

Assistive Technology for Covid Recovery

Workshop Slides

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Workshop 2: Finding solutions to use AT effectively





Welcome



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To contribute to this workshop:

1. Use the 'raise a hand' function if you'd like to speak
2. Please take your hand down once you've spoken
3. Use the chat function to add a comment
4. Get ready to add your own ideas into this slide deck using the link the in the invitation

Workshop 2: Finding solutions to use AT effectively

Workshop 2 Agenda	Duration
Introduction and Workshop 1 Recap <ul style="list-style-type: none"> Presentation of desired outcomes and main problems identified during Workshop 1. 	10mins
Exercise 4: Ideas for solutions <ul style="list-style-type: none"> What ideas do we have about how things could be done differently? What role can technology and data play in enabling our desired outcomes? Beyond technology and data, what's needed to achieve our desired outcomes? 	60mins
Exercise 5: Reflection and Prioritisation <ul style="list-style-type: none"> Which solutions feel most doable? Which solutions, if implemented, would yield the greatest results? What would success look like? 	30mins
Next steps - moving to action <ul style="list-style-type: none"> Agree which areas to take forward Identify boroughs and partners willing to work on each issue 	20mins

Workshop 1 Recap



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LOTI Outcomes-Based Methodology

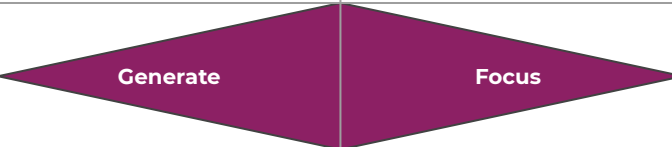
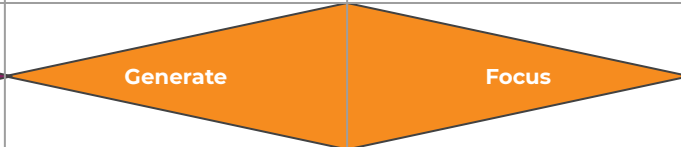
Start here ↓

OUTCOMES

1 - Direct

What
real-world
outcomes
do we want
to enable?

(This is **not** the
solution, tech or
data.)

	PROBLEMS		SOLUTIONS	
	2 - Discover	3 - Define	4 - Develop	5 - Deliver
Phase				
Key Question	What problems currently prevent our desired outcomes?	What specific problem(s) will we try to solve?	What hypotheses do we want to test by prototyping?	Which prototypes perform best?
Tech & Data	What problems relate to technology and data?		What role can technology and data play in enabling the desired outcomes?	
People & Process	What problems relate to people, processes and conditions?		Beyond technology and data, what's needed to achieve the desired outcomes?	

Exercise 1b - Reflection and Prioritisation of Outcomes

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Personas	Summary of main desired outcomes
Individuals in need of care	<ol style="list-style-type: none"> 1. I want to feel in control - to use AT to enable what I want (more social contact, connection with friends, independence etc) 2. I want more control over what happens with my data (and data collected about me) and where it is shared 3. I want to know I have support if I have issues with the device (from someone I trust, not lots of different people) 4. I want freedom to trial new ATs before I commit to them 5. I want emergency responders to know when I need help 6. I want to avoid having to have an email / mobile / other device to access the AT. Easy registration, one system!
Main carers	<ol style="list-style-type: none"> 1. I want all those who need to know to have a full view of case notes and history of care 2. I want to be able to manage someone's care using the best digital methods 3. I don't want all care to be dependent on me - tools should enable holidays / other sources of support 4. I want to be able to hold my relative's carers to account / know legal obligations are being met 5. I want care to be flexible enough to be able to respond to on-the-day needs 6. I want to be able to use device data to inform my decision and the care plan I create 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	<ol style="list-style-type: none"> 1. I want to make sure digital is not seen as an option, but key in creating packages of care 2. I want to make full use of the devices that an individual already has 3. I want to use tech that can meet multiple uses cases / be future proof 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) 5. As a commissioner, I want to know different ATs can work together / work with our other systems and processes
Other personas	<ol style="list-style-type: none"> 1. As a health worker, I want to know the value of AT interventions to the health system before I invest 2. As a VCS worker, I want to fully understand the AT offer and how to refer 3. As someone who doesn't qualify for social care spending, what tools can I use privately that make my life better? 4. Installers, responders, alerting maintenance requirements, Call centers 5. For individuals who lack capacity to consent, we want to ensure adherence to the Mental Capacity Act / Best Interests / Lasting Power of Attorney / Least Restrictive principle

Personas	Summary of main problems and barriers
Individuals in need of care	<ol style="list-style-type: none"> 1. ATs that depend on having wifi / mobile access / email addresses etc - which some individuals lack or cannot use 2. Complex user agreements - and therefore challenge of getting informed consent 3. Having to train users to work with different systems like Android / iOS based etc. 4. Lack of digital skills / mistrust of technology 5. Lack of funding for emergency responders to react to alerts from ATs 6. ATs provided by many different providers - complex and lack of interoperability 7. Lack of places to trial or get a demo of an AT 8. Lack of funding to buy the tech and things that need to go around it 9. Some devices may not work well / collect accurate data in multiple-occupancy homes
Main carers	<ol style="list-style-type: none"> 1. Lack of joined up view of what tech / service patterns different orgs are putting in place around an individual 2. Not all staff sufficiently involved in the AT selection to know how it works and to be able to support it 3. Some carers and frontline workers lack digital experience and confidence that would help them embed AT into someone's daily routine. 4. Concern over the privacy of devices - do carers know where the data goes and how to protect it? 5. Lack of evidence base on when predictive analytics / nudges from devices are effective 6. Lack of an agreed data strategy for what happens with all the data that is collected 7. Lack of common portal that would allow different roles to be involved and have the visibility they need
Council staff	<ol style="list-style-type: none"> 1. Contractual arrangements with care providers can mis-align incentives around care technology adoption 2. Digital divide: we do not have internet in everyone's homes and the cost is prohibitive 3. 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 4. Challenge of proving that specific outcomes can be directly attributed to an AT 5. Lack of knowledge about how to procure ATs that work together; rather than lots of standalone ATs 6. Data from some devices not (able to be) shared with other systems 7. Lack of an agreed data strategy for what happens with all the data that is collected 8. Lack of knowledge of how to interpret / act on the data 9. Some social workers don't know what's available, and therefore next ask for new ATs in the first place 10. Lack of standards means pre-existing equipment can be incompatible with council processes and systems 11. Need to shift thinking about role of AT interventions to make BaU - not just endless series of individual pilots



Personas	Summary of main problems and barriers
Other persona 1	<ol style="list-style-type: none">1. Difficulties for people with dementia / Learning disabilities and lack capacity to consent to AT.2. Lots of different providers for different kinds of AT - needs to be less complex, more cohesive and joined up.3. In all preventative interventions we don't know what would have happened if the intervention hadn't taken place4. Lack of cross working across the Council, health, VCSE sectors around AT under the Integrated Care Partnership5. Lack of active engagement on this agenda from VCS orgs

For each problem, we'd like to explore with you:

- **What solutions will be desirable to the persona?**
(individual, carer, council staff etc.)
- **How feasible / practical are they?**
(doable and impactful)
- **How do these solutions fit in the ecosystem?**
(for example, your individual borough context)

Exercise 4



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Individuals needing care



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Persona	Identified problems
Individuals in need of care	<p data-bbox="388 197 587 230">Technology</p> <ol data-bbox="413 235 1870 383" style="list-style-type: none">1. ATs that depend on having wifi / mobile access / email addresses etc - which some individuals lack or cannot use2. ATs provided by many different providers - complex and lack of interoperability3. Some devices may not work well / collect accurate data in multiple-occupancy homes <p data-bbox="388 426 483 459">Skills</p> <ol data-bbox="413 465 1773 536" style="list-style-type: none">4. Having to train users to work with different systems like Android / iOS based etc.5. Lack of digital skills / mistrust of technology <p data-bbox="388 579 533 612">Funding</p> <ol data-bbox="413 618 1595 689" style="list-style-type: none">6. Lack of funding to buy the tech and things that need to go around it7. Lack of funding for emergency responders to react to alerts from ATs <p data-bbox="388 732 1081 765">Relationships (with suppliers and others)</p> <ol data-bbox="413 770 1796 841" style="list-style-type: none">8. Complex user agreements - and therefore challenge of getting informed consent9. Lack of places to trial or get a demo of an AT

Projects already underway which address our identified problems


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Initiative/Project name and a short description	Contact email
5 - Digital Skills Training, LBHackney - see webpage . Mapping of VCSOs supporting with digital skills - can contact Eden to be linked with the person leading on these partnerships as some of them extend beyond the borough	
WF Water bottle hydration trial	
Exploring Amazon Echo - technical solution for Social care voice assistant, to help with supporting vulnerable people.	
4 & 5 - Third sector organisations providing digital inclusion training - Age UK, etc	john.patterson@lbhf.gov.uk
My Sense Project (Behavioural analytics, AI / Machine learning) LB Harrow www.mysense.ai Using the solution as part of hospital discharge / reablement and support assessment / 3 conversations model and winter planning	christian.geisselmann@harrow.gov.uk
My Ethel Project (Communication and social isolation) www.ethelcare.co.uk Using the solution as part of hospital discharge / reablement in conjunction with behavioural analytics (our virtual care wrap around) to help manage demand more effectively linked to our Resilient Harrow Transformation Programme	christian.geisselmann@harrow.gov.uk
There is an NHS system called Coordinate my Care. This allows different agencies and patient / client to share case notes. It is not consistently used and suggest we all try to encourage adoption. Can be integrated to case note systems. Could be transformational and it is a freely available system. Important to deal with relationships between many different stakeholders and caregivers etc	paul.neville@walthamforest.gov.uk (I am not the main contact, I have only just found out about it, and I am trying to encourage my council to adopt but have been given some contact details I can pass on)
5 - Easy to use video communication tech for residents with cognitive impairment (social inclusion / access to services, etc)	john.patterson@lbhf.gov.uk


Projects already underway which address our identified problems

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Initiative/Project name and a short description	Contact email
6 - potential device pilot in LB Hackney for people experiencing social isolation (Eden)	
8 - consulted with service user group on design of the user agreement for PAW pilot to try and make it as easy to understand as possible (contact eden.munro@hackney.gov.uk) for more info. 2nd iteration needed, for sure!	
NHSX sponsored introduction of enhanced wifi, remote consultation capacity and videoconferencing as a pilot in one of the Waltham Forest owned and managed care homes	conrad.eydmann@walthamforest.gov.uk
1-3 Passive monitoring / biometric data collection AI project in partnership with an academic institution (unable to share more details at this time). Devices use mobile data rather than landline internet - roaming sims	
Amazon echo show 8 - Social Isolation / simple user interface	colin.eckworth1@royalgreenwich.gov.uk
Medway commercial group, part of medway council are just starting a pilot with Kent using Canary.	CEO - sean.kearns@mcgsolutions.co.uk

Technology (1 of 2)	Who is willing to support activities
Battery life for some devices are short and changing batteries are too complex for users - either owing to design or location and placement of devices	
Is a new support function that councils need to develop related to managing emails, amazon accounts in order for individuals to use ATs? (engagement with users and audit of skills of users)	
PIR technology for predictive analysis (passive Infrared sensor)	
Types of video solutions using different tools - such as CareVideos or iPad style devices for video contact	
The need to use an email and/or mobile phone number to reset passwords has caused challenges.	
The use of an automated voice call to provide a pin when many cold calls use this technology which trading standards inform residents to avoid	
To get over the problem of lack of wifi connection or data, Council could share their corporate data packages with users for best value	
The ability to alert to contact centres (shaping the market - enabling new innovative suppliers to understand integration to platforms) Currently closed system - feedback loop (
Use of the DFG to install hardware connectivity such as landlines or broadband to	

Technology (2 of 2)	Who is willing to support activities
<p>Digital to analogue - The issue of what the standard operating model will be and how this will be addressed by the telecom providers. At the moment the outcomes are still unclear. (what has to be audited as part of our own support services and what needs to be commissioned) (LOTI, LGA, OFcom - clarity on how it will work)</p>	
<p>Carry out detailed user research when buying technology and ensure we have thought it through...ie moving details to online ensure it is tested easy to understand and iterate or change to something else.</p>	
<p>Carry out a full local area analysis of skills - IT should be included in the social care assessment eg - do you have broadband, do you have a mobile phone, do you have an email address, do you know how to use your computer.</p>	
<p>Home automation linking to sensors and movement, instruction story boards using tablet to communicate.</p>	
<p>Using simple video conferencing to do assessments and touch base with clients in particular in the COVID world</p>	
<p>System interoperability requirement for AT</p>	
<p>(Alerting approach)- How do you do this now? How are we going to do this in the future? How can others integrate and drive innovation.</p>	

Skills	Who is willing to support
Assessment skills using new technology - social care staff - training our current staff to assess new cases using the new technology rather than what we currently use. They will need to understand the technology so they can 'prescribe' the new technology.	
Usability of the tools and digital skills of residents	
Dynamic case management - social care reviewing cases on the basis of AT data analysis indicating a change in need rather than a scheduled annual review	
Multiple equipment and AT solutions for same needs so that the customer has choice and can pick tech that they feel confident in using	
Understanding around the way in which the systems work to enable effective analysis of risk - eg data, where is this stored, pros and cons of specific	
Lack of digital skills / mistrust of technology - use TVs for communicating checking in etc. as this familiar technology for users	
Digital/AT Champions to overcome Lack of digital skills / mistrust of technology issues, housing officers, community workers, VCSE staff, who have an awareness and can familiarise users with digital and AT	
Find out my capabilities and challenges before commissioning technology to support me and help me to bridge any gap - perhaps through training/coaching/involving my family	


Funding	Who is willing to support activities
Cross borough responder service to make it as cost effective as possible	Neighbouring boroughs, LOTI members?
Potential grants and funds such as Local Digital	
AT equipment subject to usual social care fairer charging arrangements so people without financial means can still access	
Possibility of joint funding AT interventions from Health where there is a clear health benefit - as NHS is free at the point of use (this may affect amount individual pays (unsure but should know!!)	
Council subsidise my current broadband provision to enable greater reliability. (Making use of Disabled Facilities Grants, plus a care package to support needs)	<p>Leverage independent fibre providers to supply heavily discounted connections in council housing stock and other RSLs/HAs should be engaged.</p> <p>Carers assessments could be looked at to fund tech to support (assess to tech to carry out online shop, video call to provide face to face contact)</p> <p>VAT exemption - could more be done to look at how this can be applied to assistive tech.</p>
Sharing Council's data bundle with residents to provide value for money/free data to residents through sim cards	

Relationships	Who is willing to support activities
8. Simple user friendly design language to convey data sharing and privacy agreements	
I would like us to look at funding integrated solutions to enable carer agencies to be able to see the data from sensors - The system Birdie has been able to do this - LA's are responsible for funding care agencies, Telecare and carrying out assessments of care needs however we do not cross pollinate the data. If the systems were better connected and we know Mrs x gets up at 10 would we send a carer at 7 am? If Mrs X was able to get up at and get dressed etc would we continue to send a carer? If a sensor can identify when a carer has arrived could we link this to the system to dynamically charge for care time. If a resident was not using a walking add and we new they were at risk of falls would could this alert the falls team at the hospital in the same way a heart monitor alerts cardiology.	
VCS - One-to-one support availability if/when tech issues arise / some sort of check in or follow-up call to check that they are able to make use of the tech (joint commissioning of tech support)	
Maybe a similar service to the councils' IT helpdesk service to support my provision - council supplied OR VCS; that sounds sensible	
Greater focus on Digital Care Partnerships / Eco-System approach as part of new AT operating model rather than a 1 provider 1 size fits all approach	
We are in conversation with Medequip (Community equipment and some AT supplier) who are looking at enhancing their offer with an installation and tuition service that has their staff both installing AT and working with the service users and their families to teach them to use it to best effect	conrad.eydmann@walthamforest.gov.uk
	

Main Carers




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Persona	Identified problems
Main carers	<p data-bbox="484 197 846 230">Technology and Data</p> <ol data-bbox="484 235 1895 383" style="list-style-type: none"><li data-bbox="484 235 1895 306">1. Concern over the privacy of devices - do carers know where the data goes and how to protect it?<li data-bbox="484 312 1895 383">2. Lack of common portal that would allow different roles to be involved and have the visibility they need <p data-bbox="484 426 575 459">Skills</p> <ol data-bbox="484 465 1889 689" style="list-style-type: none"><li data-bbox="484 465 1889 536">3. Some carers and frontline workers lack digital experience and confidence that would help them embed AT into someone's daily routine.<li data-bbox="484 541 1889 612">4. Some social workers don't know what's available, and therefore don't ask for new ATs in the first place<li data-bbox="484 618 1889 689">5. Not all staff sufficiently involved in the AT selection to know how it works and to be able to support it. <p data-bbox="484 732 865 765">Evidence and visibility</p> <ol data-bbox="484 770 1866 918" style="list-style-type: none"><li data-bbox="484 770 1866 841">6. Lack of evidence base on when predictive analytics / nudges from devices are effective<li data-bbox="484 847 1866 918">7. Lack of joined up view of what tech / service patterns different orgs are putting in place around an individual 

Main carers: Projects already underway which address our identified problems

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Initiative/Project name and a short description	Contact email
3 - Currently planning an AT culture/practice change piece of work in Hackney - aim will be to support practitioners to consider everyday/consumer tech when planning care and support. At the moment looks like this will be achieved via training, resources, comms, leadership.	
Passive monitoring / AI system pilot - enables carers to monitor wellbeing remotely and reduces stress, also flags up health issues early (potential to identify COVID-19 at very early stages, which can help protect carers as well as cared for person)	

Technology and Data	Who is willing to support activities
Is there a role for London DataStore to help link up data?	Standards What can be used for life and death vs lifestyle monitoring API's
Skills - Social W's and Occupational T's etc just need to be aware of what is on offer, better communication from their managers, training embed in supervision conversations etc Also get them to be involved in the pilots to test the tech.(i think this also needs to be made a part of paid carers work)	
Evidence - when setting up a pilot some key KPI's will need to agreed with the suppliers or partners but some of it may be prevention which is more of a challenge to measure	
Data - can we create a suite of templates that councils can use and tweak to save the effort of all boroughs doing the same thing	Yes - LOTI is doing this now :-)
Important to ensure capacity assessments, best interests decisions conducted and documented in relation to consent to use / storage of data. Need for this is not always understood by carers (time and decision specific)	<ul style="list-style-type: none"> - Signed consent to engage - If unable to consent capacity assessment and best interest decision will need to be made. - LPA/Deputy can make the decision if in place - Advanced decision may be in place as part of previous actions etc property that falls under sheltered housing or extra care may have requirements as part of tenancy
Lifestyle monitoring devices can give significant insight into the changing needs of a resident and the use of predictive analytics can give us preventative alerts to reduce risk. (understanding what is possible is part of better understanding the benefits of the data)	
Light touch reviews/evals of AT interventions part of BAU by SWs/OTs	

Skills	Who is willing to support activities
5. Bring the carer into the dialogue about the council provided care provision: how it works; what it's meant to be achieving - so I can support more effective use and also report back on potential issues - not being used/switched off, for example	
3 - AT Champions working with Carers groups and within social care teams who have an interest and understanding, or expert users/specialist roles embedded within social work teams. Or in a more integrated world within multi-disciplinary health and social care locality teams (under Integrated Care Partnerships)	
4 - Leadership - encouragement from managers to consider tech and discussion of this during supervision. Training and quick access guide to what is available	
5 - Involvement of frontline staff in Telecare/TEC catalogue reviews. E.g. regular workshops capturing needs identified by practitioners and responding with equipment that might meet that need	<div data-bbox="1168 631 1870 689"> - Included in OT and SW training courses (tech is not a focus) </div>
	

Evidence & Visibility

Who is willing to support activities


Share single methodology for piloting and encourage open dialogue culture so we are honest about what is working and not - links into the evidence part of the AT project

For TEC where there is a council-run service monitoring the care - share this with me, the carer, so I can support the effectiveness of the solution - portal

Council Staff





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Persona	Identified problems
Council staff	<p>Technology and Data</p> <ol style="list-style-type: none"> 1. Digital divide: we do not have internet in everyone's homes and the cost is prohibitive 2. Data from some devices not (able to be) shared with other systems 3. Lack of an agreed data strategy 4. Lack of standards means equipment can be incompatible with council processes and systems <p>Skills</p> <ol style="list-style-type: none"> 5. Lack of knowledge of how to interpret / act on the data <p>Contracts and procurement</p> <ol style="list-style-type: none"> 6. Contractual arrangements with care providers can mis-align incentives around care technology adoption 7. Lack of knowledge about how to procure ATs that work together; rather than lots of standalone ATs <p>Return on investment</p> <ol style="list-style-type: none"> 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 9. Challenge of proving that specific outcomes can be directly attributed to an AT 10. AT interventions need to be BaU - not just endless series of individual pilots 

Technology and Data	Who is willing to support activities
1 Sharing Council's data bundle with residents to provide value for money/free data to residents through sim cards	
Ensure connectivity access to all where needed	
Define industry supplier expectations and then standards. Ensure councils also are able to meet these standards	
In social housing there are already connectivity programmes underway with the likes of Hyperoptic and Fibre and we should link this to an AT programme of the social value requirements in the wayleave negotiations (this may fit more in one of the other earlier sections sorry but just thought of it!)	Paul Neville
When conducting pilot projects, identifying potential participants can be facilitated via social care / therapy assessments, etc. However, to promote this in the staff group, it is beneficial for staff to need to have minimal input and an ability to "hand-off" cases for the bulk of preparation work to be done. Staff already under great pressure and therefore streamlining processes for staff is paramount to getting the staff group to engage	

Skills	Who is willing to support activities
Council staff at the front door should know what AT is on offer to our customers and the basics of how it works, so they can support effective signposting - show them/train them in what it does and the outcomes it's helping support	
Ability to assess needs based on the new technology	
I think we need a 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	

Contracts and Procurement	Who is willing to support activities
Publicising or creating frameworks for AT	
Avoid investment in actual technology; invest in a service framework - where the service invests in multiple technology solutions. All on the framework then benefit from economies of scale.	
Potential for bulk procurement of technology	
Link to Innovation in Procurement work as previously mentioned	
Invest in a service that spans telecare and Community Equipment needs - avoid separate procurements of these with different providers	
	

Return on investment	Who is willing to support activities
8/9 - Perhaps we take a different approach and collectively make the case for AT as health/social care prevention - mapping out how certain interventions are expected to result in financial benefits (backed up by evidence) (across health and social care)	
Cost avoidance is easier to monitor - but AT will need to be in place in all decision points when look at long term care and referral pathways	
8, ROI Needs to be done for the whole system as a lot of the potential savings are hospital avoidance etc and the benefit is to health. Working in Integrated Care Partnerships between Councils and Health partners this should be possible	
	

Initiative/Project name and a short description	Contact email
Oxfordshire CC did an 'Alexa' pilot and shared details on a short (13 min) video: https://video.pwc.com/media/1_2lpe3n94 . Ignoring the specific tech, it's still useful in terms of lessons learned and ROI considerations.	
	

Exercise 5



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We've tried to summarise some of your key ideas for solutions on the next few slides.

- Which solutions feel most doable?
- Which solutions, if implemented, would yield the greatest results?
- What would success look like?

Ideas	Who can help?	Doable/Impact
AUDITS: <ul style="list-style-type: none"> 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 account? 		
INTEROPERABILITY: LAs and NHSx need to work together to be clear with suppliers and shape the market to: <ul style="list-style-type: none"> Insist new ATs can integrate with alert systems Ensure that legacy systems allow new ATs to plug into them - e.g. instance on APIs. No closed proprietary systems! The Digital Switchover may be an ideal opportunity to push for this conversation.	TSA, LOTI, NHSx, LGA?	
INTEROPERABILITY: <ul style="list-style-type: none"> LAs need to be better at sharing their experiences from their pilots - not just about what it did, but <i>how / if it integrated with other systems</i>. 	LOTI to integrate into our AT template	
ANALOGUE-DIGITAL SWITCHOVER: <ul style="list-style-type: none"> LAs and NHSx need request urgent clarity about the standards and operating model that will be put in place after the analogue -> digital switchover. 	LOTI, and GLA to request from Ofcom	
RE-USING APPROACHES: Adopt Liverpool's <ul style="list-style-type: none"> Technical Assessment tool Approach to 5G to give users connectivity See: https://www.ehealthcluster.org.uk/	Contact Liverpool Council	

Ideas	Who can help?	Doable/Impact
PLAIN LANGUAGE: <ul style="list-style-type: none"> Set up working group to help design clear, plain English language for data sharing and privacy agreements 		
TECH SUPPORT: <ul style="list-style-type: none"> Need tech support function for users of ATs - <i>but who should provide this?</i> Could boroughs jointly commission this? 		
USER CHOICE: <ul style="list-style-type: none"> LAs should develop a menu of tech options for users to consider so they have a choice 		
DATA / CONNECTIVITY: <ul style="list-style-type: none"> Subsidise broadband / phone line provision to enable greater reliability. Use Disabled Facilities Grant (DFG) for connectivity, not just physical support in the home. Boroughs could share their data bundle with residents to provide value for money/free data to residents through sim cards 		

Background for this work

London boroughs are interested in the potential of Assistive Technologies (AT) to help improve aspects of their adult social care provision and reduce the overall cost of care. This has become even more important in light of Covid, which has increased the needs of some residents and placed greater demand on council services. Yet many councils report feeling uncertain about how to get the best value from ATs.

That's for three main reasons:

1. Numerous AT trials have been conducted by local authorities, yet few come with robust evaluations showing their effectiveness and ROI. Even where an evaluation has been conducted, it can be hard to find the results. There is therefore a risk that councils fail to learn from and build on each others' experiences about what does and does not work.
2. While lots of companies are happy to offer councils new technologies to trial, the technologies alone are unlikely to make a real difference in the absence of wider changes to service patterns, user behaviour and other policies and processes. Councils feel less informed and supported about how to design and adapt these key factors.
3. There are significant systemic barriers to using AT well. Well known issues include (among others): the lack of interoperability between different ATs; the challenges of sharing data from ATs with other council systems; poor performance by some AT suppliers; lack of a coherent AT data strategy; the sector-wide shift from analogue to digital; the shifting policy landscape; digital exclusion; the lack of digital skills of some front line care staff; lack of cooperation between councils, health and voluntary sector partners; and uncertain funding arrangements.

What LOTI is planning to do about it

As part of [LOTI's 2020 strategy](#), we wish to support boroughs to use Assistive Technology effectively and particularly to explore the role of ATs in supporting their Covid Recovery work. We are proposing the following workplan:

1. We have an online network of AT leads (and colleagues in related roles) on LOTI's Basecamp space. We warmly invite more colleagues working in this field in LOTI boroughs to join at: <https://3.basecamp.com/4232067/join/6Tr3V7h8WTqa>. This "LOTI AT Group" will help us shape the following three measures:
2. We plan to conduct a meta-analysis of what is already known about previous AT trials, with a view to consolidating the evidence base and ensuring it answers the key questions boroughs need to know - e.g. on business case, effectiveness, etc. [See our research brief](#).
3. Working with borough AT leads, LOTI has developed [guidance and templates on how to effectively design and evaluate AT trials](#) to ensure results are comparable and useful. We are willing and able to fund AT trials that follow that methodology, which are relevant to Covid and which clearly fill gaps in the evidence base.
4. We intend to hold two workshops to identify and unpick key obstacles to the effective use of AT with a view to identifying one more problems that we can work to resolve as a community.

These measures - and the role of the LOTI AT group in supporting them - are summarised on the next slide.

	Macro	Specific
<div>ATs and their service patterns</div> <div>Foundation Stones</div>	<p>Establish what's known</p> <ul style="list-style-type: none"> • What: Creation of LOTI library of local gov AT examples based on curation and meta-analysis of existing AT evidence base, business cases, what does and does not work • AT Group: Inform structure of analysis to meet borough needs; Contribute their own knowledge and own pilot results • Proposed next step: Commission expert to conduct analysis and create LOTI library 	<p>Run trials of AT using LOTI outcomes-based methodology</p> <ul style="list-style-type: none"> • What: e.g. Alexa for isolated adults (Greenwich); water bottles for care homes (WF); remote video consultations (Hackney); Covid-19 Early Response (Sutton) • AT Group: Provide peer support and review of each others' pilots; Share results back with LOTI AT library <ul style="list-style-type: none"> • Proposed next step: Seed fund pilots
	<p>Identify and define barriers to and opportunities for using AT effectively</p> <ul style="list-style-type: none"> • What: Discovery workshop on issues affecting AT (e.g switch from analogue->digital) and what can be done about them • AT Group: Take part in workshop to inform thinking • Proposed next step: Hold workshops 	<p>Tackle specific barriers to / harness specific opportunities for using AT effectively</p> <ul style="list-style-type: none"> • What: Specific initiatives that aim to address core issues identified during workshop • AT Group: Advise and support the delivery of identified initiative • Proposed next step: Identify specific initiatives

Workshop Plan: Barriers and Opportunities for using AT effectively

To lay the groundwork for LOTI's activities on Assistive Technology, we will hold two workshops to understand barriers to - and opportunities for - using AT effectively.

These action-orientated sessions will seek to identify one or more areas where we could work together to resolve barriers and help boroughs achieve their objectives for AT.

The workshops will be based on [LOTI's outcomes-based methodology](#). This methodology starts with the end in mind and will ask participants to clearly define what outcomes they'd like to enable.

Prompting questions will include:

- What would a truly digitally-enabled model of adult social care look like?
- What would we like to be different in the world because we acted?
- What specific people will be better off in what specific ways because we acted?

Participants will then be asked to outline and explain the nature the specific problems and barriers that stand in the way of those outcomes being achieved. Framing questions will include:

- What's preventing our desired outcome from being realised now?
- What problems relate to technology and data? Which relate to people, processes and conditions?

Finally, participants will be invited to suggest specific ideas or hypotheses for how one or more of those barriers could be resolved. Our intention is that this will lead to specific activity by LOTI and its boroughs.

Ideas for workshop 2

**Present outcomes and problems for each persona on one slide
(group the problems by themes)**

For each set of problems:

Do we recognise / agree this is a problem?

- **Has it already been solved somewhere?**
- **What might a solution look like?**
 - **Technical fix? (a new tool / technical requirement)**
 - **Process fix? (a new way of working / approach)**
 - **Policy fix? (to be agreed at council, NHS, national gov level)**
 - **Supplier engagement fix?**

Workshop 1:



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Welcome



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To contribute to this workshop:

1. Use the 'raise a hand' function if you'd like to speak
2. Please take your hand down once you've spoken
3. Use the chat function to add a comment
4. Get ready to add your own ideas into this slide deck using the link the in the invitation

Workshop 1: What do we want to do with AT & what's stopping us from doing it?

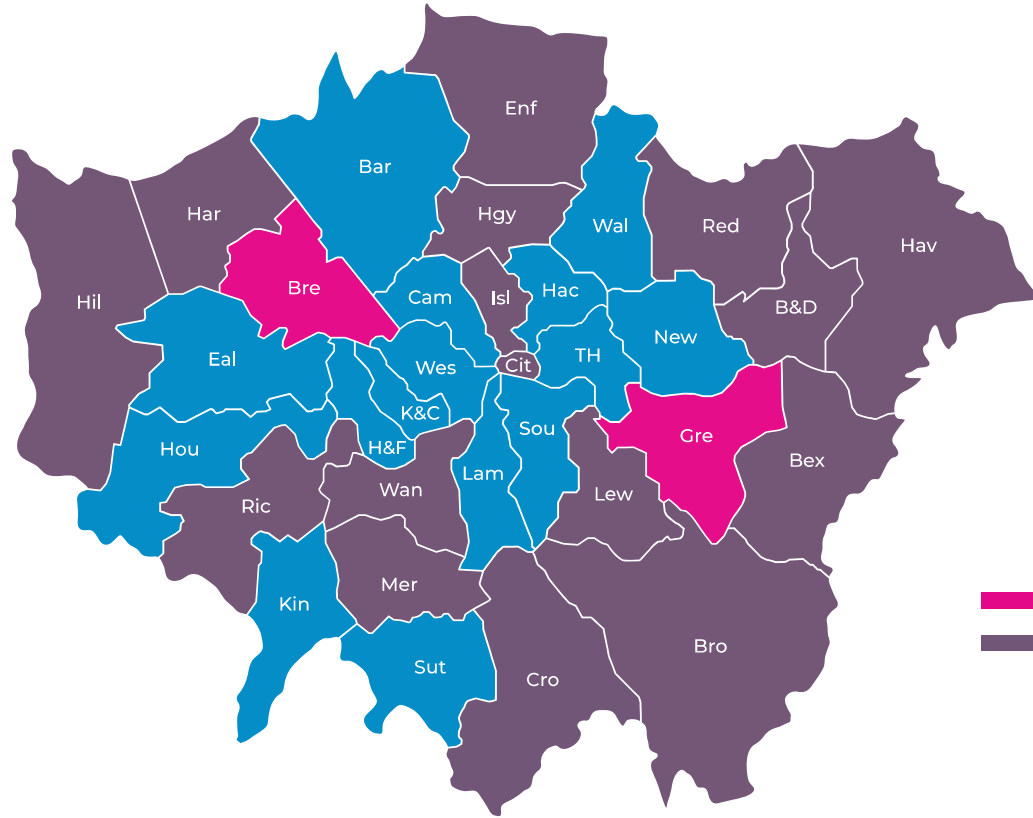
Agenda	Duration
Welcome and Introductions	5mins
Context: LOTI's past work on AT and plans for the future	10mins
Exercise 1a: Outcomes <ul style="list-style-type: none"> Which specific people (or cohorts) will be better off in what specific ways because we acted? Persona based exercise: individual, family / carer & public sector worker 	30mins
Exercise 1b: Reflection and Prioritisation <ul style="list-style-type: none"> Distilling and prioritising outcomes (aim for 3-5) 	15mins
Exercise 2a: Problems and Barriers <i>For each desired outcome:</i> <ul style="list-style-type: none"> What's preventing our desired outcome from being realised now? What problems relate to technology and data? What problems relate to people, processes and conditions? 	30mins
Exercise 2b: Choosing problems to tackle <ul style="list-style-type: none"> Which specific problems should we aim to address? What's within our sphere of influence to change? Which problems, if addressed, would yield the greatest results? 	20mins
Next steps	10mins



Context



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Context

London boroughs are interested in the potential of AT to help improve and reduce the cost of social care. This has become even more important in light of Covid, which has increased the needs of some residents and placed greater demand on council services.

Yet boroughs report that there are a number of barriers that hold them back from using AT well:

E.g:

- Lack of consistent information and evidence about previous trials;
- Lack of interoperability between different ATs;
- Confusion of which standards should be used / mandated;
- Challenges of sharing data from ATs with other council systems;
- Poor performance by some AT suppliers;
- Lack of a coherent AT data strategy;
- The sector-wide shift from analogue to digital;
- Digital exclusion;
- Lack of digital skills of some front line care staff;
- Lack of cooperation between councils, health and voluntary sector partners.

Etc...

Create LOTI AT Library	Run AT Trials	Identify barriers to using AT effectively	Tackle specific barriers to effective AT deployment
September-October Developing common template for AT case studies for LOTI boroughs to use. Appointing researcher in next two weeks to gather existing case studies. Planning for findings and evidence from LOTI pilots to inform the research and creation of evidence base.	October Onwards Details TBC, but planning to: <ul style="list-style-type: none">• Run pilots in Waltham Forest, Greenwich and Hackney.• Each pilot to have a clear hypothesis to test, but will also include the ability to test unexpected outcomes. Close link to our research to ensure pilots add something new to the evidence base.	September Two workshops planned in the w / c 21 September with representation from boroughs, NHS and LGA. We're hoping to come out of the workshops with tangible actions LOTI can take to tackle specific barriers.	October onwards Take specific measures to address barriers to the effective use of AT as identified during the two September workshops.

Workshop Objective:

To identify key obstacles to the effective use of AT and select one or more problems that we can work to resolve as a community.

Workshop 1: Defining outcomes, understanding problems

Workshop 2: Developing solutions

Workshop 1: What do we want to do with AT & what's stopping us from doing it?

Workshop 1 Agenda	Duration
Welcome and Introductions	5mins
Context: LOTI's past work on AT and plans for the future	10mins
Exercise 1a: Outcomes <ul style="list-style-type: none"> Which specific people (or cohorts) will be better off in what specific ways because we acted? Persona based exercise: individual, family / carer & public sector worker 	30mins
Exercise 1b: Reflection and Prioritisation <ul style="list-style-type: none"> Distilling and prioritising outcomes (aim for 3-5) 	15mins
Exercise 2a: Problems and Barriers <i>For each desired outcome:</i> <ul style="list-style-type: none"> What's preventing our desired outcome from being realised now? What problems relate to technology and data? What problems relate to people, processes and conditions? 	30mins
Exercise 2b: Choosing problems to tackle <ul style="list-style-type: none"> Which specific problems should we aim to address? What's within our sphere of influence to change? Which problems, if addressed, would yield the greatest results? 	20mins
Next steps	10mins

This is not about individual use cases for ATs, but finding solutions to systemic issues that hinder councils from doing what they'd like to do with AT.

Exercise 1a



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Persona-Based Outcomes: What do we want to be different and for whom?


- Which specific people (or cohorts) will be better off in what specific ways because we acted?
- What can they currently not do that we want to make possible?

AS IS - How things are now (Problems)



- Who is this person?
- Where are they?
- What is it that they **cannot** do?

TO BE - How we'd like things to be (Desired outcome)



- Who is this person?
- Where are they?
- What are they **now able** to do?

E.g:

- As **an individual** with ... care needs, I want to be able to...
- As the **main carer**, I want to be able to...
- As my borough's **AT lead / CFO etc**, I want to be able to...

Exercise 1 - Outcomes for individuals needing care

57

As an individual needing care, I want to be able to...	As an individual needing care, I want to be able to...
Have some say in what tools are at my disposal to help me stay more independent.	I want to be able to share information from my devices with my family
Have reassurance that I can contact someone if I run into issues with the tech	I want to be able to remain in my home for as long as possible
be able to share my information with multiple organisations looking after my care needs just once.	Know that if I lack capacity to make decisions, this is recorded with a Best Interest decision regarding the use of AT to be clearly documented noting least restrictive options and why it is required to keep me as independent as possible and in my own home
Simple to use Technology that allows me to connect with the council, carers and required people	Know that my data isn't being shared wider
I want to be able to have control over what support I receive	Know that i can get help if and when i need it from a person have confidence/trust in
I want to be able benefit from AT without having a responder	Feel safe and looked after both inside and outside my home



Exercise 1 - Outcomes for individuals needing care

58

As an individual needing care, I want to be able to...	As an individual needing care, I want to be able to...
Client will have one device that can do multiple things like health, social care, environment and social contact	Client can be managed within the home as well as when they are out of their home and in the community or visiting friends or relative
Share my support plan with other professionals so that my care is integrated	Be able to link into other services through the use of one technology/system
I want to be linked into other groups or voluntary organisations	Data is linked so that i am not answering multiple question on the same topics i.e my healthcare
enable care to be shaped to meet my needs	enable me to remain in my home for as long as possible demonstrating my independence
Use AT to help integrate my health and social care plans telehealth and telecare, google devices etc	Enable services to see if there is a change in my health
Emergency telecare providers to receive my alerts so that they can respond	not have to rely on a red button



Exercise 1 - Outcomes for individuals needing care

59

As an individual needing care, I want to be able to...	As an individual needing care, I want to be able to...
Trial different pieces of equipment and choose the one that suits me best	Have one system that joins up all the AT I need. Not have to have an email as the key registration process
Get access to people and resources quickly and know that my friends have the same things too - i don't want to feel left out	Not have 3 different people come to fix 3 different things on 3 different days - can 1 person fix everything in the same visit?
Have something my care-giver and council liaisons know about and understand	Spend more time being able to talk to people about me, rather than them having to check that I've been taking my medication, or eating properly. Contact time is scarce and precious, being able to concentrate on things important to me other than my care would be welcome.
I want health professionals and social care colleagues to be able to share information on key information.	Having something reliable. Not have to have an email as the key registration process.
Proactively manage my condition and take a lead in controlling my care while being as close to home as possible.	Connect my healthcare needs with my social care and wider wellbeing needs
Remain safe in my own home and be and independent as possible. Remember my daily tasks, etc.	Access support even if I don't have resources to contribute



Exercise 1 - Outcomes for main carers (family, frontline worker)

60

As a carer, I want to be able to...	As a carer, I want to be able to...
All carers and interested parties can see what has taken place or changes through one portal and then talk through these and find a way forward	Be able to go on holiday and someone else to respond to emergencies (family)
Keep in touch with progress via modern-day methods (text updates, email links to dashboards) so i can be assured and respond on-the-go and be assured that i have the right upto date information	Know my loved one is safe if I am not able to respond and to be involved in decisions if my loved one can't make decisions for themselves.
Have confidence in and engage with my 'care' in a positive way about the solution they are given to use and that it supports my care of them	Know what equipment helps people achieve different outcomes and perhaps what evidence there is to support this (frontline worker)
Help people needing care access equipment that will give them most independence , and be confident in what this does and how it works (family and frontline worker)	Hold my parent's care workers / support to account in as quick and a pain-free way as possible
	Be able to make better use of the time available for each client , rather than having to rush through checklists (frontline worker)
Have all the contact details of all the touch points in my parent's care	Have peace of mind about my loved one even when I am not there (family)

Exercise 1 - Outcomes for main carers (family, frontline worker)

61

As a carer, I want to be able to...	As a carer, I want to be able to...
Be able to do stuff on my phone related to my loved ones AT (family)	For carers, ability to manage care dependent on the day - uber style care and using caring circles,
Feel reassured that the person I am caring for has the ability to engage in their care	As a carer I want to be able to see if something is changing between visits so that if I attend and you are not well I can see what may have changed
Know that my parent is getting the correct resource required legally	As a family member I want to be able to video call as well as visit so that I can see if you look ok
As a social carer, I want the data to inform my assessment so that care packages can be right sized to meet needs and enable independence	I want to know that if I meet the threshold of continuous supervision and control and I'm not free to leave my home, that a community Deprivation of Liberty Safeguards (DoLS, as per the Mental Capacity Act) will be applied for to look at the restrictions
Professional: Understanding the potential and possibilities from the array of devices/tech without being an expert	
Have access to social work/occupational therapy practice guidance on different interventions to ensure I am complying with legislation. I might also want encouragement from my managers if I am going to think about involving new technology (frontline workers)	As a social worker I am keen for the systems to be designed to meet the service area need. I am keen for them not to be dependent on a mobile phone or a email address. These devices should be deployable and managed if capacity is a concern!



Exercise 1 - Outcomes for main carers (family, frontline worker)

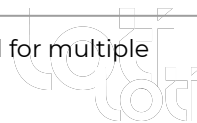
As a carer, I want to be able to...	As a carer, I want to be able to...
Speak to my loved one through the TV	



Exercise 1 - Outcomes for other council staff (AT lead, Adult social care lead, CFO etc.)

63

As a member of council staff, responsible for..., I want to be able to...	As a member of council staff, responsible for..., I want to be able to...
The service is adapted to include technology as core to the package not an add on or instead of	Demonstrate the value of the overall AT programme (both in quality of life benefits and finance benefits to social care and the system) (AT Lead)
Use off-the-shelf devices such as Google Home, as well as more expensive bespoke care focused devices	Rely on practitioners and managers to think about the possible benefits of technology when planning care and support
Use kit that is already in the house , such as TV, intercom, wifi	Use my time developing the strategic approach to AT in my Local Authority, not necessarily on the operational detail
For AT to be an integral part of the Adult Social Care pathway and that the social care teams feel confident in the benefits for their service users	In extra care housing and accommodation based care maximising efficiency and integration with health using AT
Feel confident the AT is monitoring/working in the way it should to ensure we are alerted if something is wrong	Ensure we do not buy equipment that is too expensive for self funders
A more co-ordinated approach which enables better value for money when procuring AT equipment	Tech which cuts across different areas, so can be used for multiple use-cases, not just social care.



Exercise 1 - Outcomes for other council staff (AT lead, Adult social care lead, CFO etc.)

64

As a member of council staff, responsible for..., I want to be able to...	As a member of council staff, responsible for..., I want to be able to...
Managing the social divide - ensuring that we do more to show the benefits of technology	Understand the technology that is on offer and have confidence in it as a solution so that I can confidently signpost to it - know the service offering and how it might apply to customers engaging with the council
Easily draw on support and resources in the community to help people use different pieces of equipment (perhaps through social prescribing); to know what support is on offer	As an AT lead, I am able to meet needs and help myself and colleagues to scaffold the weaknesses and enhance the strengths of AT
Interoperability and understanding the new standards so that commissioners are able to bring in what is needed	As an AT lead and ASC service manager, I want to have a budget to be innovative, not just based on ROI, to be able to change how we do things
As a member of staff responsible for discharging residents from hospital back to their homes, I want to be able to identify the right technologies to assist in their rehabilitation/reablement and have them in place before they get home.	As a Digital/IT support partner, I want my (council ASC & CHS) customers to know what they have on offer, how it works, etc - the whole service wrap & buy-in. NOT throwing citizens at the AT team to sink or swim And would be good if they had some digital method to engage on the relative success of the solution in place - dashboard, reports, etc And I want to be able to confidently endorse a stable, useable solution
Trial new equipment without a complex procurement process	
	Ensure that an innovative approach is taken not just in the commissioning of technology, but the development of services and



Exercise 1 - Outcomes for other council staff (AT lead, Adult social care lead, CFO etc.)

As a member of council staff, responsible for..., I want to be able to...	As a member of council staff, responsible for..., I want to be able to...
I want then not to stop working and be unable to get them back on e.g. checked against a standard CE marked, etc	The A2D switch off needs to be explained so that we can make the most of the opportunities digital will bring
As a social worker I would want the devices to work	As a finance director I would want to know that the systems we are buying are fit for purpose and are able to meet the needs of the resident
Ensure the technology bought it not just left in a corner as the users cannot use it	I want the systems to be part of support plans and be a core service



Exercise 1 - Outcomes other personas (please specify)

66

Add your ideas here	Add your ideas here
Those people who lack capacity to consent - adherence to the Mental Capacity Act / Best Interests / Lasting Power of Attorney / Least Restrictive principle	
Voluntary Community Sector - fully understand the offer, how to refer	Health partners - I want to see the value of AT interventions to the health system before I invest
People not eligible for care yet - preventative interventions	People who do not meet social care eligibility threshold - I still want to have information on how to benefit from technology to support any low level care needs that I do have. (ASC leads - I also want people to do this for social care need prevention!)
Reablement Clients/Hospital Leavers - they are individuals who have care plans created	General Practitioners
	New hospital discharge policy under Covid is difficult as is discharge to assess
Private clients - Advise service like which help they choose vs providing	Installers, responders, alerting maintenance requirements, Call centers, Preventions of care, Reablement services, supporting living, sheltered housing

Exercise 1 - Outcomes other personas (please specify)

Add your ideas here	Add your ideas here
national partners / DHSC to support funding and investment	Health partners understanding the AT service offering so they can signpost towards relevant solutions with confidence - not a bunch of devices left in a cupboard at the hospital because the reablement offer isn't joined up



Exercise 1b: Reflection and Prioritisation



Personas	Summary of main desired outcomes
A - Individuals in need of care	<ol style="list-style-type: none"> 1. I want to feel in control - to use AT to enable what I want (more social contact, connection with friends, independence etc) 2. I want more control over what happens with my data (and data collected about me) and where it is shared 3. I want to know I have support if I have issues with the device (from someone I trust, not lots of different people) 4. I want freedom to trial new ATs before I commit to them 5. I want emergency responders to know when I need help 6. I want to avoid having to have an email / mobile / other device to access the AT. Easy registration, one system!
B - Main carers	<ol style="list-style-type: none"> 1. I want all those who need to know to have a full view of case notes and history of care 2. I want to be able to manage someone's care using the best digital methods 3. I don't want all care to be dependent on me - tools should enable holidays / other sources of support 4. I want to be able to hold my relative's carers to account / know legal obligations are being met 5. I want care to be flexible enough to be able to respond to on-the-day needs 6. I want to be able to use device data to inform my decision and the care plan I create 7. I want to know more about which ATs are available and could help the people I care for (inc before they are discharged)
C - Council staff	<ol style="list-style-type: none"> 1. I want to make sure digital is not seen as an option, but key in creating packages of care 2. I want to make full use of the devices that an individual already has 3. I want to use tech that can meet multiple uses cases / be future proof 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) 5. As a commissioner, I want to know different ATs can work together / work with our other systems and processes
D - Other personas	<ol style="list-style-type: none"> 1. As a health worker, I want to know the value of AT interventions to the health system before I invest 2. As a VCS worker, I want to fully understand the AT offer and how to refer 3. As someone who doesn't qualify for social care spending, what tools can I use privately that make my life better? 4. Installers, responders, alerting maintenance requirements, Call centers 5. For individuals who lack capacity to consent, we want to ensure adherence to the Mental Capacity Act / Best Interests / Lasting Power of Attorney / Least Restrictive principle



Exercise 2: Problems & Barriers




For each desired outcome, what's preventing it from being realised now?


- What problems relate to technology and data?
- What problems relate to people, processes and conditions?


Technology and Data	People, Processes and Conditions
Not having WiFi in their properties.	A2: Complex user agreement / data protection agreements can make it hard to understand what to expect
The creation of a platform for people to select different support technologies themselves, either through the council or through direct payments e.g. Netflix for AT	A5: Emergency responders not being available or funded, could this be a cross borough provision to make economies of scale? (also B3)
A3/C5: technology comes from many different suppliers/ manufacturers	The innovative usage of DFGs to get technology into people's homes
Not having access to devices - funding for supply of hardware for those who cannot afford. If funded how do we monitor and make vfm by enabling reecycling. Who pays for maintenance, loss or damage of devices?	A3: It is unclear in the local authority who is best placed to provide tech support around AT. The mix of knowledge (social care mindset/approach as well as the technical know-how can be difficult to find), but no department has the capacity to take this on. Reliance on VCS orgs but their capacity is limited
The partners/LAs need to be able to train people on tech from different platforms ie IOS, Android...	A1: Cost? included in my care package
Mistrust/distrust of technology	Where does the data go, who monitors and responds in terms of telehealth and remote monitoring devices

Technology and Data	People, Processes and Conditions
Broadband provision in my area (lack of or poor quality)	Digital skills gap/digital exclusion/customers who haven't been able to afford to engage with 'digital' and therefore have the necessary digital skills
	Digital divide - is an issue we do not have internet in everyone's homes and the cost is prohibitive.
B6: as with the support of tech the data comes in different forms and on varying platforms so the provision of this may be in multiple places and in multiple forms which may be problematic (maybe better to have 1 format dashboard for all?)	A4: there isn't anywhere that can demo or loan me different pieces of AT
	Cost of WiFi etc can prohibitive for some clients
A6: whilst bio recognition is becoming more common on tech (mobiles/ laptops) this might be a ways off for AT devices but worthwhile	
A6: The use of mobile phones and Email are not a suitable method of signing up to a service	My carer, myself and the council services being joined up - do we all know what options there are, what they're trying to achieve and how to get the most from them - council services can be disjointed; there are multiple touch-points and they don't all seem to be 'with the program' - don't all seem to know what the AT is doing or how it might support me

Technology and Data	People, Processes and Conditions
	General, not prersonna specific: Sometimes the tech ability of all caring professionals isn't at an appropriate level (council, NHS, Voluntary sector, private sector etc.)
	Need to consider it is often parents/carers helping clients, test with all user groups
	

Technology and Data	People, Processes and Conditions
B2: frontline workers need guidance from an AT lead (not in place in our borough ...yet) to give them the confidence (and time) to try new products and to find what works.	
B6: Privacy issues in using data from a device a client is using. Using data to support care planning could be very intrusive in some cases. (need to bear in mind GDPR)	B2/B7: Some carers and frontline workers lack digital experience and confidence that would help them embed AT into someone's daily routine. They may not see the value for others if they haven't seen the value themselves?
B6) at present data telecare or sensor data is not shared with care providers	B6) the data could inform the decline and the need for increased in care
B6: In the case of remote monitoring, there is so much data! Who is best placed to monitor this, and how do we ensure the right things get flagged in emergencies so that action gets taken when needed? If we automate it - who agrees the thresholds for alerts being raised and how do we ensure this is person-centred? Where does the responsibility lie?	
	B6) Predictive analytics can provide a means to highlight change in care however little has been done to evaluate automated processing of the data to ensure that it is accurate
B1: having a portal to the AT service solution that enables various user levels to interface with it/use it - user types/user rights. AND that assumes there IS a portal; otherwise we're not all able to do any of this together	B2 & B7: actually being involved in the AT selection and knowing how it works so that I can support it being effective and support the expected & aspirational care outcomes

Technology and Data	People, Processes and Conditions
B6) Multiple occupancy impacts on the accuracy of the data, some sensors cannot always differentiate between individuals in the home	B3: Lack of responder services for those without family carers or when family carers is not available
B6) types of sensors eg a motion sensor vs a bluetooth tag presents different levels of accuracy	B6) where is the data stored? is it compliant?
	

Technology and Data	People, Processes and Conditions
B1: we do not always have a consolidated record across health and social care within the sector, so impossible for carers to piece this info together if on different platforms	
B6) types of sensors eg a motion sensor vs a bluetooth tag presents different levels of accuracy	
	

Technology and Data	People, Processes and Conditions
C1: Digital divide - is an issue we do not have internet in everyone's homes and the cost is prohibitive.	C4: Cost savings may be realised in other organisations, making standard ROI based business case complex
A3/C5: technology comes from many different suppliers/ manufacturers	C1 - lack of digital knowledge and skills can sometimes limit opportunities to embed care technology
C5 - contractual arrangements with care providers can misalign incentives around care technology adoption	C1: Social workers often don't understand what is available or how it works or can be of benefit, it's not necessarily their skill set
C2: The BT D2A, much of what we have will not work	C2: The BT D2A, much of what we have will not work
C1) knowledge is a key issue - how will this help, what can it do	C4: many of the outcomes of AT are quite long term, so it can be difficult to demonstrate value through a pilot
C2: lack of standards means pre-existing equipment can be incompatible with council processes and system	C3 - demonstrating cost avoidance/reduction may rely on practitioner input - this is dependent on the individual, with some enthusiastic about thinking in this new way, and others finding it challenging/inappropriate

Technology and Data	People, Processes and Conditions
C4: Cost benefit analysis of AT - difficult to get the evidence from pilots	C1) We need to have a better understanding of what works
C1) Consent to engage and making this knowing that technology in the best interest	C4: It can be difficult to link improved outcomes back to an AT intervention
C2) I want the devices that people have - can they connect - can we deploy?	C2: not recognising that a blended solution should enable use of existing technology to support the care package - it doesn't have to just be the 'kit' the council commissions with some secure wrap. Surely what tech they already have should be part of the Strength Based Assessment dialogue
C2: information is not always available on technology that a person already has or could use - there is also an equity risk with digital divide	C2: lack of standards means pre-existing equipment can be incompatible with council processes and systems
C2) I want to be able to use the devices that people have - can they connect - can we deploy	C3/C5: Technology moves quickly how can we evaluate as we go and share that information to inform ongoing service deployment
C4: difficult to fully realise benefits from a commissioned AT solution if it involves major investment in a current technology solution - given speed of tech innovation. Better to invest in a service that is outcome driven and where the service provider is the commissioner of TEC solutions to maximise the outcomes we commission.	C3: actually considering all cohorts of users and their needs and what wider use of different tools there might be - and use across different commissioned solutions (telecare vs Community Equipment - what solutions might be used for both and can we

Technology and Data	People, Processes and Conditions
C3: technology moves so quickly that future proofing is really hard	C5) what do I commission its changing - is future proof and what works

Technology and Data	People, Processes and Conditions
Difficult to follow for people who may have dementia / Learning disability and lack capacity to consent to AT.	Lack of understanding of the Mental Capacity Act / Decision Makers in the Best Interest process etc and Deprivation of Liberty Safeguards (DoLS)
Lots of different providers for different kinds of AT - needs to be less complex, more cohesive and joined up.	Lack of understanding of least restrictive options and proportionality (and recording of this!)
The benefits are very difficult to quantify, as in all preventative interventions we don't know what would have happened if the intervention hadn't taken place, the benefits are to various parts of the system - health etc, not just ASC	D2: Some VCS organisations can offer really helpful support to individuals, but people needing this may not be receiving it due to lack of engagement/awareness or lack of capacity from VCS orgs
	D4 (kind of): are there additional opportunities to use the colleagues visiting people's homes to support AT rollout? E.g. demoing
	D1: There is a real opportunity to work across the Council, health, VCSE sectors around AT under the Integrated Care Partnership
Other persona is the big tech companies who provide Alexa, Google Home, Interactive TVs etc - making these interoperable with other kit	A3: making sure we have a clear set of solutions and that we're clear within our broader council services about what we might offer to self-funders to maximise their independence and prevent or postpone the need for council care intervention

Technology and Data	People, Processes and Conditions



Exercise 2b: Choosing problems to tackle



- Which specific problems should we aim to address?
- What's within our sphere of influence to change?
- Which problems, if addressed, would yield the greatest results?

Personas	Summary of main problems and barriers
Individuals in need of care	<ol style="list-style-type: none"> 1. ATs that depend on having wifi / mobile access / email addresses etc - which some individuals lack or cannot use 2. Complex user agreements - and therefore challenge of getting informed consent 3. Having to train users to work with different systems like Android / iOS based etc. 4. Lack of digital skills / mistrust of technology 5. Lack of funding for emergency responders to react to alerts from ATs 6. ATs provided by many different providers - complex and lack of interoperability 7. Lack of places to trial or get a demo of an AT 8. Lack of funding to buy the tech and things that need to go around it 9. Some devices may not work well / collect accurate data in multiple-occupancy homes
Main carers	<ol style="list-style-type: none"> 1. Lack of joined up view of what tech / service patterns different orgs are putting in place around an individual 2. Not all staff sufficiently involved in the AT selection to know how it works and to be able to support it 3. Some carers and frontline workers lack digital experience and confidence that would help them embed AT into someone's daily routine. 4. Concern over the privacy of devices - do carers know where the data goes and how to protect it? 5. Lack of evidence base on when predictive analytics / nudges from devices are effective 6. Lack of an agreed data strategy for what happens with all the data that is collected 7. Lack of common portal that would allow different roles to be involved and have the visibility they need
Council staff	<ol style="list-style-type: none"> 1. Contractual arrangements with care providers can mis-align incentives around care technology adoption 2. Digital divide: we do not have internet in everyone's homes and the cost is prohibitive 3. 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 4. Challenge of proving that specific outcomes can be directly attributed to an AT 5. Lack of knowledge about how to procure ATs that work together; rather than lots of standalone ATs 6. Data from some devices not (able to be) shared with other systems 7. Lack of an agreed data strategy for what happens with all the data that is collected 8. Lack of knowledge of how to interpret / act on the data 9. Some social workers don't know what's available, and therefore next ask for new ATs in the first place 10. Lack of standards means pre-existing equipment can be incompatible with council processes and systems 11. Need to shift thinking about role of AT interventions to make BaU - not just endless series of individual pilots



Personas	Summary of main problems and barriers
Other persona 1	<ol style="list-style-type: none">1. Difficulties for people with dementia / Learning disabilities and lack capacity to consent to AT.2. Lots of different providers for different kinds of AT - needs to be less complex, more cohesive and joined up.3. In all preventative interventions we don't know what would have happened if the intervention hadn't taken place4. Lack of cross working across the Council, health, VCSE sectors around AT under the Integrated Care Partnership5. Lack of active engagement on this agenda from VCS orgs



Thank you!



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Persona	Desired outcomes	Identified problems
D - Other personas	<ol style="list-style-type: none"> 1. As a health worker, I want to know the value of AT interventions to the health system before I invest 2. As a VCS worker, I want to fully understand the AT offer and how to refer 3. As someone who doesn't qualify for social care spending, what tools can I use privately that make my life better? 4. Installers, responders, alerting maintenance requirements, Call centers 5. For individuals who lack capacity to consent, we want to ensure adherence to the Mental Capacity Act / Best Interests / Lasting Power of Attorney / Least Restrictive principle 	<ol style="list-style-type: none"> 1. Difficulties for people with dementia / Learning disabilities and lack capacity to consent to AT. 2. Lots of different providers for different kinds of AT - needs to be less complex, more cohesive and joined up. 3. In all preventative interventions we don't know what would have happened if the intervention hadn't taken place 4. Lack of cross working across the Council, health, VCSE sectors around AT under the Integrated Care Partnership 5. Lack of active engagement on this agenda from VCS orgs

Persona	Identified problems
Other Personas	<p data-bbox="459 197 618 227">Evidence</p> <ol data-bbox="459 238 1841 306" style="list-style-type: none"><li data-bbox="459 238 1841 306">1. In all preventative interventions we don't know what would have happened if the intervention hadn't taken place <p data-bbox="459 352 792 382">Recruiting for trials</p> <ol data-bbox="459 393 1806 461" style="list-style-type: none"><li data-bbox="459 393 1806 461">2. Difficulties for people with dementia / Learning disabilities and lack capacity to consent to AT. <p data-bbox="459 507 736 537">Supplier market</p> <ol data-bbox="459 548 1868 616" style="list-style-type: none"><li data-bbox="459 548 1868 616">3. Lots of different providers for different kinds of AT - needs to be less complex, more cohesive and joined up. <p data-bbox="459 662 848 692">Working with partners</p> <ol data-bbox="459 703 1872 809" style="list-style-type: none"><li data-bbox="459 703 1872 772">4. Lack of cross working across the Council, health, VCSE sectors around AT under the Integrated Care Partnership<li data-bbox="459 772 1464 809">5. Lack of active engagement on this agenda from VCS orgs

Appendix



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Who LOTI engages with...

For us to make this project a success, we cannot work in isolation. We're aware, as well as our borough members, other organisations are also working on this agenda. Using the template set out in [LOTI's 2020 strategy](#), we are proposing engaging with the following:

	Inform	Involve	Influence
Known to us	<ul style="list-style-type: none"> Universities Rethink Partners London Councils' Adult Social Care network Scottish Digital Office (TEC team) 	<ul style="list-style-type: none"> NHSx LGA SOCITM 	<ul style="list-style-type: none"> Borough Procurement leads
New relationships to develop	<ul style="list-style-type: none"> International Centre for Useable Home Technology (ICUHTEC) UK Smart Cities Group Telco's eg BT AtoD and LPwan providers like Vodafone re NB-IOT Ofcom 		<ul style="list-style-type: none"> Borough Commissioners AT Suppliers e.g. UK Tele-Healthcare, Amazon, etc [new] Public Health England TSA

Next steps

1. Identify which boroughs and other external partners wish to be involved
2. Invite boroughs to add AT Leads to LOTI Basecamp space
3. Create background paper on As-Is situation on AT
4. Create research brief to commission meta-analysis of existing research on AT
5. Agree dates for workshops