Technologies Supporting Integration and Person-Centred Care: Crossing the Siloess

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• What is v-connect?
• Context of technology in care provision – socio-technical systems
• What are the use cases v-connect supports?
• Engagement and Outcomes
• Example outcomes across secondary, primary and social care
• Commissioning
• Conclusions
PC Client Endpoints

[v-connect]
Tablet Endpoints

v-connect
"Technology is not the answer
It is the amplifier of intent"

Kentaro Toayama

Use Cases

- Support for learning disability clients
- Virtual Visiting - medication compliance
- Community alarms
- Reablement
- Sensory impairment – Action for Hearing Loss

- Support for long-term conditions – COPD, heart failure, diabetes
- End of life care
- Support for home dialysis
- Wound care
- Offender mental health
- Care homes
Engagement to Overcome Barriers

- Case conferencing with family / advocates / support workers to explain what needs to happen and how technology will support and protect service users is a MUST.
- Service user visits to STAY (Sandwell Telecare Assisting You) offices to see how technologies work and understand how it will assist them with their day to day living.
- Allow all to touch / feel / play / use equipment in order to overcome barriers.
- Embed Trusted Assessor Training and Telecare provision within Social Worker’s roles.
- Allow simultaneous provision of existing support and technology with clear timetable for removal of support elements identified. Timely reviews and case conferencing to ensure packages complimentary, allowing for identified reductions to be made.
Example v-connect Outcomes

• Respiratory disease: 45% reduction in A&E admissions, 9% reduction in length of stay, 50% reduction in bed days.
• 70% of visits to care/nursing homes could be handled remotely.
• For 33 learning disability clients there was a reduction of £500k per year in care costs and evidence of increased independence.
• Outcomes for patients and clients, the clinicians and care staff and economic benefit to the system.
# The Health Outcomes Framework

<table>
<thead>
<tr>
<th>Domain</th>
<th>Aspect</th>
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<tbody>
<tr>
<td>1. Preventing People From Dying Prematurely</td>
<td>Reducing potential years of life lost</td>
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<td>2. Enhancing quality of life for people with long-term conditions</td>
<td>Ensuring people are supported to manage their conditions</td>
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<td></td>
<td>Improving functionality in people with long-term conditions</td>
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<td></td>
<td>Reducing time spent in hospital by people with long-term conditions</td>
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<td></td>
<td>Enhancing quality of life for carers</td>
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<td>3. Helping people to recover from episodes of ill health or following injury</td>
<td>Improving outcomes from planned treatments</td>
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<td></td>
<td>Improving recovery from injuries and trauma</td>
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<td></td>
<td>Helping older people to recover their independence after illness or injury</td>
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<td>4. Ensuring that people have a positive experience of care</td>
<td>Improving people’s experience of outpatient care</td>
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<td>Improving hospitals’ responsiveness to personal needs</td>
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<td>Improving people’s experience of accident and emergency services</td>
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<td>Improving people’s experience of integrated care</td>
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<td>5. Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
<td>Reducing the incidence of avoidable harm</td>
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The evidence is growing that many of the outcomes expressed in the outcomes frameworks can be delivered through improved communication using video.

However, health economic benefits are confounded by payment by results – rewarding activity.

For person-centred care and integration to happen there needs to be a systemic view of financial benefit that crosses the current siloes.

If integrated and person-centred care is the intent then they must be commissioned for – technology alone is not the answer.
Conclusions

- Current commissioning is more focused on propping the current system up rather than transformation.

- Organically growing services such as v-connect engage and develop intent and lower socio-technical barriers.

- The difficulty is time – we do not have any. In order for services like v-connect to scale we need to convert the intent to action now.
Thanks

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