



European Union European Regional Development Fund



Smartline: A new vision for health and housing

Wednesday 16 November, St Austell Conference Centre & Online

WELCOME



Welcome & Introduction

Belinda Broughton, Smartline Project Manager, University of Exeter



House Keeping

St Austell Conference Centre

Please:

- > Sign in, if you have not already done so
- Sign a photography consent form, if you have not already done so
- Consider venue COVID guidelines when moving around and use antibacterial hand-gel where provided
- Raise your hand to put questions to Q&A session moderator

If the fire alarm sounds, this is not a drill, make your way out of the building to the muster point in the front car park.

Toilets can be found on each floor.

Online To submit a question online visit www.slido.com Enter the code 1300740

This meeting will be recorded

WIFICODE Network: SAPC_Guest Password: Austell1981



Event Programme

Morning Session:

9:30 Registration

10:00 Welcome & Introduction

10:05 The Story of Smartline

10:15 Technology in Housing Keynote, George Grant

10:40 Session 1 Sensing the Home

11:20 Break

11:50 Session 2 Enterprise & Community Engagement 12:30 Lunch

Afternoon Session:

- 13:30 Digital Inclusion Keynote, Helen Milner OBE
- 14:00 Session 3 Digital Inclusion
- 14:45 Q& A Panel Discussion
- 15:15 Closing Remarks
- 15:30 Event closes

<u>Programme</u>



Event Engagement

- Vimeo for online delegates.Online questions on Slido
- WIFI Network: SAPC_Guest Password: Austell1981
- Via twitter #wearesmartline







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The Story of Smartline

November 2022

Emma Bland, Assoc Prof of Practice, Environment, Health and Wellbeing University of Exeter



What to expect today

- Keynote speakers: George Grant & Helen Milner providing context and vision.
- Diverse and wide ranging presentations and discussions.

By the end,

• Informed, engaged, challenged and motivated



Why are we here?

People with higher socio-economic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health.

(Marmot 2010)

Poor housing conditions continue to harm health in England and widen health inequalities.



(Marmot 2020)



Why is this important

- Poorest communities have 20 years less 'good life expectancy' than richest (ONS).
- Poor housing conditions have a detrimental impact on health, costing the NHS at least £600 million per YEAR. (Parliamentary Office Science and Technology)
- In UK, 10 mill people digitally excluded, 1in3 are social housing tenants (Lloyds Bank, HACT)



Have things changed?

- English Housing Survey (2020-21):
 - 4 mill homes failed to meet the Decent Homes Standard
 - Well-being levels have declined and loneliness increased
 - 839,000 homes report problems with damp





Smartline

- Smartline Partnership working together since 2017
- Funded by ERDF and Cornwall Council
- Role of digital technology in maintaining healthy homes and connected communities to support and improve health and wellbeing of individuals and families.





European Union

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Keynote

George Grant CEO, Broadcaster, Publisher and Founder Housing Technology





Housing Technology 2022

The E-State of Housing

Market Intelligence

Presentation to SmartLine

16 November 2022

George Grant | Housing Technology



What do you need to be thinking about?



How are you going to do it?

How are you going to do it?



Which tech should you be looking at?

Which tech should you be looking at?



It's all in the data...

It's all in the data...



Joining everything together (no more spaghetti...)



Are you doing as you're told?

Are you doing as you're told?



How will your tech be delivered?



What's your piggy bank looking like?



Let's talk about the worldwide housing crisis

Let's talk about the worldwide housing crisis

Melting pot of bus/tech talents and the homes of the future Join us at the nexus of politics, finance, technology & culture



Housing Technology by numbers




Session 1: Sensing the Home

The role and value of remote environment monitoring technology to create healthy homes and improve health & wellbeing

Chaired by Joy Ashman Housing Strategy, Partnerships & Engagement Officer, Cornwall Council

with Dr Tamaryn Menneer, Dr Tim Walker, Dr Richard Woods, Research Fellows, University of Exeter and Anthony Ball, Public Health Practitioner Wider Determinants & Fuel Poverty, Cornwall Council



Session Overview: Sensing the Home

- 1. Participants and sensor network
- 2. Improving homes and health with sensor systems
- 3. Sensor data research
- 4. Smartline sensor dataset



300 participants from social housing

 Installed sensors in all homes and completed surveys with participants





Survey data

■ 95% white

- Two thirds female
- Average age 56
- One fifth no Internet
- 19.5 hours per day at home



















Sensor data Temperature Humidity VOCs, PM2.5 External Utilities





The indoor environment

80% of our time indoors
Public health problems
Home monitoring





Improving homes and health with sensor systems

Are they acceptable? Are they effective?

Dr Tim Walker























Occupant Dashboard (intuitive):

- Traffic light colour-coding to communicate risk;
- Explanations;
- Tips and advice;
- Timescales for plots.



High (between 1000 and 10000 ppb)

Some types of VOC can cause health problems at high levels. Try opening a window to ventilate your home or using less cleaning products and cosmetic sprays.

Very High (over 10000 ppb)

Very high levels of VOCs for prolonged periods of time can have serious effects on health. Try opening windows to ventilate your home and using less cleaning/cosmetic and DIY

Potentially harmful gases in the air (Volatile Organic Compounds - VOCs) Tell me more... Last reading 61.0 ppb

ntribute to air pollution.

Tue 05-04-2022 12:57 p.m.

Vesterday 300.2 ppb Mon 04-04-2022 This week 300.2 ppb From Mon 04-04-2022 31 This year 876.8 ppb 2022 Show data

Current status: Acceptable This is within the indoor acceptable range. Introduction to VOCs in the Home

VOCs are gases emitted by a wide variety of things commonly found in the home. Paints and varnishes, cleaning products, furnishings and cosmetics can all contribute to the level of VOCs. As such, concentrations of many VOCs can be up to ten times higher indoors than outdoors.

Some VOCs can cause lung irritation, especially in children. They can also make respiratory allergy symptoms worse, such as asthma. Common short-

Coastline Dashboard (risk focused):

- 'birds-eye' view of all properties;
- Colour coded;
- Sortable;
- Detailed views.



52

22.4 °C

22.2 °C

62.4 %RH

64.5 %RH

No data

No data

1.8 µg/m³

 \odot



Value and Challenges of Co-design

Value:

- Practical wisdom on what is sensible to pursue, rather than technologically possible;
- Increase system usefulness though tailoring to user needs;
- Fun.

Challenges:

- Recruiting a diverse user testing group;
- Requires a team with diverse skills;
- Implementation of all the new ideas.



Research Questions



Was the system acceptable?

Was the system used?

Was the system useful?



Acceptability

Attitudes:

- Ability of sensors to reveal behaviours and lifestyle choices;
- = Fear of privacy intrusion and data misuse.

Other acceptability factors:

- Perceived usefulness;
- Technical support;
- Ease of use;
- Cost.





Was the system acceptable?

Positive attitudes:

- General concern for privacy and data use;
- Trusting relationship with Coastline;
- Coastline perceived as having credible intentions for data use.

"Welcome to share my data with Coastline, I have been a long standing tenant and they have been good to me" (Martha, 62)

Perceived as useful:

- Improve design and management of future social housing;
- Although, no health related expectations.



"Looking after you, not at you" Project tag line



Was the system used?

Occupant Use:

- High intention to use initially;
- Low long term actual use;
- Few changes to how occupants manage their home occurred as result of using dashboard.

Coastline Use:

- Regular and successful use;
- Identifying high risk homes and intervening;
- System most useful in the winter.





Occupant	What did the sensor dashboard indicate?	Issues identified on home visit	What action was taken?
Example 1. Family	High humidity (65- 80%) downstairs.	Humid property with mould; Large fish tank in the living room, open vivariumin the hallway.	Advice and guidance on ventilation; Replaced fans; Installed Positive Input Ventilation (PIV) system.
Example 2. Family	Drop in temperature.	Fuel poverty; Caused by a change in circumstances leading to loss of income and benefits.	Emergency Hardship Fund (Coastline); Covid Winter Grant (Council), heated throw and energy vouchers; Support from a local energy charity: Top up vouchers; • Change in energy supplier; • Warm Home Discount payment. EPC rated high, but Coastline surveyor found loft installation removed (by previous occupant). Cause of high costs.



Is the system useful for improving health?

- Identify and prioritise at risk and vulnerable occupants;
- Enable early intervention to support occupant health and wellbeing;
- Reduce stress among Coastline staff;

However, some risks and limitations:

- Responsibility to act;
- Resources and capacity to act.





Is the system useful for improving homes?

- Clearly and pro-actively identify building maintenance issues;
- Reduce long term costs through proactive repairs and efficient planning of maintenance work;
- Insight to inform Carbon Net Zero strategy, and live data to evaluate progress.





Conclusions

- System useful for identifying risk, but need to be matched with human capacity for intervention and social support;
- Research and innovation **not possible** without community participation and co-design;
- Housing Associations are uniquely placed as intermediaries to improve health and wellbeing among populations which face social and health inequities.



"What you might at first see as a technical problem is actually a social problem"

Coastline Support Team member







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Sensor data research findings

Dr. Tamaryn Menneer



The indoor environment: www.smartline.org.uk/research-hub

PM2.5 increases with smoking but not vaping.

Asthma

Mould / odour.

VOCs in household cleaning products.
Fuel poverty and health.









(Sharpe, Johnes, Walsh, Menneer, Moses, Paterson, Tu, Morrissey, Taylor

COVID-19: Advice versus Instruction

 Recommendations / advice

Enforced lockdowns

Behaviour change?



(Menneer, Qi, Taylor, Paterson, Tu, Elliott, Morrissey, Mueller)

March 2020

Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
1	2	3	4	5	6	7		
8	9	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		
29	30	31						
April 2020								
		•						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
Sun	Mon	Tues	Wed	Thurs 2	Fri 3	Sat 4		
Sun 5	Mon 6	Tues 7	Wed 1 8	Thurs 2 9	Fri 3 10	Sat 4 11		
Sun 5 12	Mon 6 13	Tues 7 14	Wed 1 8 15	Thurs 2 9 16	Fri 3 10 17	Sat 4 11 18		
Sun 5 12 19	Mon 6 13 20	Tues 7 14 21	Wed 1 8 15 22	Thurs 2 9 16 23	Fri 3 10 17 24	Sat 4 11 18 25		

Electricity: Daily profile





Water: Daily profile







Modelling mould





Modeloutput



Evaluating the model outputs

70%

Model outputs



Survey responses

Does your home have **visible mould** patches? 44% "Yes" Has your home suffered from a **mouldy/musty odour** in last 12 months? 18% "Yes"

(Menneer, Mueller, Sharpe, Townley) 67





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Smartline Sensor Dataset

Quantity and Quality - Unique in space and time • Existing Outputs • Future Legacy

Dr Richard Woods











Quantity and Quality

- Up to 300 Homes...
- ... up to 7 sensors each...
- ...recording 15 parameters..
- ...every 3 to 30 minutes...
-since 2017





Unique in Space and Time

 Cornish Climate: High Humidity and Rainfall





Global pandemic

BBC

© 14 October · ₱ Commen



A range of participants

Local climate extremes

NEWS Home | Cost of Living | War in Ukraine | Coronavirus | Climate | UK | World | Business | Per Science & Environment

Climate change: Summer 2022 smashed dozens of UK records

Several types of properties







Cost-of-living crisis

Existing Outputs

Real-time benefits to participants



Front Room

52.9

Last reading

Mesterday 39.9 %RH Thu 02-12-2021 This month 40.9 %RH December Show data Current status: Comfortable This real Current status: Comfortable



 Diverse published research outputs...

...using data from sensors, participant surveys, and project partners









Future Legacy

 Diverse metrics support relicepective exploration



Big dataset can reveal subtle trends, beyond seasonal patterns Mostly open access, with more metadata by request





 Massive effort to curate the data offers savings to researchers!

Relevant to myriad research topics

- Health and Wellbeing
- Fuel poverty
- Energy efficiency
- Environmental Monitoring
 Technology
 Etc...


Morning Break Served in the Cedar Suite, 1st Floor Next session will start at 11.50am







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Supporting digital innovation across Cornwall and the Isles of Scilly

Emma Seymour – Knowledge Exchange Officer



Smartline Enterprise Support

- Exploring how technology can be used to improve people's health and wellbeing
- De-risking the RD&I process











Enterprise Engagement Journey





Supporting digital innovation

Smartline has worked with businesses across Cornwall's arts, entertainment, recreation, education, health, communication, technology and manufacturing sectors

Over **360** businesses have engaged with Smartline through our events and networking

135 local businesses have received direct financial or research support

Smartline is providing £600,000 of grants...

...and over **3000** hours of research support to local businesses

Enabling...

70 local businesses to introduce new innovative ways of working within their business



9 new products and services to be brought to life to improve people's health and wellbeing

About the South West AHSN

Our focus -

Transforming lives though innovation in health and care

We work with partners across the health and care system to identify and spread innovation, build capability and support evaluation and learning

Our region

The South West peninsula stretches from the Isles of Scilly to Somerset, with around 600 miles of coastline.

Infinitely varied, the region comprises rural and isolated communities on its moors and islands, along with significant urban populations in Plymouth and Exeter. It contrasts extremely prosperous coastal locations with some of the most deprived areas in Europe. A relatively stable core population is supplemented with a significant influx of seasonal workers and tourists that create additional challenges for healthcare services and opportunities for developing health - care technologies.

Our partners

We work with partners across the health and care system to spread innovative practice, build capability and evaluate & learn.

Regional/ national partners:

- University of Exeter
- University of Plymouth
- South Western Ambulance Service NHS Foundation Trust
- NHS England & NHS Improvement South West
- National Institute for Health Research Applied Research Collaboration (NIHR ARC) South West Peninsula
- National Institute for Health Research Clinical Research Network (NIHR CRN) South West Peninsula
- Resonance
- NHS Horizons
- · Billions Institute



- NHS Somerset Clinical Commissioning Group / Somerset ICS
- Somerset NHS Foundation Trust
- Somerset County Council
- Rutherford Somerset Diagnostic Centre
- The CommunityCouncil for Somerset

Cornwall and Isles of Scilly

- Cornwall and Isles of Scilly ICS / NHS Kernow Clinical Commissioning Group
- Cornwall Partnership NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Cornwall Council
- Volunteer Cornwall
- Smartline
- EPIC eHealth Productivity and Innovation in Cornwall

Devon

- NHS Devon Clinical Commissioning Group / Devon ICS
- Devon Partnership NHS Trust
- Livewell Southwest
- Northern Devon Healthcare NHS Trust
- Royal Devon & Exeter NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- Devon County Council
- Torbay Council
- Plymouth Council
- Plymouth Health Innovation Alliance
- Torbay Community Development Trust
- One Northern Devon

How we work



Spreading Innovative Practice

We spread proven innovative practice across the health and care system by building networks, sharing knowledge, strengthening collaboration and providing practical support to our partners.



Building Capability

We help our partners build the culture and capabilities vital to the development, adoption and spread of innovative practice across the regional health and care system.



Evaluation & Learning

We support our partners to evaluate impact and apply learning to improve the delivery of health and care services. We share knowledge and provide rapid, actionable insights to inform improvements and spread innovative practice.

Our Innovation Exchange

Our Innovation Exchange is designed to help innovators implement solutions to meet the challenges faced by the health and care system in South West England.

We are an innovation broker. We help innovators understand the needs of our local health and care system and support them to build partnerships to improve patient care and generate economic growth in our region. We also provide signposting for early-stage innovators who have an idea that might require time and resource to reach the market.

Our Innovation Exchange platform, Pathfinder,

is a starting point for any innovator looking to take their innovation to the next stage of development.



Please visit the Innovation Exchange website for more information.

Working with our partners to build a pipeline of innovation focused on the needs of our local systems

- We are working with local research and innovation partners and the AHSN Network to build an innovation pipeline targeted towards the needs of our local systems.
- We apply our three core capabilities to help our local systems identify relevant innovations, evaluate and validate the impact of innovation in a real world context and spread high-value innovation.



Smartline Success Stories

- Julian Bose, Director, Inspire Cornwall CIC
- The DadPad gives new dads the skills and confidence to give the best care to their newborn and the best support to their partner
- Supporting family resilience and mental health by enabling the development of the DadPad App and digitally engaging supplementary products





Smartline Success Stories

- Nikki Veale, Helen Tite, Pat Taylor, iCareiMove
- To address and focus on our ageing society, in work, in life and in health, iCareiMove build successful on-line and live wellbeing communities with the vision to embed wellness into businesses with people at the heart of everything they do
- Supporting iCareiMove to successfully launch a new digital social impact reporting process, enabling them to report on the social value and social return on investment of their programmes









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Building Stronger, more connected communities with Karen Spooner Smartline, Community Development

Manager, Volunteer Cornwall



Where did we start?



We know that Cornwall faces a high percentage of Social and Digital exclusion.



Taken from Cornwall's Digital Inclusion Strategy 2019-2023

Guided Conversation



Transport & Moving Around Streets & About: A person centred and **Outcomes:** Tool has enabled community focused Smartline to link participants conversation tool. with local community organisations to improve Facilities & Safety & Social N ω n 5 wellbeing. Amenities 0 S Behaviour 4 З N Exercise & Recreation hydrition & Workshoomy Lite Opp Belonging Community Services Occupation Healthcare N ω сл & Learning G S c Wellbeing Social Opportunities

A sense of community















A sense of community





Learning and successes







Inspired people to develop their own skills and work towards new career goals Given skills and confidence to use internet technology



Connected people online, enabling the development of new friendships that have gone on to meet face to face.





Community work as a gateway to engagement in research.

Opportunity to solve personal challenges through the use of the guided conversation



Sustainability of projects – Community champions

Research





Acceptability of digital technologies for health and wellbeing



The use of online forums to increase social connection during Covid pandemic



The use of telephone training during covid to improve IT skills



Partaking on our Seasonal Wellbeing surveys to support or data collection and analysis

Impact



 $\left(\begin{array}{c} \\ \\ \\ \end{array} \right)$

"This garden has meant that we are able to talk to our neighbours more and enjoy the space that we live in. I have met new people because of this".

"This project has allowed me to learn new skills to find out about my local area and to also support my volunteer role at our local museum. I will definitely be coming to Kresen Kernow more often"



Impact



 Θ

"Thank you Karen and Smartline for doing this for us. I honestly do not know how I would have coped over the last few years without your support and the opportunities that you have given to me. It has honestly made such a difference to me".

"I enjoyed learning how to use my phone to take good pictures. I liked learning **how** to use the apps to help me edit my pictures and I was proud to have my pictures displayed at Heartlands when we had our exhibition".



<image>

What next?



MAN

Smartline 🖾

Smart wellbeing inspired by the community

LUNCH

Served in the Cedar Suite, 1st Floor

Afternoon session will start at 1.30pm



Digital Inclusion Keynote Session

Helen Milner OBE, Group Chief Executive, Good Things Foundation



Fixing the Digital Divide - for Good



Helen Milner Group CEO @helenmilner

4 million+ people

supported globally since 2010

Good Things Foundation is the **UK's leading digital inclusion charity.**

We want to Fix The Digital Divide – for Good. Working with our strategic partners, by the end of 2025, we aim to:

Engage 1 million people

across the UK to benefit from digital inclusion



Grow the UK Digital Inclusion Network to over

> 5,000 organisations

giving everyone the chance to benefit from the digital world

We lead the way and innovate

Research-led and evidence based

Creating partnerships with a shared goal

Building platforms for learning and measuring impact

Combining strengths for social impact

Producing respected Digital Nation report yearly

Developing a *Blueprint for a 100% Digitally Included UK* to spur Government action

Partnering with leading academics to develop a Minimum Digital Living Standard Creating the Data Poverty Lab with Nominet

N NOMINET

Leading the National Databank, uniting industry and the third sector



Establishing a subsidiary charity in Australia

Establishing the leading platform for place-based digital skills development



Fostering and supporting a network of thousands of community network partners Partnering with Reconome to develop the National Device Bank, providing refurbished devices at scale

reconome





People are digitally excluded because:

They
boundaryMotivation
to use the
internetConfidence
with digital
technologyDigital Skills
to carry out
basic tasks

And/or, they cannot afford:

Device for personal internet use Sufficient connectivity data

On very low incomes - even £10-£15/month social tariffs are a struggle

Lack of access due to connectivity - usually issue of quality not exclusion



The size of the problem

Although 1.5 million more people went online during the Covid-19 pandemic, in some groups digital engagement actually declined; and the number of people without the most basic digital skills is not improving.

Nearly 1 in 5 adults

lack the most basic digital skills needed for everyday life

2 million households struggle with affordability of internet access





WHY PEOPLE ARE NOT ONLINE







This report - commissioned from economists Cebr and supported by Capita - sets out the costs and benefits to investing in digital inclusion for all.



This report, launched by Good Things Foundation, sets out the economic impact of digital skills and inclusion in the UK. The report finds that investment of £1.4 billion could reap economic benefits of £13.7 billion for UK plc. This is £9.48 return for every £1 invested.



I'm healthier 49% say digital helps manage and improve I'm better off their physical and Manual workers with The UK gets good value mental health. high or very high digital It's estimated the UK I'm happier 85% connect better engagement earn £421 benefits by almost £15 with friends and more per month than for every £1 invested in family. less digitally engaged helping people acquire basic digital skills. peers. I get better value The most digitally engaged pay £228 less on their bills per year than the least engaged. 4 , Good Things Foundation

Digital Nation UK 2021

From 2014–2021, **1.5 million** people were supported to learn Essential Digital Skills through the Future Digital Inclusion programme. 77% faced social exclusion in different forms. After gaining digital motivation, confidence and skills:





Source: FDI data collected by Good Things Foundation through progression survey, 2014-2021

John's story

When profoundly Deaf Bridport resident John Phillips, whose only method of communication is sign language, received a free smartphone, he had no idea just how much it would transform his life.

"The phone has been an absolute life saver; it's opened up a whole new world to me.

"The best part has been contacting my friends again via WhatsApp because I had no contact with them for so long. We send each other videos and messages and it's been wonderful."




Our track record

4 million

people

worldwide

Good Things Foundation has over 10 years of experience in working with partners across the globe and helping people to benefit from the digital world.

Our work drives positive outcomes for people





To Fix the Digital Divide change is urgently needed





The pandemic has made a difference:



2020 2021
48% → 32%

of those offline say 'nothing' would encourage them to get online



of people say 'local support' would be the easiest way to learn new digital skills

Source: Consumer Digital Index, Lloyds Banking Group, 2021



WHY PEOPLE ARE NOT ONLINE



The pandemic: our pivot to a new offer for excluded people



We are establishing a strong, scaled social infrastructure for digital inclusion – UK-wide and sustainable

#FixTheDigitalDivide



Find your nearest databank

If you need more help staying connected, Good Things Foundation's growing network of databank partners can provide support. Enter your postcode to find your nearest databank.





Digital is now a wider determinant of health



Jobs Education Social connection Participation

Health Care Housing Money Benefits Bills



NHS Widening Digital Participation 2012-20

Digital Inclusion in Health and Care

COVID-19 has changed the dial on digital and its role in health and care settings meaning the lessons learned and shared in this report could not be more timely.



21	1	7	0
21	, I		O

people supported, including 824 people in codesign, and 1,350 digital champions

166,162

people made aware of digital health through

Good Things' network of community partners

53,173

people improved their digital health literacy through 'Learn My Way'

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https://www.goodthingsfoundation.org/insights/digital-participation-lessons-learned/

Digital Lifeline

Supporting digital inclusion of people with learning disabilities



5,500

people supported in under 4 months



146

community partners across England



2,354

pieces of adaptive kit for additional needs



5,500

Lenovo M10 tablets - gifted not loaned



24	G	R
27	0	

of data - with some top-ups provided



Good Things

Foundation

Some support

to use it and make it accessible

The digital divide for people with learning disabilities



of disabled people have never been online (vs. 3% of non-disabled people)¹



of people with learning or memory disabilities do not have the Essential Digital Skills for Life (vs. 21% of total UK population)²

91% of people reported experiencing at least one benefit from Digital Lifeline³

After 3-4 weeks:⁴

have improved'

- + 68% agreed 'I feel more confident' + 64% agreed 'I feel more connected' + 57% agreed + 52% agreed 'I feel less lonely' 'my online safety skills
- + 32% agreed
- 'my digital skills have improved'

After 4-7 months⁵ people said they:

- Had improved their digital skills
- Were more motivated to get online
- Were feeling less lonely and isolated
- Had improved health and wellbeing
- Felt more independent 5
- Reverse of the terminate in their community is the second second

"It's been brilliant. It's opened up a lot of opportunities." "It makes me feel more confident." "The responsibility makes me feel like I can prove that I can look after other things." "It's connected me to the outside world and made me feel less isolated." "It makes me feel happy, It keeps me from getting bored. It relaxes me. It helps me calm down if I'm upset."

And (almost) finally, some hints and tips

• Embed into what you're already planning, embed in your priorities

You need a plan, you need to prioritise, you need a budget ... but embed as much as
possible to ensure it's sustainable and not just a project

• Never reinvent the wheel

- There's no need for another basic digital skills platform
 - Eg Learn My Way, Digital Unite, Barclays Digital Wings, Lloyds Academy, Idea, BT Skills for Tomorrow, et al
- The Databank and Device Bank exist scaled and scaling up. Use them if needed
- There's lots of research evidence and heatmaps available
 - Digital Nation, "Digital Inclusion Risk Index (DERI)"
- There will be local community organisations near you who are already supporting digitally excluded people - seek them out, through the Online Centres Network or local links

• Work in partnership

- Either to build on what's available (as above ++)
- And/Or, co-design, co-develop, and deliver together

Be ambitious, but get going

• The need for action is now





And finally





Together, we can fix the digital divide - for Good

@helenmilner @goodthingsfdn
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European Union European Regional Development Fund HM Government

Digital Inclusion: readiness, barriers, adoption and assumptions

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Background/context



Access:

• Varying access, lower amongst more vulnerable.

Support:

• High demand for basic training: turning on devices, setting up email accounts, sending emails, understanding internet safety etc.

Acceptability and usability:

 Very low uptake and usage of Smartline tablets – why?

Overarching objective:

• Understand and improve digital inclusion in Smartline participants

% of Coastline customers who have access to internet (Coastline survey 2019–n429)





Study 1: Acceptability of digital technologies for health and wellbeing

- What are people's levels of experience and skills with digital technology?
- What factors influence technology use (barriers and facilitators)?
- How willing are people to try new technologies?
- What are the preferred types of technology, including perceived usefulness and ease of use?



Methods



- 8
- Three focus groups in Camborne, Pool and Redruth (n = 19)
- Telephone interviews (n = 4)
- Purposive, maximal variation sample

Methods



- Discussions using a theory-based topic guide (e.g. Technology Acceptance Model, Davis 1989)
- Self-rated digital skills (UK Government Digital Inclusion Scale)
- Preference ranking of technologies
- Thematic analysis and descriptive statistics



Technologies





a) Wearable activity monitor (e.g. Fitbit®)



e) Video conferencing



b) Social messaging or networking (e.g. WhatsApp or Facebook group)

f) Virtual assistant (e.g. Amazon Alexa)



c) Smartphone app (e.g. walking or home-based exercises)



g) Soundscapes



d) Social online gaming (e.g. poker, Scrabble, puzzles)



h) Electronic books and audio books (e.g. BorrowBox)

Participants











Education



UK Gov Digital Inclusion Scale (part of the Cabinet Office Digital Inclusion Strategy)



A typical quote from the willing and unable group is "I want to learn but I don't want to make a fool of myself" A typical quote from **Confident or Expert** users is "It's convenient to do ANYTHING on the web – look up information, be entertained, go shopping and communicate with people."





- Generally positive attitudes towards technology
 - "... potential benefits for people with physical or mental health problems, but are we creating technology for bettering society or for technology's sake?"
- Willing to learn to use new technologies and improve skills

"If it would do what it said on the tin, I would have a crack"

• Lack of awareness of available technologies

"[There are] so many products and versions of the same thing out there, I would not know which one would help me"

Factors influencing technology use



FUNCTIONAL

Access / availability

Cost

Digital skills

PHYSICAL / HEALTH

Fitness

Mobility

Poor memory

Sensory impairments

PSYCHOLOGICAL AND ATTITUDINAL

Knowledge and awareness

Motivation

Confidence / fear of getting it wrong

Attitudinal (e.g. perception technology is for younger people) TECHNOLOGY-ASSOCIATED

Usability

Complexity

Usefulness

PRIVACY, SAFETY AND SECURITY

Preferred types of technology





1. Wearable activity monitor (e.g. Fitbit®)

Help achieve goals set by doctor, easy to use, very interested in heart rate and sleep monitoring functions.

2. Virtual assistant (e.g. Amazon Alexa)



Easy to use, seen as "useful for just about anything", and "good for entertainment and information finding". Particularly beneficial for people with health problems or limited mobility.



3. Social messaging or networking (social messaging preferred)

Connect with people with shared interests, perceived need for training in using different features.

Emerging themes – what did we learn?



Smart wellbeing inspired by the community

- Need and desire to improve awareness and skills: GETTING ONLINE STAYING CONNECTED
- Technologies should be easy to use and have a clear purpose for improving health and wellbeing: **USABILITY AND USEFULNESS**
- Technology should not replace human contact: **NEED FOR HUMAN INTERACTION**
- Individual needs and preferences:
 TAILORED INTERVENTIONS AND CHOICE

Further reading!



Qualitative Study

The feasibility and acceptability of digital technology for health and wellbeing in social housing residents in Cornwall: A qualitative scoping study Digital Health Volume 8: 1-12 © The Author(s) 2022 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/20552076221074124 journals.sagepub.com/home/dhj SAGE

DIGITAL HEALTH

Sarah Ann Buckingham¹, Tim Walker², Karyn Morrissey³ and on behalf of the Smartline project team

Abstract

Objective: The aim of this study was to explore the feasibility and acceptability of digital technology for improving health and wellbeing in social housing residents living in a deprived area in Cornwall, England.

Methods: Qualitative scoping study with focus groups and telephone interviews (23 participants in total). Focus groups and interviews were audio-recorded, transcribed verbatim and analysed thematically.

Results: Levels of use and experience with digital technology were diverse in this group, ranging from 'willing and unable' to 'expert' on a self-perceived scale. Overall, participants had positive perceptions of technology and were keen to try new technologies. Five categories of factors influencing technology use were identified: functional, physical / health, psychological and attitudinal, technology-associated barriers, and privacy, safety and security. Preferred types of digital technology were wearable activity monitors (e.g. Fitbit®), virtual assistants (e.g. Amazon Alexa) and social messaging (e.g. WhatsApp). There was a strong consensus that technology should be easy to use and should have a clear purpose. There was a need to

Study 2: Getting Online: Staying Connected

Project Aim:

Help Smartline participants to get online and use digital communications technologies (e.g. video calls and online messaging) with confidence

Design:

- Training delivered by Cornwall Council's Digital Inclusion Team (DIT)
- Redesigned as over-the-phone training intervention due to COVID social distancing regulations;





Demand for training:

- Moderate demand, 39% (67/168) of respondents were interested in potentially undertaking the training;
- Demand highest for training on video calling, primarily Zoom, and setting up and using devices;
- Demand affected by if friends use technology and if support available from family networks.

"I don't know anyone who I would call. I only have my sister and she doesn't use internet stuff" (John, M, 55-64) "No help necessary, grandchildren able to help" (Rebecca, 65-74, F)



Barriers to training:

- Personal health;
- Caring for a family member;

Acceptability of the training:

- Preference for face-to-face training;
- Concerns about effectiveness of over the phone training.

"I am apprehensive about if a phone conversation would be enough to get online, would prefer one-to-one and face-to-face. I learn best by doing" (Michael, M, 65-74)





"I am interested [in the training], but my head is just full of decisions about my wife who will is moving to a nursing home, I need to focus on what is important to me now" (Gareth, M, 55-64)

Effectiveness of training:

- No significant changes in digital or wellbeing outcomes
- Overall, training enabled participants to achieve their personal and digital goals.

Training successes:

- Mary now uses video calls to talk to her daughters at dinnertime;
- Julia learned how to order flowers and medicine;
- Susan learned about online safety and how to record and mix music;
- Mark learned how to use WhatsApp and video call.







Emerging themes – what did we learn?

Conclusions:

- There is both need and demand for digital training among social housing populations.
- Strong evidence that with flexibility and persistence from the training providers, participants' social and personal goals can be met.

Implications:

• Trusted local intermediaries (VCSO's, Councils, public libraries, and Housing Associations) are important for identifying and reaching those who could benefit from digital training.







Study 3: Click and Connect

A community-based online forum to increase social connectedness among Coastline housing residents

Research questions

The feasibility and acceptability of the forum
 Users' motivations for joining and barriers and facilitators to engagement
 The potential impact of the platform on social connectivity and mental wellbeing

Design

Co-producing an intervention logic model Process evaluation: feasibility, acceptability and potential impact of the intervention

Methods



- Co-production of a logic model
- Virtual participant observation
- In-depth interviews with residents
- In-depth interviews with facilitators





Feasibility

- The forum had over 500 posts including uploaded photos within threads
- The most contributed to forum topics were: local history, sport and exercise, music, pets and animals, and books and reading

Acceptability

- Generally acceptable to participants
- Technical issues were a frustration and barrier to engagement



Digital literacy

 The forum itself was helpful as a safe, enclosed space for residents to practice using their digital skills

I found it – I increased my skills, I've become much more confident with my skills. And um, how can I say, it's improved my mental health. [...] I had a problem getting medication because I live alone and [...] so I went online and I found that I can now order my meds myself via a pharmacy. And that today, they've been ordered. I'm doing it myself. It's made me become independent... by using the internet. I wouldn't have done that before. – PID4, female, Resident
Findings



Potential impact

- Increased digital competence and self-efficacy
- Brought into focus the identities of residents and staff within the online community
- Helped some participants to maintain a sense of connection between the online coffee mornings and receive community updates
- Reduced sense of social isolation You're keeping in touch with people from the outside world even though you're within four walls. - PID7, male, Resident
- Lack of critical mass for sustained engagement

Emerging themes – what did we learn?



- Social and environmental contexts are important
- Context of an intervention may change over time
 Relevant > redundant
- Real world interventions complement each other and overlap







- Need to improve digital competence and digital inclusion in social housing residents (and other vulnerable groups) Skills; access; awareness; knowledge; attitudes; confidence; motivation
- 2. Technology should complement human interactions
- 3. Technology must be easy to use and fit-for-purpose
- 4. Interventions must be tailored and flexible
- 5. Collaboration and co-production

Response Q&A Panel Discussion

- Tracey Roose, CEO, Age UK Cornwall & Isles of Scilly (Panel Chair)
- Mark England, Head of Innovation, Maintenance and Group Procurement, Coastline Housing
- Chris Jones, CEO, HomeLINK
- Prof Karyn Morrissey, Denmark Technology University
- Helen Milner OBE, Group Chief Executive, Good Things Foundation



Closing Remarks

Assoc Prof Emma Bland, Smartline Principal Investigator, University of Exeter 8 Tracey Roose, CEO, Age UK Cornwall & Isles of Scilly, and Smartline Advisory **Board Chair**



Thank You

To find out more about Smartline, please visit our website at https://www.smartline.org.uk/

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