- Consider **resources that are available** to deliver a project within a short timeframe
- Revisit the **purpose of proactive telecare** and be more specific about what change we would like to see. For example is it reduced alarm activations or improvement of wellbeing. We feel that we were perhaps too wide or ambitious in our approach.
- Each **beneficiary received a call from the same call handler**. This allowed trust and relationships to form to allow more meaningful calls.
- Creating and **setting expectations from the start via service level agreements** and service information leaflets. This helped to shape expectations for the service being provided and also expectations from the beneficiary.
- Dependencies – **understanding and forming an effective exit strategy** is essential for bringing the test of change to an end for both beneficiary and staff
- The TOC was too short, and had too many beneficiaries who had no/low initial use of alarms, to measure the impact on alarm calls.

Proactive Telecare Outbound Calling - Tests of Change 2021
Phase One Summary Report

Some of the key findings from Phase 1

- Implementation of Proactive Telecare to enhance existing Telecare services was achievable on a relatively small scale as a test of change.
- Test sites embraced this new way of working and felt optimistic about scaling Proactive Telecare in the future.
- Partnership working is critical for success and enabled a relatively new approach to be rapidly implemented in three test sites in a six months pilot. However, sites underestimated the time required to build relationships and trust, train staff, screen and assess suitable customers, and secure the required permissions to share data.
- The tests sites targeted different customers highlighting the applicability of Proactive Telecare for a wide range of customers from those who have low intensity needs to those with more complex issues who are more dependent on technology.
- Staff, carers and customers involved valued Proactive Telecare positively. Job satisfaction increased for staff, and customers felt more connected and less isolated.
- Proactive Telecare may be considered as an additional role to be undertaken by selected trained staff or a more generic approach that all Telecare call handlers can deliver.

Challenges

- DPIA approval
- Delays in data flow with external call handling provider
- Local data collection – recording of data for the measurement plan
- Data cleansing records in system to reflect current contact details and service provision
- Covid-19 pandemic – affecting staff numbers due to rate of infections and providing a safe working environment
- Resource intensive for call handlers and project managers

How we learned

- ✓ Weekly Learning Bite Sessions
- ✓ Learning Collaborative Learning Sessions
- ✓ Hub Improvement Advisor Coaching
- ✓ Learning from others (Wales & Andalusia)
- ✓ Monthly Progress Reports
- ✓ 1:1 Meetings with TEC Telecare Leads
- ✓ Resource Repository (MS Teams)
- ✓ Project Measurement Framework

Key Learning

- Identify training needs and resources to support staff with ‘Good Conversations’
- Staff feedback - valued the training resulting in higher confidence levels and job satisfaction
- Consider resources that are available to deliver a project within a short timeframe
- Revisit the purpose of proactive telecare and be more specific about what change we would like to see. For example is it reduced alarm activations or improvement of wellbeing. We feel that we were perhaps too wide or ambitious in our approach.
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Learning Collaborative

Maximise learning from the outbound calling tests of change by creating opportunities:

- for knowledge exchange
- to share learning, experience, ideas, successes and things that don't go quite so well
- to problem solve
- to co-design aspects of their tests
- to provide peer support

Everybody teaches, everybody learns

Steal shamelessly

Acknowledge graciously

Share generously (transparency)

Case Studies

179 customers received wellbeing calls during the test of change

1152 wellbeing calls delivered

Staff Feedback

“So, for me, it's been lovely to get to know people and, ... the stories that people tell you and the things that people want to open up about, is amazing. So, the trust that you gain from that is just, for me, it just makes me feel like, “Yeah, I am doing my job”.”

Next Steps - Phase Two

Objectives of phase two:

- Work with three test sites (Bield, Edinburgh and Dumfries & Galloway) to:
 - Refine the delivery of proactive wellbeing calls, building on the learning from phase one.
 - Demonstrate a clear contribution to the current service pressures associated with the Covid-19 pandemic, focusing on an index event which can be better managed with the addition of wellbeing calls and an integrated approach; and
 - maximise learning across sites through a multi-agency Learning Collaborative.
- Undertake an independent academic evaluation to:
 - Assess the added value to people receiving the proactive wellbeing calls, the telecare service and the wider system, and the affordability for Scotland's health and care sector.
 - Create sufficient evidence to support a business case for implementing wellbeing calls as business as usual

Further Reading Links

- [System Evaluation Report](#)
- [Telecare Handling Report](#)
- [Proactive Outbound Calling to Telecare Service Users During the COVID-19 Outbreak](#)

Case Study 1: Recently bereaved; not going out; lonely. Within three conversations going back to church. Now walking dog; new friends.

Case Study 2: Multiple falls detector alerts. Conversation about circumstances of falls. Lonely; rushing to answer phone. Now arranged family to call back. Significant reduction in alerts.

Case Study 3: Initially scored high on wellbeing wheel. Within three conversations disclosed not taking care of himself, not eating, struggling with finances. Sign posted to food bank, Citizen's Advice and referred for full benefit review. “Weight had been lifted”

Partnership Feedback: “Well... they show that they're caring, that if anything happened between last Friday and this Friday... you're able to talk to them about it and they're more than willing to listen. And anything they can do to help, they will do it. So, it's a security thing as well, isn't it? When you live yourself”

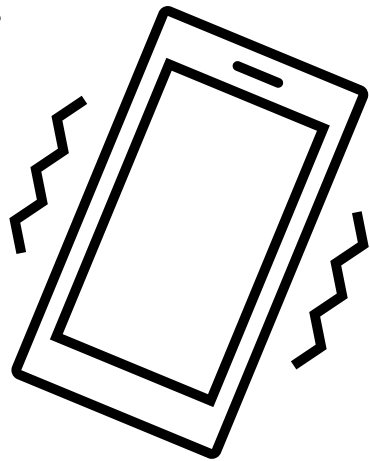
NEXT STEPS

- Undertake an independent academic evaluation to: **Assess the added value to people receiving the proactive wellbeing calls**, the telecare service and **the wider system**, and **the affordability** for Scotland's health and care sector.
- Create **sufficient evidence to support a business case for implementing wellbeing calls** as business as usual

Phase 2 - Principals

SMS INFORM – Bield Test of Change

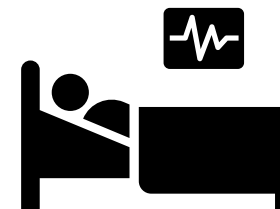
Using a text messaging service to offer a person-centred approach to help improve the personal outcomes of older and vulnerable people who live in sheltered housing and lack the skills, technology, or confidence to connect to digital platforms for health and wellbeing management.



LIVING WELL (TOC 2)

We are looking to the effects of proactive telecare on people who have recently fallen or been released from hospital.

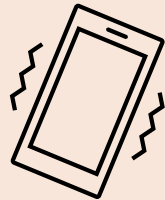
Using proactive telecare to discover if it can keep or improve a customer's ability to live at home and if this helps the customer keep the same level of social care services or keeps them from needing more.



Phase 2 - Approach

SMS INFORM – Bield Test of Change

- 1) Focus on tenants who receive care services
- 2) Health Concerns Identified
- 3) Agreement to participate / health issues identified
- 4) Weekly text
- 5) Use of ALISS tool
- 6) Review



LIVING WELL (TOC 2)



- 1) Work with HSCP to identify service users
- 2) Screening Call
- 3) Case management call - constant call handler.
- 4) Capture baseline data, experience, health and final satisfaction at various point identified. Externally verified by the UWS
- 5) Weekly calls, for maximum of 6 weeks
- 6) UWS doing external evaluation and cost/benefit to public purse.

Phase 3 - The Journey's so far...

SMS Inform



- 71 tenants approached
- 40 tenants participating
- 148 personalised person centered messages sent.

Early findings

- Recruitment central to success. For some recipients messages increased their anxiety
- Tailored messages is resource heavy. Need to consider 'group/common' messages'
- The fear of 'digital' has proven a reality of the approach.

LIVING WELL – TOC2



- 50 tenants approached
- 21 agreeing to participate (10 Fall, 11 Return from hospital)
- Each participant to receive 6 weeks of calls, at anytime
- More than 50 calls per week
- 3 points of monitoring – beginning, middle and end
- Continuing to keep the rules of the TOC1 in mind

Early findings

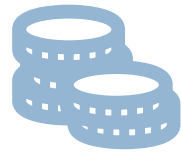
- Initial call is more difficult (cold call)
- Telecare scams are on the increase with fear of new services.
- Important when we seek feedback from service users (as much as what we ask)

Remaining Outstanding Challenges

Challenges



Transitioning from reactive to proactive



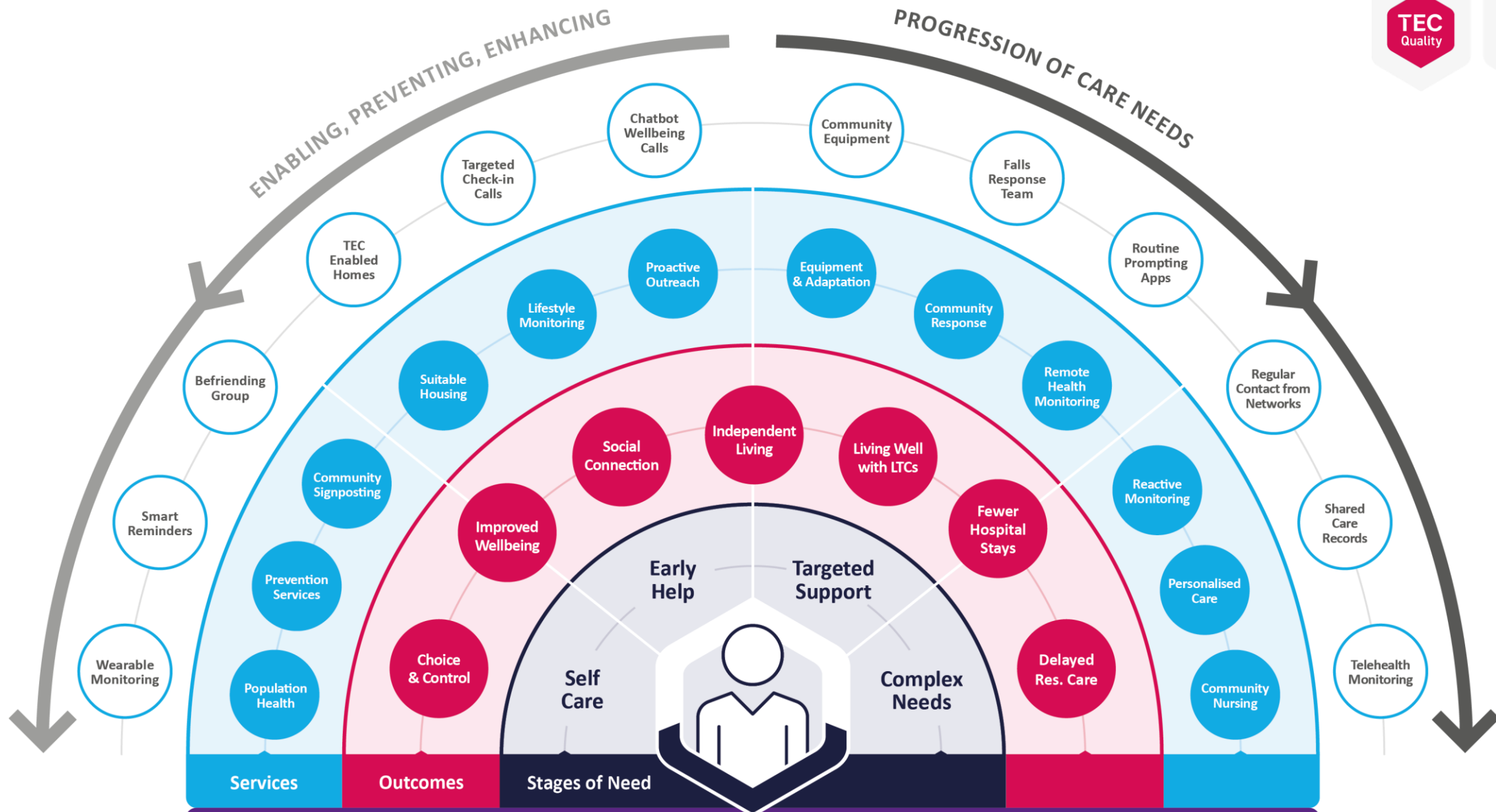
Economic evaluation/Benefits realisation



Data integration and response



Demonstrating Impact strategically in reform agenda



ENABLERS							
PARTNERSHIPS	INTEROPERABILITY	COMMISSIONING	EMPOWERING COMMUNITIES	QUALITY STANDARDS	WORKFORCE	VISION & LEADERSHIP	BENEFITS REALISATION

THANKYOU



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