

Scotland: Living it Up

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	No
Evaluation of the Good Practice	Yes
Type of the Good Practice	Notable practice

Part 2: Description of the Good Practice

Name of the Good Practice	Living it Up
Short name (Acronym)	liU
URL of the Good Practice	https://www.livingitup.scot/
Geographical scope	Regional level
Country	Scotland
Region(s) involved	Lothian, Forth Valley, Argyll and Bute, Highlands, Ayrshire (South, North and East), Renfrewshire, East Renfrewshire, Western Isles, Moray.
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> • Large-sized industry • Medium-sized industry • Informal caregivers • Nursing homes • Home care centres • Day care centres • Nurses • General Practitioners • Primary care centres
Size of population covered	10,000 - 99,999
Targeted audience	50-64, 65-79, 80+
<p>Summary of the Good Practice</p> <p>LiU is an award-winning online digital self-management service which empowers people, aged 50 and over, to use technology to manage their health and wellbeing, and be better connected to their communities.</p> <p>LiU has been co-designed and co-produced by a range of partners in the public, statutory, voluntary and private sectors.</p> <p>LiU's person-centred platform supports the management of the high-costs of caring for an ageing demographic and a growing population living with long-term conditions, through a series of prevention and early intervention initiatives.</p>	

<p>Key words: self-management, digital platform, citizen empowerment</p>
<p>Good practice being part of the larger programme</p> <p>Yes.</p> <p>LiU supports and underpins that National Digital Platform workstream under the Technology Enabled Care (TEC) Programme which was launched in 2014, with formal guidance issued in October 2014. Technology-Enabled Care is defined as: where the quality of cost-effective care and support to improve outcomes for individuals in home or community settings is enhanced through the application of technology as an integral part of the care and support process. This includes, but is not limited to, the use of telecare, telehealth, VC and mobile health & wellbeing (mHealth and Digital Platforms.</p>
<p>Challenges / problems addressed by the good practice</p> <p>Main focus is around supporting people with LTC's, as well as carers of citizens whom are diagnosed with LTC's via a digital on line service. Encompassing that wellbeing and social care aspect, promoting local community services Accessibility of services, ensuring equality and diversity is embedded. Provide preventative solutions, services and tools to avoid the need of GP appointments Support and provide a basis of an overarching national platform that can be integrated with other digital services and products.</p>
<p>Importance of the challenges / problems before starting to implement good practice</p> <p>Huge problems around meeting the health and social care agenda, and how it could be delivered. Looking at solutions and tools in supporting that preventative self-management of care was difficult due to the diverse complex real live situations that citizens encounter. The use of technology to certain people is also a challenge in itself, over how secure the system is ensuring data governance is adhered to around data being collated and shared.</p>
<p>Environment before the good practice was implemented</p> <p>There was nothing in place that brought together both health and social care services in one place along with surfacing local interest and activities. There are services in isolation but to bring and implement a service that supports both aspects and how that is presented was never really in existence.</p>
<p>Key innovative elements of the good practice and how the good practice improved situation compared to previous practice</p> <p>Not applicable.</p>

Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)	Lower costs, deteriorated outcomes
Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required)	
<p>Managed Service Team circa 10 X FTE Programme Management Team 4 x FTE Development Tem 6 x FTE Local Partnership Teams 16 x FTE Hosting and Supporting Arrangements, including Cloud services, Azure, Microsoft, Umbraco, CM2000, Office accommodation Industry Partners - ATOS, Sitekit, Maverick TV, Intrelate, SMG, Tactuum, StormID Scottish Alliance</p>	
Total budget of the Good Practice	€1M - €5M
Source of funding	National funding
The main actions that have to be done to deploy the Good Practice	
<p>Living It Up began as a co-design venture working with its target audience to create a purpose built system. Everything from the tools and platform and overall look of LiU was designed with and by the users. LiU has recently underwent an evaluation and consolidation exercise which has overhauled the site content.</p>	
Issues during the implementation of the Good Practice	
<ul style="list-style-type: none"> • Recruitment of service users; • Involvement of all stakeholders required; • Design and implementation of co-design methodologies 	
Additional resources required to scale up Good Practice	
<p>Yes.</p> <p>Current services are limited to selected local partnership areas. To enable the services to be mainstream or national it would need to have resources and support within each local NHS partnership, as we are reliant on the local community engagement to surface the wellbeing and social elements.</p>	
Basis to support sustainability of the Good Practice	
<p>Following an independent evaluation it found that LiU is generated preventive behaviour/s in its users, including a three-times lower self-reported instance of using care services, six times higher self-reported instance of community volunteering plus a greater capacity to care for others and a willingness to trial new self-management techniques to look after</p>	

their own health and wellbeing. Evidence also indicated that LiU active users have greater levels of adherence to preventative care and health routines; more appropriate food selection and diet choices; more resilient coping management strategies for the care of their LTC when symptoms, environmental or social changes occur. Best public value: A case for providing current and long-term public value, given via an independent social return on investment (SROI) calculation that shows a 37% return on the 2015/2016 investment made;

Evidence to observe the Good Practice

A practice report, a visit to implementation site.

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice

More than three years.

Investment per citizens / patient / client in terms of financial resources

Between €100 - €1.000 per targeted citizen / patient.

Following LiU Evaluation the costs were estimated at between £1 and £2.80 (NB this is sterling) per user.

Evidence behind the Good Practice

Documented evidence. Evidence is based on systematic qualitative and quantitative studies.

LiU underwent extensive evaluation by a third party (Impact generation) who produced a subsequent report.

Maturity of the Good Practice

There is evidence that the practice is economically viable and brings benefits to the target group. Further research and development is needed in order to achieve market impact and for the practice to become routine use.

Estimated time of impact of the Good Practice

Long term and sustainable impact - e.g. a long time after the pilot project ended and routine day-to-day operation began.

Impact observed

Better health (societal). Other include better quality of life; less isolated people; increased sense of security; better care integration.

Transferability of the Good Practice

Ready for transfer, but the innovative practice has not been transferred yet. The innovative practice has been developed on local/regional/national level and transferability has been considered and structural, political and systematic recommendations have been presented. However, the innovative practice has not been transferred yet.

Part 5: Your organisation

Name of the organisation	NHS 24
Address of the organisation	Caledonia House 140 Fifty Pitches Road Cardonald Park Glasgow G51 4EB
Type of organisation	Special Health Board
Name of the contact person	Russell Scott
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