# Assistive Technology Workshops Summary and Recommendations

## 21 and 23 September 2020

## Background and objectives

On Monday 21 and Wednesday 23 September 2020, LOTI held two workshops that sought to explore systemic issues which prevent boroughs from using Assistive Technologies effectively and to identify specific actions we can take to resolve those issues.

## Objectives

The format of the workshops was based on LOTI's Outcome-based Methodology which starts with the end in mind.

Workshop 1 objectives were to:

- Define the desired outcomes we wished to achieve and for whom and
- Explore problems and barriers preventing those outcomes

Workshop 2 objectives were to:

- Identify specific actions we could take to realise the desired outcomes and address problems and barriers and
- Agree which actions to take forward and who would be involved

## Participants

The workshop was attended by colleagues from London boroughs, Liverpool City Council, NHSX and NHS.

**Full details of what was discussed in the workshop and raw notes can be viewed here.**

## Workshop 1

**Part 1:** In the first part of the workshop, participants were invited to define what outcomes they'd like to enable and for whom. They were encouraged to focus on outcomes for three main personas: 1) individuals in need of care, 2) main carers (both family and council employed carers) and 3) council staff leading on AT such as AT or Adult Social Care Leads and Chief Finance Officers. Participants raised that other personas such as VCS, health workers etc, would need to be included. Here is a summary of the main outcomes for each specific persona.

**Table 1 - Outcomes**

| Individual in need of care | Main carer (family or council support carer) |
|---|---|
| 1. I want to feel in control - to use AT to enable what *I* want (more social contact, connection with friends, independence etc)<br>2. I want more control over what happens with my data (and data collected about me) and where it is shared<br>3. I want to know I have support if I have issues with the device (from someone I trust, not lots of different people)<br>4. I want freedom to trial new ATs before I commit to them<br>5. I want emergency responders to know when I need help<br>6. I want to avoid having to have an email / mobile / other device to access the AT. Easy registration, one system! | 1. I want all those who need to know to have a full view of case notes and history of care<br>2. I want to be able to manage someone's care using the best digital methods<br>3. I don't want all care to be dependent on me - tools should enable holidays / other sources of support<br>4. I want to be able to hold my relative's carers to account / know legal obligations are being met<br>5. I want care to flexible enough be able to respond to on-the-day needs<br>6. I want to be able to use device data to inform my decision and the care plan I create<br>7. I want to know more about which ATs are available and could help the people I care for (inc before they are discharged) |
| **Council staff (AT leads, ASC leads, CFO)** | **Other personas** |
| 1. I want to make sure digital is not seen as an option, but key in creating packages of care<br>2. I want to make full use of the devices that an individual already has<br>3. I want to use tech that can meet multiple uses cases / be future proof<br>4. As an AT Lead, I want to demonstrate the value of the overall AT programme (both in quality of life benefits and finance benefits to social care and the system)<br>5. As a commissioner, I want to know different ATs can work together / | 1. As a health worker, I want to know the value of AT interventions to the health system before I invest<br>2. As a VCS worker, I want to fully understand the AT offer and how to refer<br>3. As someone who doesn't qualify for social care spending, what tools can I use privately that make my life better?<br>4. Installers, responders, alerting maintenance requirements, Call centers<br>5. For individuals who lack capacity to consent, we want to ensure |

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| work with our other systems and processes | adherence to the Mental Capacity Act / Best Interests / Lasting Power of Attorney / Least Restrictive principle |

**Part 2:**

Once the outcomes for each persona were defined, participants were invited to think about problems or barriers preventing those outcomes. Here's a summary of the key problems and barriers raised.

**Table 2 Problems and Barriers**

| Individual in need of care | Main carer (family or council support carer) |
|---|---|
| **Technology**<br>1. ATs that depend on having wifi / mobile access / email addresses etc - which some individuals lack or cannot use<br>2. ATs provided by many different providers - complex and lack of interoperability<br>3. Some devices may not work well / collect accurate data in multiple-occupancy homes<br><br>**Skills**<br>4. Having to train users to work with different systems like Android / iOS based etc.<br>5. Lack of digital skills / mistrust of technology<br><br>**Funding**<br>6. Lack of funding to buy the tech and things that need to go around it<br>7. Lack of funding for emergency responders to react to alerts from ATs<br><br>**Relationships (with suppliers and others)**<br>8. Complex user agreements - and therefore challenge of getting | **Technology and Data**<br>1. Concern over the privacy of devices - do carers know where the data goes and how to protect it?<br>2. Lack of common portal that would allow different roles to be involved and have the visibility they need<br><br>**Skills**<br>3. Some carers and frontline workers lack digital experience and confidence that would help them embed AT into someone's daily routine.<br>4. Some social workers don't know what's available, and therefore don't ask for new ATs in the first place<br>5. Not all staff sufficiently involved in the AT selection to know how it works and to be able to support it.<br><br>**Evidence and visibility**<br>6. Lack of evidence base on when predictive analytics / nudges from devices are effective<br>7. Lack of joined up view of what tech / service patterns different orgs are putting in place around an individual |

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|---|---|
| informed consent<br>9. Lack of places to trial or get a demo of an AT | |
| **Council staff (AT leads, ASC leads, CFO)** | **Other personas** |
| **Technology and Data**<br>1. Digital divide: we do not have internet in everyone's homes and the cost is prohibitive<br>2. Data from some devices not (able to be) shared with other systems<br>3. Lack of an agreed data strategy<br>4. Lack of standards means equipment can be incompatible with council processes and systems<br><br>**Skills**<br>5. Lack of knowledge of how to interpret / act on the data<br><br>**Contracts and procurement**<br>6. Contractual arrangements with care providers can mis-align incentives around care technology adoption<br>7. Lack of knowledge about how to procure ATs that work together; rather than lots of standalone ATs<br><br>**Return on investment**<br>8. Challenge of defining ROI: a) Cost savings may be realised in other organisations, b) many of the outcomes of AT are long term, so can be difficult to demonstrate value through a pilot<br>9. Challenge of proving that specific outcomes can be directly attributed to an AT<br>10. AT interventions need to be BaU - not just endless series of individual pilots | 1. Difficulties for people with dementia / Learning disabilities and lack capacity to consent to AT.<br>2. Lots of different providers for different kinds of AT - needs to be less complex, more cohesive and joined up.<br>3. In all preventative interventions we don't know what would have happened if the intervention hadn't taken place<br>4. Lack of cross working across the Council, health, VCSE sectors around AT under the Integrated Care Partnership<br>5. Lack of active engagement on this agenda from VCS orgs |

## Workshop 2

In workshop 2, we continued our conversation from workshop 1 and invited participants to reflect on the problems prioritised for each persona and then suggest potential solutions to those problems. When thinking about solutions, participants were encouraged to think about ones which are doable, impactful and which address the users' needs.

Here's a summary of suggested solutions for each persona:

**Table 3 Solutions**

| Individual in need of care | Main carer (family or council support carer) |
|---|---|
| **AUDITS:**<br>● Every LA should conduct regular audits of what capabilities users have before asking them to use ATs. E.g: Can they use email / a mobile / an Amazon<br>**INTEROPERABILITY:**<br>● LAs and NHSx need to work together to be clear with suppliers and shape the market to:<br>● Insist new ATs can integrate with alert systems<br>● Ensure that legacy systems allow new ATs to plug into them - e.g. instance on APIs. No closed proprietary systems!<br>● The Digital Switchover may be an ideal opportunity to push for this conversation.account?<br>● LAs need to be better at sharing their experiences from their pilots - not just about what it did, but *how / if it integrated with other systems*.<br>**ANALOGUE-DIGITAL SWITCHOVER:**<br>● LAs and NHSx need urgent clarity about the standards and operating model that will be put in place after the analogue -> digital switchover.<br>**RE-USING APPROACHES:** Adopt Liverpool's<br>● Technical Assessment tool<br>● Approach to 5G to give users connectivity<br>See: https://www.ehealthcluster.org.uk/<br>**PLAIN LANGUAGE:**<br>● Set up working group to help design clear, plain English language for data sharing and privacy agreements | **INFORMING / TRAINING SOCIAL WORKERS:**<br>● Managers should take more time to raise awareness amongst their social workers about what ATs are available. Social workers need to be more involved in the council's overall care strategy so they have sufficient context<br>● Develop a role of "AT Champions" who would work with carers groups and within social care teams to promote smart use of AT<br>● Establish pool of digitally able social workers across LOTI boroughs who can speak to less digitally able staff - rather than techies trying, it is better to come from the same profession<br>● Put in place training for social workers for them to know how to 'prescribe' technology - and how to train the end users<br>**EVIDENCE:**<br>● Find / develop evidence based on use of Passive Monitoring Systems - could enable carers to monitor wellbeing remotely and reduce stress / spot signs of health issues early (inc Covid)<br>● Share results of effectiveness of PIR (Passive Infrared Monitor) technologies for spotting sudden changes in behaviour. (But note concern from some users about |

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**TECH SUPPORT:**
- Need tech support functions for users of ATs - *but who should provide this?*
- Could boroughs jointly commission this?

**USER CHOICE:**
- LAs should develop a menu of tech options for users to consider so they have a choice

**DATA / CONNECTIVITY:**
- Subsidise broadband / phone line provision to enable greater reliability. Use Disabled Facilities Grant (DFG) for connectivity, not just physical support in the home.
- Boughs could share their data bundle with residents to provide value for money/free data to residents through sim cards

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feeling 'spied on'.)

**TEMPLATES:**
- Create common templates for recording KPIs and results of AT trials so we avoid unnecessary duplication.
- Create single methodology for piloting ATs

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<th>Council staff (AT leads, ASC leads, CFO)</th>
<th>Other personas</th>
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**PROCUREMENT:**
- Publicise / create procurement frameworks for AT (commissioners don't know what to commission)
- Boroughs should work together to bulk buy proven ATs to ensure cost effectiveness and better influence over suppliers
- Invest in a service that spans telecare and Community Equipment needs - avoid separate procurements of these with different providers

**DATA / CONNECTIVITY:**
- Councils should link their work on social housing - where there are already connectivity programmes underway with the likes of Hyperoptic and Fibre - to their work on AT.
- Could insert social value requirements into wayleave negotiations

**SYSTEM-LEVEL ROI:**
- Work in Integrated Care Partnerships between Councils and Health partners to do ROI assessments for the whole system (given that potential savings may be hospital avoidance etc and the benefit is to health.)

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Solutions to the problems identified for other personas were captured elsewhere.

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## Actions

LOTI recommends the following specific actions to be taken in the immediate term:

1. **LOTI:** Explore how best to engage with suppliers of AT to ensure the interoperability of devices and common standards.
2. **LOTI:** Follow up with CCS regarding existing frameworks for procuring ATs and investigate how boroughs can make best use of these.
3. **LOTI:** Create a standard template questionnaire that captures users' existing skills and capabilities (to use ATs) for boroughs to use when planning and conducting a pilot.
4. **LOTI:** Create a common template for recording the results of AT trials so they provide the information needed to inform other councils' work.
5. **LOTI:** Identify a borough to create a plain English data sharing and privacy agreement template / exemplar and share it with LOTI boroughs.
6. **LOTI:** Identify a borough to create a guidance document on the use of boroughs' existing funding streams such as the Disabled Facilities Grant to fund broadband/wifi connections for eligible residents, as part of their care package assessment.
7. **LOTI:** Create a guidance document on how boroughs can share their data allowance with qualifying residents.
8. **LOTI:** Explore setting up a social workers network on LOTI's Basecamp platform.
9. **LOTI:** Conduct desktop research into the effectiveness of Passive Monitoring Systems and Passive Infrared Technologies.

## Recommendations - Projects

LOTI recommends the following should be explored further with relevant stakeholders with the view to developing a specific project that address the problems identified by participants.

- **Analogue - Digital Switchover project: LOTI** to initiate discussions with NHSX, NHS Digital, TSA, CCS and other partners about preparing boroughs for the switchover, due to complete in 2025. The project will be designed with boroughs and partners to ensure that issues of interoperability of devices and standards can be addressed.