Empowering People with Digital Health Skills

Developing digital skills in rural communities #DigitalRural

Linda Vernon, Digital Leader (Empower the Person)

@vernonlinda 2nd July, 2019
Integrated Care System
Integrated care system called Healthier Lancashire and South Cumbria:
- Five integrated care partnerships;
- 1.7m population;
- 8 CCGs;
- 5 Trusts;
- 4 upper tier Local Authorities;
- NHS England and NHS Improvement;
- Wider partners such as voluntary, charity, hospices and education.
Challenges:

- Financial shortfalls due to increased demand for services
- Poor health throughout our region
- Lack of joined-up care
- An ageing population with complex needs
- Problems recruiting and retaining staff
- Increased need for mental-health support
Five inter-connected themes to improve our health and care in Lancashire and South Cumbria

- Support the frontline
- Integrate services
- Empower the person
- Manage the system more effectively
- Create the future

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## Strategy Principles: Empower the Person

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<th>principle</th>
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<td>We will create digital solutions with the people who will be using them</td>
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<td>We will judge our progress against this digital strategy from the public’s perspective</td>
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<td>We will create an environment that empowers our frontline</td>
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<td>We will use data to prevent, predict and respond to ill-health</td>
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<td>We will work together to reduce complexity in order to improve quality and safety</td>
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<td>We will engage with academia, industry and others to accelerate innovation</td>
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“The more I know about myself, my body and the consequences of the choices I make, and the treatment I receive, the more confident I will be in managing my health and wellbeing”
Empower the person – What will this mean for the individual?

| I am able to access and add into my own electronic health care record, using it to manage my appointments and ‘health business’ online. |
| I have access to good quality information to support me in making decisions and managing my health and wellbeing. |
| When I need services and support, there are a growing range of options available to me to access them remotely from wherever I need to. |
| I can use digital tools to help me to make changes where I need to and monitor the impact of those changes on me, my family and my future. |
| I am confident that my data is stored securely and only shared when and where it is needed. |
Where do we think the gaps are?

- Get the basics right and rolled out: records access, appointment booking, PHR
- Teleconsultations within and beyond primary care
- Support – multiple routes to access support: social media, social & digital prescribing
- Wearable devices and sensors – remote monitoring and contributing to PHR
- Information – local, multimedia, targeted, “where people are at”
- Spread & adoption of PAM and digital support for health coaching
- Two-way communication with HCPs – biometrics, PROMs etc.

Empower the person
So how are we @healthierLSC engaging, involving and activating our public?
Coproduction: hearing our citizens’ voice


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We’re listening: digital health

We heard from almost 2,000 local people
Do people use any of the following to support their diet or fitness?

- Fitness apps such as Couch2 5K or Strava: 13.69%
- Calorie Counter apps such as My Fitness Pal: 13.11%
- Health and wellbeing apps: 13.03%
- Wearable fitness trackers: 18.26%
- Weight loss apps: 14.77%
- None of these: 55.85%
- Other (please specify): 5.81%
Do people use any of the following to support their health and wellbeing?

- Mental health and wellbeing apps: 8.07%
- Websites about mental health like Big White Wall: 2.94%
- Apps to support specific conditions: 1.76%
- Websites for information about health: 29.58%
- None of these: 65.97%
If you answered ‘none of these’ to all above; why not?

- No access to digital equipment: 5.74%
- I don’t have the finances: 4.53%
- I can’t access these services: 2.42%
- I don’t know how to use them: 1.66%
- Too hard to use: 17.52%
- I don’t trust...with personal details: 11.78%
- I don’t think there will be any benefit: 7.25%
- I didn’t know about them, why?: 7.55%
- I don’t want to use them: 8.46%
- Other (please specify): 30.66%
We asked ....

• What is your experience of using digital health so far?

• Has it provided you with new opportunities to manage and support your health and wellbeing?

• Have there been any challenges or barriers?

• Do you have any concerns?
Every picture tells a story …
“I would be able to manage my health better if I was able to see my results online. It would also be more helpful if both my GP and consultant shared my results in one place (and that I had access to this)”

“An open forum to discuss/raise health issues – with peer and professional support (doesn’t have to be immediate) would be great”

“We will use online websites like NHS Choices – putting in symptoms – but sometimes concerned about what this might show – would prefer to speak to a health professional, if concerned”

“We have had a really positive experience of using digital technology to manage my health. I have been involved with the Fylde Coast ‘testbed’ programme ... Being part of this programme has given me more knowledge around my condition and made me more aware of when I am going to be ill, and my need to take medication to address this”

“Using digital technology has really helped me to be more informed about my health situation. As a scientist I am accessing the latest research – through journal articles – on cancer treatment. From this I can understand the next options of treatment and I can be more informed / empowered when discussing my care with my oncologist and GP”

“I think it is a good idea and keen to see more development to support accessing health services and looking after your health (for example, would be keen to get smear test results digitally rather than wait for a letter)”

“I don’t want to share my problem verbally – even with a doctor. I would rather have the opportunity to share it digitally with the practice”

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We’re listening: digital health

“We need to build people’s confidence in using the technology”
1. Improve skills and confidence to use digital health: many groups identified a need for upskilling sessions to improve understanding and confidence in using digital technology.

2. Address the complexity of the digital health offer: make improvements to websites so that they are regularly updated, less complex, easy to navigate and simple to use.

3. Provide free access to digital devices and the internet within communities for people who have issues with their affordability.

4. Improve the online registration process: with more appointments available, which are updated regularly for all health professionals within the GP practice.

5. Ensure that digital health resources take account of:
   - Language needs
   - Religious and cultural needs
   - Audio and visual options for those with hearing and visual impairments, including support needs for people with different disabilities (e.g. people with a learning disability).

6. Provide case studies to learn from others’ experiences of using digital health and provide videos of real people using services.

7. Build on existing good practice - for example, learning from other countries to support and improve digital health solutions.

8. Ensure healthcare staff take responsibility to champion the cause for digital health - in particular encouraging patients to register for online services.

9. Work with trusted community champions to promote digital health within their communities and groups.
10. Raise awareness of digital health options through targeted promotion and advertising using digital and non-digital channels and in particular highlighting trusted and reliable apps and websites (e.g. the NHS website).

11. Tailor digital health solutions for different groups of end users and ensure that people who use them are involved in co-creating effective solutions.

12. Explore digital health solutions to resolve communication challenges through traditional channels; for example, making sure interpreters are available to give support to patients with a hearing impairment to attend GP appointments, co-producing digitalised hospital or healthcare ‘passports’ for people with learning disabilities and co-producing personalised and person-centred apps for different end-user groups.

13. Explore the offer of video consultations with health professionals to assist patients where they have difficulties getting to health and care settings, or where they might have associated anxiety of visiting hospitals or other clinical environments.

14. Encourage the further development of apps to help patients who are anxious or afraid to initially talk to a health professional about a concern they may have.

15. Make digital health more fun as well as incentivising better health behaviours and use of apps and websites to support wellbeing.

16. Endorse the further development of the NHS Online Orb as a means of bringing together key digital health resources.

17. Endorse the further development of platforms and websites that signpost people to the most suitable and effective apps for their needs.

18. Make improvements to online security, as well as dispelling myths and reassuring people about the safety of their digital health records.

19. Make improvements to digital health technology so that patients and health professionals can access health records and results online.
How can we better reach people in rural areas to address these asks?

Who can we partner with?

How can we better collaborate to share #digitalinclusion messages? What can we offer and what can you give?
Wavemaker Tour
Wavemaker Tour

https://youtu.be/6SbaCxYtvCU
National ‘Empower the Person’ Programme delivered locally

- **GP Online Services**
  - 46.5 million have access
  - Wifi

- **NHS.UK**
  - 14.4 million registered

- **Widening Digital Participation**
  - Improved content
  - Inclusion guide published

- **Apps and Wearables**
  - 70+ apps for managing healthcare

- **NHS 111 Online**
  - 40% coverage across England

- **NHS App**
- **PHR**
- **Citizen ID**
- **Digital Maternity**
- **Digital Child Health**
Set up to ensure everyone has the confidence, skills and means to access and use digital health services and tools – particularly the most excluded
What we’re doing

• Design for inclusion first
• Learn more about needs & barriers and try new approaches that fit into people’s lives
• Share our standards, toolkits & guides
• Build digital inclusion capability locally
• Cross sector partnership
Digital Inclusion pathfinders

• 1 year cross sector partnership projects
• Learning more about needs & barriers
• Creating solutions that fit in peoples’ day to day lives
• Try new things – fail – iterate
• Evaluate & develop ‘How to’ guides
• Share & scale what works
Digital Health Lab

- **Social Prescribing**
  - Sheffield
  - Can social prescribing of digital skills support physical and mental health?

- **Young People and Mental Health**
  - Islington
  - Can digital help young people in the void between Universal Care contact?

- **Digital Health on the High Street**
  - Nailsea
  - Can a community space help people use digital to improve their health?

- **Homeless and Insecurely Housed**
  - Hastings
  - Can digital help rough sleepers get the health support they need?

- **Young Carers**
  - Bradford
  - Can digital improve the wellbeing of young carers and their dependants?

- **Long Term Conditions**
  - Stoke-on-Trent
  - Can social networking improve access to health information for people with long term conditions?

- **Sensory Impairments**
  - West Yorkshire
  - Can digital tools improve the experience of people accessing health information and support?

- **Isolated Older People**
  - Sunderland
  - Can digital help to support older people with their move from health to social care?

- **People in Social Housing**
  - Thanet
  - Can digital help people in social housing gain better access to health services?

www.digital-health-lab.org
NAILSEA
Can a physical space in the centre of a community improve access and use of digital health tools and services?
Once upon a time, 65 High Street was the best butchers in town. Today we'd like to know how you think we could use 65 High Street to benefit the health & wellbeing of Nailsea residents.

Come in for a chat (or just to say hi)

Dogs welcome

Open

Wed: 12:00 - 20:00

Thu: 09:30 - 17:00

Free tea & coffee for your thoughts

Free WiFi

Take a look inside
A drop-in service for people with diabetes is now running in Nailsea.

The Nailsea, Backwell and District Diabetes Support Group has set up the sessions to enable people to access help and information.

The group will run the drop-in sessions from Number 65 High Street on the first Tuesday of each month from 10am until noon.

Sarah Goulty, from the support group, said: “Diabetes affects more than 3.6 million people in the UK and many people remain undiagnosed.

“We will have a smart tablet with apps on diabetes management, healthy eating and lifestyles. If you are unsure about how to use the internet for advice and information on diabetes we can help.

“We are really excited to be able to use Number 65, both as a digital hub and a place for anyone who wants to know more about diabetes to drop in. The group is really thankful to Nailsea Town Council for this opportunity.”
The Curve ~ Blackburn Central Library
National ‘Empower the Person’ Programme delivered locally

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Highlights of best practice in the digital exemplar programme since June 2018

- 915,027 Patients enabled to use online consultations
- 80.4% of the population now have access to an online consultation, 54% of all practices across Lancashire and South Cumbria
- 124,539 myGP downloads
- 11,729 Appointments booked in April 2019
- 5,323 Were shown alternative services.
- 1,237 Cancelled as the patient chose alternatives
- 255,014 appointment reminders issued in April via SMS/myGP
- 6,341 cancelled after receiving a reminder
**Primary Care Digital Exemplar Programme**

18 FOOTBALL PITCHES of GP practice space across Lancashire and South Cumbria could be freed by digitising 2 million Lloyd George notes.

36 GPs signed up to using video consultation to work remotely to help retain GPs and improve work flexibility.

1,469 people gave detailed feedback about the myGP user experience.

167 practice staff attended 7 social media training sessions.

197 practice staff attended 3 digital exemplar workshops, helping to shape the Digital First Programme.

52 Lancashire nurses trained on the digital nurse programme to use technology in practice.

1.1 MILLION viewed a cervical screening Facebook post, shared by Bay Medical Group.

153 extra smear appointments booked at Bay Medical due to their Facebook post.
What could we do to use ‘surplus’ space in healthcare settings to support #digitalinclusion?

How can healthcare better embed itself in community spaces, facilitated by digital?
Our offer ~ NHS Orb App

https://youtu.be/M8ZyBQQnZTQ
What are the major blockers?

**Awareness**
Apps are not yet part of the day to day management of health and care related conditions.

**Accessibility**
Finding and matching Apps to support your needs or those of your patients or service users is very difficult.

**Trust**
The lack of a suitable quality indicator inhibits the embracing of Apps by end users and professionals in the health and care space.
Social Prescribing and digital
Broader Determinants of Health: Future Trends, The King’s Fund report:
Why social prescribing: Loneliness

Linked to:

• ↑ risk inactivity, smoking and risk-taking behaviour
• ↑ risk CHD and stroke
• ↑ risk depression, low self-esteem, reported sleep problems and increased stress response
• Associated with cognitive decline and ↑ risk of Alzheimer’s

Evidence shows loneliness can be as damaging to health as obesity or smoking. There are around 200,000 older people reported not to have had a conversation with a friend or relative in more than a month. Up to a fifth of all UK adults feel lonely most or all of the time.
What do you understand by social prescribing?

How do you feel digital might support people to access community resources including digital skills training?
What is social prescribing?

Social prescribing enables all local agencies to refer people to a link worker.

Link workers give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They connect people to community groups and agencies for practical and emotional support.

Link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups.

Social prescribing and community-based support - Summary guide, NHSE 2019

A “process for healthcare professionals to connect people with non-medical community interventions which enable them to become confident in managing their conditions.

These could be for arts and creative activities, social groups, physical activity, education and learning new skills, self-help, volunteering and befriending as well as support with welfare advice.”

Social prescribing can add social value and reduce health inequalities.

Ceri Jones (Nesta, 2017)
What is social prescribing?
Key elements of social prescribing in primary care networks
Social prescribing – whose business?
A system-wide strategic approach to social prescribing

Co-design
- User engagement: Mapping user journeys
- Community service needs
- Digital interface needs
- Third sector needs: Digital maturity assessment
- Professional stakeholder needs & ownership: Engagement event

Directory of services
- Federated DoS: Collect Once Use Number of Times
- Approved assurers
- Crowd-sourcing data

‘Transacting’ interface
- ‘Clinical’ Integration: Elemental Strata / IEG4 Ayup
- Public facing: Citizens Advice Portal Our Lancashire CVS websites / MARS Apps (e.g. Mobile Age)
- Innovation: AI chatbot …

Collaborative approach; ICS led
Locally delivered
A strategic approach to social prescribing

Co-design
- User engagement: Mapping user journeys
  Community service needs
  Digital interface needs
- Third sector needs: Digital maturity assessment
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Directory of services
- Federated DoS: Collect One Use Number of Times
  Approved assurers
  Crowd-sourcing data

Workforce
- Link workers
- Clinical staff
- Admin VCFS
- Everybody’s business
- Patient activation
- Health coaching

‘Transacting’ interface
- ‘Clinical’ Integration: Elemental
  Strata / IEG4
  Ayup
- Public facing:
  Citizens Advice Portal
  Our Lancashire
  CVS websites / MARS
  Apps (e.g. Mobile Age)
- Innovation: AI chatbot ...

Collaborative approach; ICS led
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Preparation
Implementation and Comparative Evaluation
Digital Maturity of the VCFS in Lancashire and South Cumbria

Active Lancashire
Sport / Health / Inspire

Engage in Sport / Improve Health / Inspire Communities
activelancashire.org.uk
Digital maturity, digital needs and social prescribing awareness:
Active Lancashire are carrying out a survey as part of a piece of research to develop a better understanding of the 'digital picture' and views on social prescribing of Voluntary, Community and Faith Sector organisations in Lancashire and South Cumbria. We are keen to hear from organisations of all different sizes, from large county wide charities to small community based groups.

What is the aim of the project?
1. To provide a 'digital picture' of Voluntary, Community and Faith Sector organisations in Lancashire and South Cumbria in order to help inform the digital strategy for Healthier Lancashire and South Cumbria.

2. Provide an understanding of Voluntary, Community and Faith Sector organisations’ interest, readiness and support requirements to be part of a social prescribing programme.

The survey can be found by following the link below and your time to complete it would be greatly appreciated:
https://www.smartsurvey.co.uk/s/1TGMI/

All those completing the survey have the option to be entered into a draw to win one of four £25 Amazon vouchers.
THE PILOT OBJECTIVE

Develop a ‘Made in Lancashire and South Cumbria Model’ that embraces digital to maximise the impact of the social prescribing approach in improving people’s lives.
THE VISION FOR THE PILOT

MISSION - WHAT WE’RE DOING

Bridging the gap between healthcare and communities by better connecting people, places and resources in a shared vision that ensures that no one is left behind.

VISION - WHAT WE WANT TO DO

Increase the awareness and experience of our front line and patients of the potential for digital infrastructure to support and enable enhanced community support in our neighbourhoods; share good practice to help engage the wider system in digital ways of working.

THE PILOT - SUMMARY

- 1 year
- 3 Pilot Areas
  - East Lancs
  - Central Lancs
  - Fylde & Wyre

- Enhance the social prescribing infrastructure in the area
- Open up routes into social prescribing
- Better support the Link Worker team
- Get a baseline of health and wellbeing
- Measure the uptake and impact of participating in the pilot
- Shared learning about how to enhance the model
A Directory of Services seeks to empower ‘prevention’ through knowledge of support services, this in turn leads to:

- Reduced costs to the public sector
- Improvement of quality of life

However we need to work as a ‘place’ to gain the full benefits

Aiming to help people help themselves
- Too many Service Directories
- Costly to maintain
- Duplication
- Can’t rely on the data
- Confusing rather than helpful to the frontline
What's the solution?

- Work as a place to ‘**prepare the data**’ once and allow it to be ‘**consumed many**’ times:
  - **collect** the service information **once** in a **standard** way but use **many** sources
  - **tag** services **consistently** across the place based on personal situation e.g. strengths, aspirations, issues, needs, circumstances.
  - deploy a custodian to **assure** the data remains correct on behalf of the place
  - aggregate the services onto an **open data** platform
  - make the data **available** to those that have a frontline purpose and target audience
  - This will stimulate the market for more and **better applications** to use the reliable place data
  - The end result should be better **support for citizens** and **reduced costs** for the public sector
Solution analogy:

National rail service data
Continuing the Conversation: Collaboration space

NHS Futures collaboration space:
https://future.nhs.uk/connect.ti/healthierlsc/view?objectId=14643536

If you can’t access, email linda.vernon@nhs.net and I will arrange an invite.
Social prescribing infrastructure

NHS England national team (Personalised Care)
National steering group and network (University of Westminster)
Eight regional networks hosted by different agencies
NHS England – Repository. Access and contributions:
Email: england.socialprescribing@nhs.net
Join: North West NHSE Network hosted by Voluntary Sector North West (VSNW)
National Social Prescribing Network (monthly bulletins)
Email: socialprescribing@outlook.com
JIISC Mail List: https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=SOCIALPRESCRIBINGMATTERS
How can you get involved and stay updated?

- Follow us at @healthierLSC, #HLSCDigital and on Facebook
- Share stories of digital success
- Download the NHS Online Orb app and recommend to others
- Check out the ORCHA site
- Stay connected if you would like to help us test ideas & products
Thank You!

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