



**Northern Periphery and
Arctic Programme**
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Shetland Isles RemoAge Services



RemoAge
REMOTE SUPPORT OF AGED PEOPLE

Shetland Isles RemoAge Services

T1.6 e-learning service for personnel, family caregivers and community members

T1.1 Remote activity support in the homes.

T1.2 Remote supervision day and nighttime

T1.7 Dementia friendly community

Summary

The Shetland RemoAge services have been developed in three workstreams that support and reinforce the infusion of digital health and welfare technology in rural communities:

Workstream 1 - Provision of tablet technology to supplement existing Social Care support to frail elderly and/or people living with dementia on the islands of Unst, Yell and Fetlar,

Workstream 2 - Teaching a group of older people in the island of Yell to use iPads to enhance their quality of life and consider their uses to support their future health and social care needs and

Workstream 3 - Using tablet technology as a means of enhancing care and wellbeing for attendees at Day Support in the island of Unst. Enabling remote access to group activities outside the island.

Typology of Impacts

Tangible impacts

- ☐ Improved access to services
- ☒ **Cost savings**
- ☒ **Time savings**
- ☒ **Reduced energy consumption**
- ☒ **Reduced environmental impact**
- ☐ Business development
- ☐ Job creation
- ☐ Improved competitiveness
- ☐ Other tangible impacts (specify)

Intangible impacts

- ☐ Building institutional capacity
- ☒ **Raising awareness**
- ☒ **Changing attitudes and behavior**
- ☒ **Influencing policies**
- ☒ **Improving social cohesion**
- ☐ Leveraging synergies
- ☐ Other intangible impacts

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T1.1 Remote activity support in the homes.

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Service end users

Workstream 1 were mainly people deemed frail elderly and/or with a diagnosis of dementia who had a need for Social Care input and lived in hard to reach areas and/or wanted a less intrusive model of support.

Workstream 2 was a group of older people; some deemed frail and some with a diagnosis of early dementia who attended a fortnightly social support group on the island of Yell. They were not yet in receipt of Social Care services.

Workstream 3 – was a group of people deemed frail elderly/ and or with a diagnosis of dementia who attended Day Support at Nordalea Care Centre on the island of Unst.

Challenge

The main challenges in this area is it's remoteness from the main island, Unst being 2 ferry trips and about 2.5 hours from the main town of Lerwick. The isles have over 30% of its population aged 65+ and a decreasing working age population. Recruitment of Social Care workers is very difficult. There is a lack of regular public transport and many people live several miles from main roads and larger villages.

Service provider roles and Collaboration

- The main partner is NHS Shetland whose purpose is that of healthcare provider. Associate partner is the Shetland Islands council, Social Care Services who provide a range of home based and residential support to all ages, but in this project, older people. Voluntary Action Shetland (VAS) provides support to a range of people with disabilities.
- Most of the project was supported by the associate partner providing remote input to participants. VAS provide a fortnightly social support group for older people and this was the venue for supporting people to learn about using iPads.

Service availability

The service is available in the North Isles of Shetland, these being the isles of Unst, Yell and Fetlar.

Service Delivery, process and organization

In **workstream 1**, clients were identified where there were issues in providing the full range of support from Local authority Social Care Workers required to enable them to live at home. They were provided with tablet based solutions to enable them to connect to their care hub through a range of methods using the internet. Remote check-ins or prompts were possible as well as direct contact via video conferencing to provide contacts for tasks that would only require a short visit but may involve a long journey.

This did not replace conventional face to face visits, but by cutting down travel time it allowed for longer visits at other times to include more quality time spent with the client, thereby improving the client experience and wellbeing. The provision of tablets also enabled direct visual contact by videoconference with other professionals, such as nursing staff, where required also supplementing conventional care.

In **workstream 2**, a group of older people, some quite frail and some with a diagnosis of dementia attended a social support group called Stepping Out Together run by Voluntary Action Shetland. Within this group a smaller group came together to learn about the uses of tablet technology in supporting their wellbeing, including the use of technology to enhance their health and social care needs for the future.

The group meets fortnightly and rotates between four village halls on the island of Yell. They have become proficient in using iPads for accessing online sites for shopping, banking, social media, working with emails and general browsing. They have learned how to take photographs, and share them in social media or by email with other group members and families.

There was also discussion about the role of technology in supporting them in future should they need greater support from health and social care services. This has recently resulted in one person whose needs have escalated due to ill health being able to use their iPad successfully to remain in contact not only with the group, but with Social Care Services.

In **workstream 3**, participants attended Day Support in the Local authority run Nordalea Care Centre on the island of Unst. The participants mostly lived in their own homes, with one participant being resident in the Care Centre and one living in a very Supported Accommodation unit several miles away. They were all deemed as frail elderly and/or having a diagnosis of dementia and were able to use tablet technology and Skype to join in with reminiscence activities held in the museum in Lerwick, the main town in the Shetland Isles which is 2 ferry journeys, 50 miles and 2.5 hours away. These activities are provided by Alzheimer Scotland aimed at people with a diagnosis of dementia but are also accessed by carers and older people in general.

Regular monthly sessions took place and the participants in both groups got to know each other well and some caught up with people they have known in the past but not been in touch with for years. The materials provided by the museum were shared with both groups and the groups spent their time discussing their earlier lives and experiences and learning from each other.

The group have also linked with a similar group in Stornoway in the Western Isles and have shared stories about different styles of knitting.

Since introducing the iPad to the group they have been using it for other purposes such as photography, writing life stories, accessing social media and internet browsing.

Technology and tools

We mainly used iPads in the earlier part of the project and towards the end a device called MyEthel became available so we tested it in Workstream 1.

MyEthel website: <http://myethel.co.uk/>

Service support

Some support from IT was requested but it was not possible to get help from them at the time due to demands on their department. We were able to manage to set up the devices ourselves as we had sufficient previous knowledge of iPads and the provider of the MyEthel device was able to provide the required training and support.

Implementation process

The main participants in the project were Alan Murdoch, NHS Shetland Dementia Services Nurse Manager, Clint Sentence, Shetland Islands Council, Telecare/Telehealth Manager, Graham Stiles, Shetland Islands Council Social Care Team Leader for the North Isles of Unst, Yell and Fetlar, Karen Hannay, Voluntary Action Shetland, Support worker – Carers Project and Duncan Johnson, Shetland Island Council, Social Care Senior Social Care Worker. There was also input from an administration worker and staff from Alzheimer Scotland based in Lerwick.

A Project group was established with the main participants meeting on a monthly basis rotating between Isleshavn Care Centre on Yell and Lerwick. This group identified the areas for each workstream to focus on and how we would identify participants.

Workstream 1 proved difficult to recruit to as we were aiming to work with people with quite advanced care needs and often those initially identified were unable to be included due to changes in their circumstances, such as moving into residential care, moving away, becoming too advanced in their dementia and also passing away. However we were able to identify a small number of participants to work with and were able to obtain some useful data.

Workstream 2 was easier to set up as the Stepping Out Group was already well established. Alan Murdoch and Clint Sentence attended two sessions of this group to discuss the aims of the project with participants and establish a relationship with the group members. We also wanted to recruit more participants from the communities so put posters and referral leaflets in a wide range of public places on all three islands. We then had project launch meetings in Yell and Unst which was covered by the local Radio Station. Participants were identified from the existing group with some new ones joining as a result of the publicity. Workstream 3 was a later addition to the project. From the launch in Unst we did not identify any participants for workstream 2, but identified a separate group who attended Day support in the Care Centre who were interested in exploring the use of technology to maintain links with the wider community. This group then became Workstream 3 linking them into an established reminiscence group in Lerwick run by Alzheimer Scotland.

Skills, knowledge and competences

Staffs were already familiar with using iPads so no training was required. The staff working with the MyEthel devices received training directly from the device provider free of charge. They had to learn how to program the device remotely tailored to the needs of individual service users as well as setting up the device and teaching the service user how to use it.

Risks and Solutions found

Lack of high speed broadband connection is the main issue in this area and proved to be difficult to resolve. Towards the end of the project 4G mobile connectivity became available in much of the area meaning that the use of 4G dongles could be used to partly resolve the issue..

Communication and dissemination

Posters were placed in strategic public areas in each island with application leaflets for people to apply to participate. There was a meeting and presentation about the project on Yell and Unst and information about the project on the local radio station.

Feedback on the project will be given to the local communities once the final report has been completed.

Service longevity

Workstream 3 will continue as there is no ongoing cost to providing Skype links between the groups.

Workstream 2 will continue as the group has iPads to continue training with.

Workstream 1 will be further evaluated over the next year using the existing MyEthel devices on contract until May 2019.

Output metrics

- 24 participants received the service
- 3 provider professionals received training and 2 are working with providing MyEthel services

Tangible impacts

Improved access to services

People have opportunities to access services remotely that they would not normally have been able to access. In addition there is choice of model of service provided and the client can have a 'low touch' service with minimal intrusion into their home whilst still providing the support and supervision that they need.

Cost savings

Use of the MyEthel device to provide care to one man on the island of Fetlar has been costed and the following figures calculated;

Cost of staff time, car mileage and ferry fares to provide a conventional home visit to check on this man for 113 visits over 3 months (the period to date) would have been £8495.35. The financial cost of providing a support call from a member of staff using the MyEthel device was £114.36. Even allowing for the cost of the MyEthel contract of £1308 p.a. this showed potential savings of £7072.99. Projected over 12 months the potential savings could be £32215.96.

Time savings

With regards to staff time to deliver this care in a conventional way to this person the total time taken for each visit would be;

Travel time by car from Isleshavn Care Centre to ferry and from ferry to client's house and return = 113 hours.

Travel time on ferry = 113 hours

Time spent on visit = 30 hours

Time waiting for next ferry = 150 hours

This would be a total of 406 hours.

Time spent using MyEthel device = 30 hours

Reduced energy consumption

Savings here would be based on reduced car usage by avoiding a journey of approximately 40 miles for each journey and associated fuel consumption depending on the car used.

Reduced environmental impact

Less travel to visits will have an impact on the carbon footprint for the service.

Intangible impacts

Raising awareness

The main impact here was in highlighting how technology could be used, not only to support conventional Social Care provision, but also to allow people to consider the use of technology in supporting them to remain part of their own communities and also participate in the wider communities off of their home islands.

Changing attitudes and behavior

Some conventional views of the use of technology with older people were challenged throughout the project. Many of those considering taking part did not think that using tablets was for them. However by the end of the project almost all had changed their minds and were looking at additional ways to use the tablets other than online applications. Such as for taking photographs, writing diaries etc.

Influencing policies

We are considering how to now inform policy makers locally to consider the wider use of the technology used in this project where appropriate. There is potential to allow more people to be supported to remain at home. There is also potential to look at how this model can support social Care teams in areas where it is difficult to recruit staff to be able to provide care within the limits of service provision.

Improving social cohesion

Using technology has the potential to allow people who are not able to get out and join in with community events to continue to remain part of their communities. We can see the potential to allow people to attend meetings, concerts, church services and a wide range of other activities in a virtual way. All it takes is a tablet for the person, access to the internet at either end and a family member or friend willing to link the event back to the person.

Participants in 'Stepping Out' Group learning how to use iPads.



Video

RemoAge Shetland Services: <https://youtu.be/zOZpbo1VGBk>

Interview with Shetland island project team: https://youtu.be/INup-VV_8IE

Transnational learning: https://youtu.be/5y_OVW-xNt0

Remoage Shetland partner meeting: <https://www.youtube.com/watch?v=D6eDJRbTqcU>

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