Scotland's
Healthy Ageing Innovation Cluster

Wednesday May 3rd 2023 1000-1200

ON AIR

Attendees please note

1. We are **recording this event** and it will be hosted on our HAIC webpage resources so it can be watched on demand

2. If you **do not** wish to appear on the recording, you should turn off your camera and microphone for the duration of the event

3. As a courtesy to our speakers and guests, we ask all attendees to **turn off** microphones and cameras during presentations

4. Drop your **questions in the chat field** or wait until the Q and A session, where they can be answered

Today's event

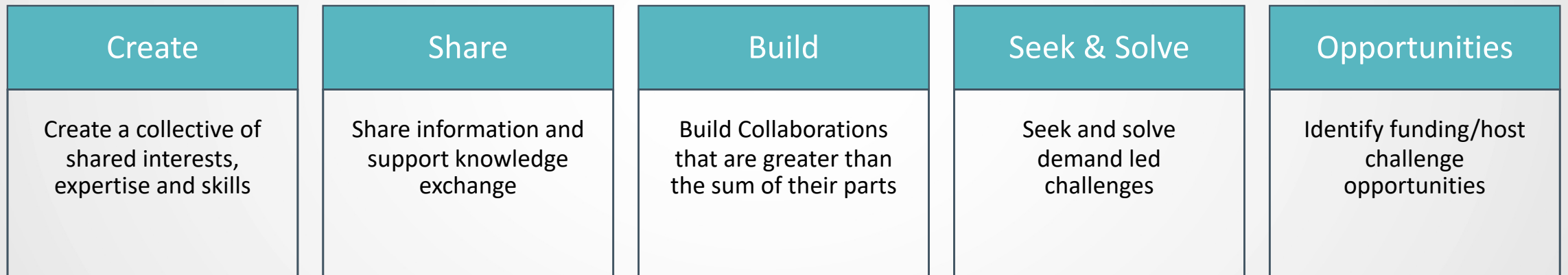Joanne Boyle, Digital Health & Care Innovation Centre

Agenda

Time	Topic title and descriptor	Presenter(s)
1000	Welcome and introductions	Joanne Boyle
10.10 10.25	Partner Update Highland and Islands Enterprise Midlothian Frailty Project	April Conroy Chal Chute DHI CTO
10.45 11.00	Blackwood Housing: Peoplehood COMFORT BREAK	Heather Duncan
11.10	Community Enterprise in Scotland	James Finnie
11.25 11.40	Albyn housing Data presentation Matter of Focus Outcome Mapping	Lucy Fraser Joanne Boyle
1200	Close	

Welcome and introductions

Joanne Boyle, Digital Health & Care Innovation Centre

Aim: To accelerate digital innovation and Adoption in health and care

Create	Share	Build	Seek & Solve	Opportunities
Create a collective of shared interests, expertise and skills	Share information and support knowledge exchange	Build Collaborations that are greater than the sum of their parts	Seek and solve demand led challenges	Identify funding/host challenge opportunities

Digital Health & Care Innovation Centre

Scottish Government
Riaghaltas na h-Alba
gov.scot

Partner update: Highlands and Islands Enterprise

April Conroy

Highlands and Islands Enterprise:
Life Sciences and Blue Economy

April Conroy – Life Sciences – Human Health
Andrea McColl – Life Sciences – AAA, Blue Economy
March 2023

HIE
Highlands and Islands Enterprise
Iomairt na Gàidhealtachd 's nan Eilean

INVERNESS CAMPUS

Life Science Innovation Centre now open!

https://www.invernesscampus.co.uk/business-premises-and-land/lsic/

- Facilities for businesses to work collaboratively with academia

- Commercial space including offices and labs

- Half of the building is occupied by UHI's Institute of Health Research & Innovation

National Treatment Centre now open!

https://www.ntchighland.org.uk/

- Delivering state of the art Ophthalmology & Orthopaedic Healthcare

- First patients due to be treated there in April 2023

INVERNESS CAMPUS

Aurora House and **Solasta House** provide high specification Life Science and Technology accommodation including serviced laboratory space

- Life Science Enterprise Area Status

- Commercial space occupied by Life Science and Technology Tenants

- NEXUS co-working space for SMEs and start-ups in Life Sciences and Tech

- Support programmes for SMEs

HIE SUPPORT

Business to Healthcare (B2HC)
Fully funded business support programme

Tailored action plans, advice and signposting
https://www.hie.co.uk/b2hc

NEXUS
Co-working space for SMEs in Life Sciences and Technology Sector.
https://www.hie.co.uk/support/browse-all-support-services/nexus/

HIE SUPPORT

Pathfinder Accelerator

Free business support programme including coaching

Three times a year until 2024

Themed cohorts

Round tables

Alumni bulletin and events

https://www.hie.co.uk/pathfinder

Fully funded opportunity for entrepreneurs to accelerate their new product or business in only four months.

april.conroy@hient.co.uk – Life Sciences – Human Health

Midlothian Fraility Project

Chaloner Chute DHI Chief Technology Officer

A pathfinder project developed by:

 Midlothian Health & Social Care Partnership

 Digital Health & Care Innovation Centre
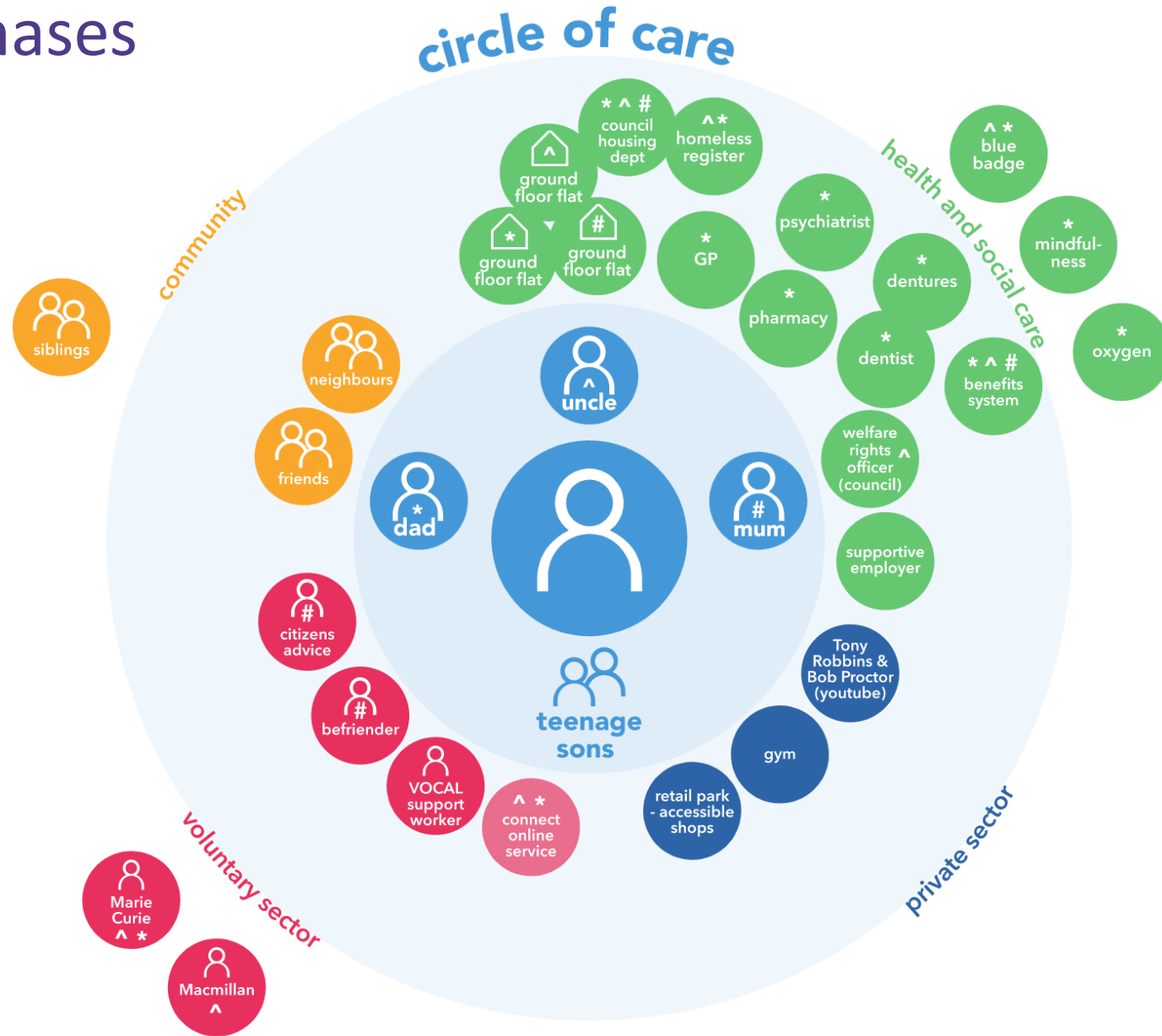
"The Midway" focuses on:
- Beliefs and Values: Our staff are facilitators not fixers. They recognise the person is an expert in their own life.
- Good Conversations: Our staff shift power to the person. They support self-management, building on coping, and hopes.
- Understanding Trauma: Our staff understand trauma. They recognise and respond to the impact of trauma.
- Addressing Inequality: Our staff recognise inequality. They address unfair disadvantaged people face.

"Person-Centred Data Sharing" focuses on trust, empowerment, integrated care, and sustainability.

- Design with people as team members and assets who can co-manage care and the data that supports care.
- More structured data created at the point of care and kept independent from products and services.
- Make the person, not organisations, the point of integration.
- Default to dynamic consent to share personal data.

Previous Phases

circle of care

community

health and social care

voluntary sector

private sector

* ^ #
council housing dept

^ *
homeless register

ground floor flat

* ground floor flat

ground floor flat

* GP

* psychiatrist

^ * blue badge

* mindful-ness

* dentures

* dentist

* pharmacy

* ^ # benefits system

* oxygen

welfare rights officer (council) ^

supportive employer

siblings

neighbours

friends

uncle ^

* dad

mum

teenage sons

citizens advice

befriender

VOCAL support worker

^ * connect online service

Tony Robbins & Bob Proctor (youtube)

gym

retail park - accessible shops

Marie Curie ^ *

Macmillan ^

VOCAL Interview 016 mapping /G.Teal

Previous Phases

How might we support people...

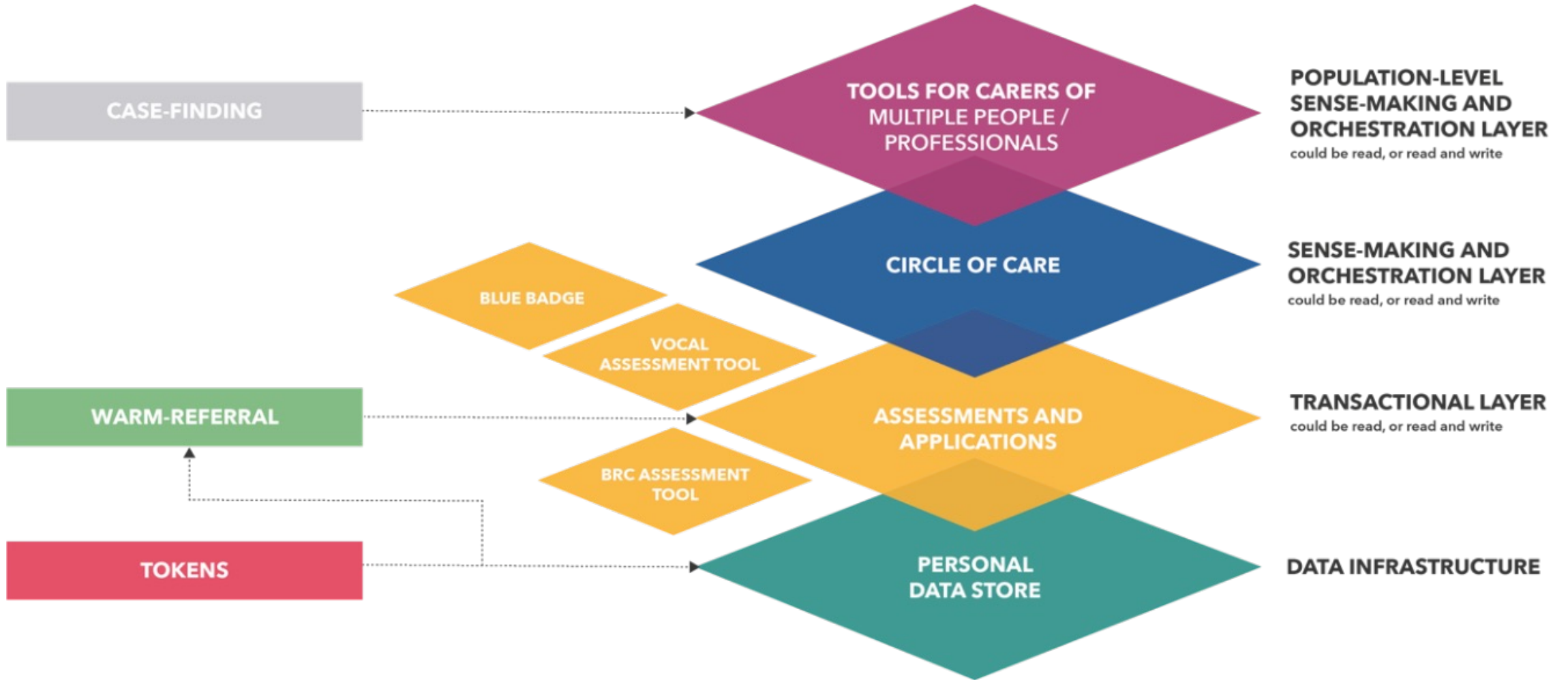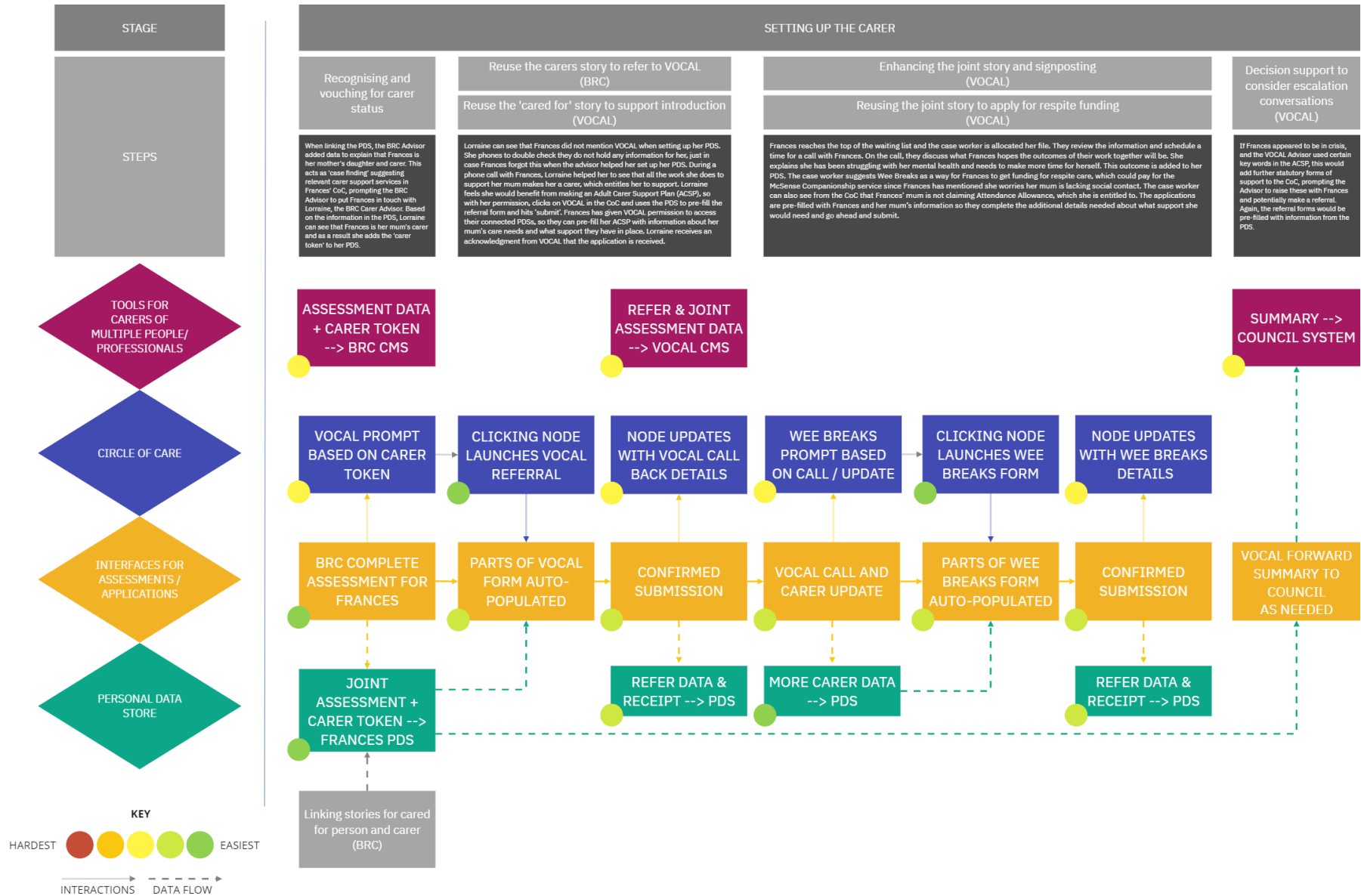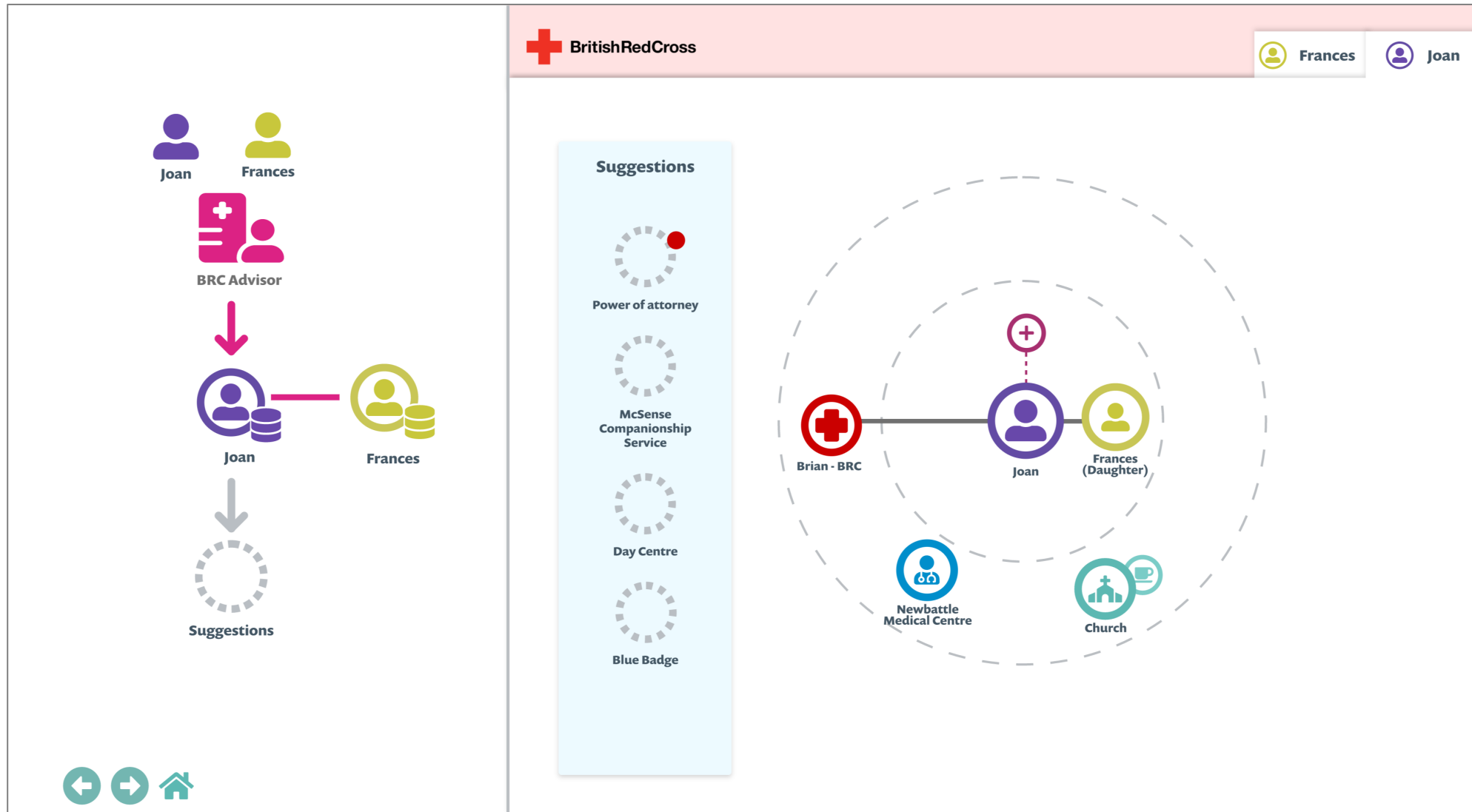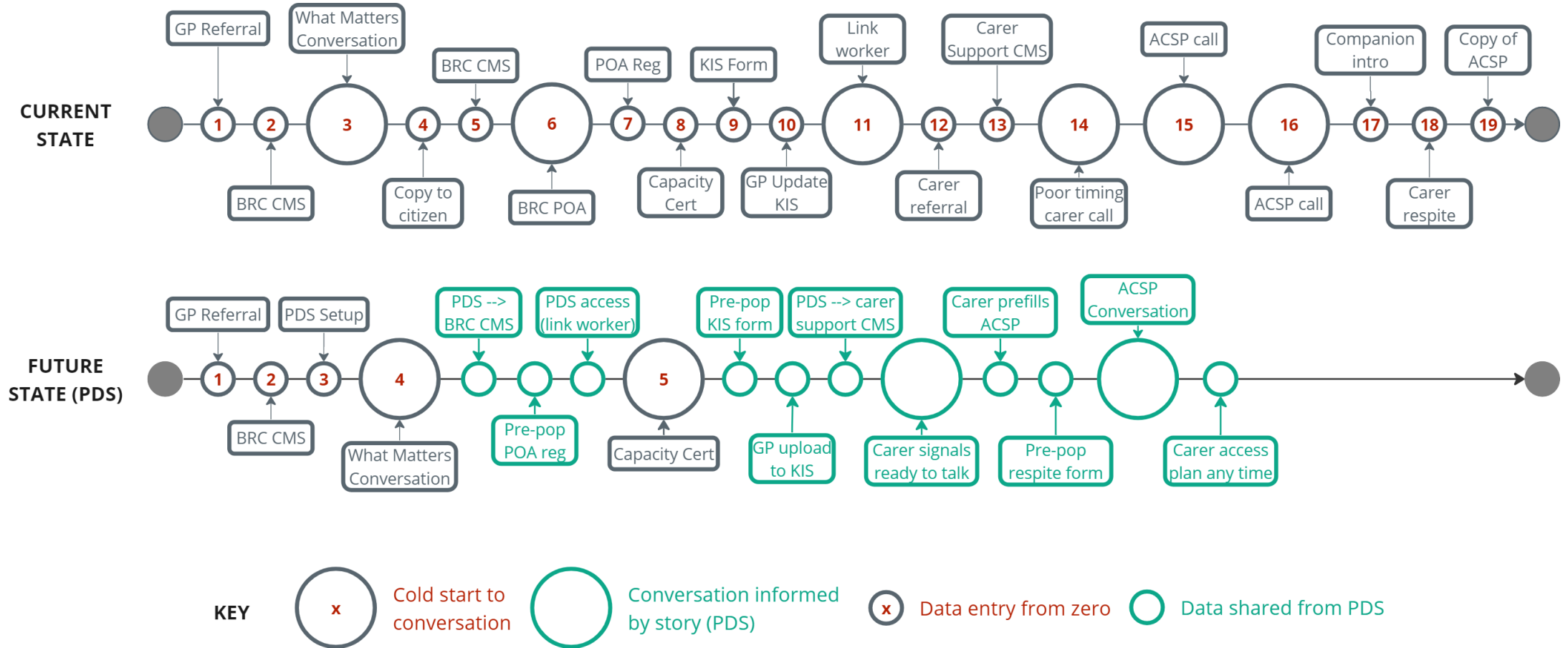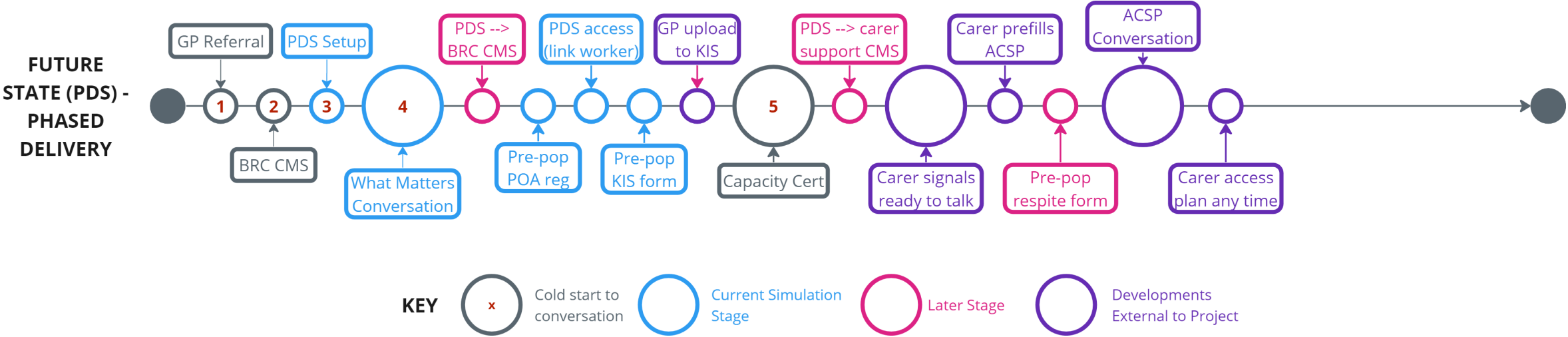|						
1...to have good conversations that are asset-based, empowering and enabling	**2**...to support connection and meaningful activity within the community	**3**...to see all the people involved in supporting the person living with frailty	**4**...to collaborate with (other) professionals	**5**...to share information and communicate across the system	**6**...to access up to date info about what support is available, wait times, eligibility and how to access support	**7**...to make referrals and applications and follow up on progress

Collaborative Care Architecture

Future State Blueprint

STAGE

SETTING UP THE CARER

STEPS

Recognising and vouching for carer status

Reuse the carers story to refer to VOCAL (BRC)

Reuse the 'cared for' story to support introduction (VOCAL)

Enhancing the joint story and signposting (VOCAL)

Reusing the joint story to apply for respite funding (VOCAL)

Decision support to consider escalation conversations (VOCAL)

When linking the PDS, the BRC Advisor added data to explain that Frances is her mother's daughter and carer. This acts as 'case finding' suggesting relevant carer support services in Frances' CoC, prompting the BRC Advisor to put Frances in touch with Lorraine, the BRC Carer Advisor. Based on the information in the PDS, Lorraine can see that Frances is her mum's carer and as a result she adds the 'carer token' to her PDS.

Lorraine can see that Frances did not mention VOCAL when setting up her PDS. She phones to double check they do not hold any information for her, just in case Frances forgot this when the advisor helped her set up her PDS. During a phone call with Frances, Lorraine helped her to see that all the work she does to support her mum makes her a carer, which entitles her to support. Lorraine feels she would benefit from making an Adult Carer Support Plan (ACSP), so with her permission, clicks on VOCAL in the CoC and uses the PDS to pre-fill the referral form and hits 'submit'. Frances has given VOCAL permission to access their connected PDS's, so they can pre-fill her ACSP with information about her mum's care needs and what support they have in place. Lorraine receives an acknowledgment from VOCAL that the application is received.

Frances reaches the top of the waiting list and the case worker is allocated her file. They review the information and schedule a time for a call with Frances. On the call, they discuss what Frances hopes the outcomes of their work together will be. She explains she has been struggling with her mental health and needs to make more time for herself. This outcome is added to her PDS. The case worker suggests Wee Breaks as a way for Frances to get funding for respite care, which could pay for the McSense Companionship service since Frances has mentioned she worries her mum is lacking social contact. The case worker can also see from the CoC that Frances' mum is not claiming Attendance Allowance, which she is entitled to. The applications are pre-filled with Frances and her mum's information so they complete the additional details needed about what support she would need and go ahead and submit.

If Frances appeared to be in crisis, and the VOCAL Advisor used certain key words in the ACSP, this would add further statutory forms of support to the CoC, prompting the Advisor to raise these with Frances and potentially make a referral. Again, the referral forms would be pre-filled with information from the PDS.

TOOLS FOR CARERS OF MULTIPLE PEOPLE/ PROFESSIONALS

ASSESSMENT DATA + CARER TOKEN --> BRC CMS

REFER & JOINT ASSESSMENT DATA --> VOCAL CMS

SUMMARY --> COUNCIL SYSTEM

CIRCLE OF CARE

VOCAL PROMPT BASED ON CARER TOKEN

CLICKING NODE LAUNCHES VOCAL REFERRAL

NODE UPDATES WITH VOCAL CALL BACK DETAILS

WEE BREAKS PROMPT BASED ON CALL / UPDATE

CLICKING NODE LAUNCHES WEE BREAKS FORM

NODE UPDATES WITH WEE BREAKS DETAILS

INTERFACES FOR ASSESSMENTS / APPLICATIONS

BRC COMPLETE ASSESSMENT FOR FRANCES

PARTS OF VOCAL FORM AUTO-POPULATED

CONFIRMED SUBMISSION

VOCAL CALL AND CARER UPDATE

PARTS OF WEE BREAKS FORM AUTO-POPULATED

CONFIRMED SUBMISSION

VOCAL FORWARD SUMMARY TO COUNCIL AS NEEDED

PERSONAL DATA STORE

JOINT ASSESSMENT + CARER TOKEN --> FRANCES PDS

REFER DATA & RECEIPT --> PDS

MORE CARER DATA --> PDS

REFER DATA & RECEIPT --> PDS

Linking stories for cared for person and carer (BRC)

KEY

HARDEST ● ● ● ● ● EASIEST

INTERACTIONS →   DATA FLOW ⇢

Prototype: Circle of Care

Current and Future Data Journeys

CURRENT STATE

- GP Referral → 1
- BRC CMS → 2
- What Matters Conversation → 3
- 4 → Copy to citizen
- BRC CMS → 5
- 6 → BRC POA
- POA Reg → 7
- 8 → Capacity Cert
- KIS Form → 9
- 10 → GP Update KIS
- Link worker → 11
- 12 → Carer referral
- Carer Support CMS → 13
- 14 → Poor timing carer call
- ACSP call → 15
- 16 → ACSP call
- Companion intro → 17
- 18 → Carer respite
- Copy of ACSP → 19

FUTURE STATE (PDS)

- GP Referral → 1
- BRC CMS → 2
- PDS Setup → 3
- 4 → What Matters Conversation
- PDS --> BRC CMS → Pre-pop POA reg
- PDS access (link worker)
- 5 → Capacity Cert
- Pre-pop KIS form → GP upload to KIS
- PDS --> carer support CMS
- Carer signals ready to talk
- Carer prefills ACSP → Pre-pop respite form
- ACSP Conversation → Carer access plan any time

KEY

- (x) Cold start to conversation
- ( ) Conversation informed by story (PDS)
- (x) Data entry from zero
- ( ) Data shared from PDS

Staged Future State Development

FUTURE STATE (PDS) - PHASED DELIVERY

GP Referral
PDS Setup
BRC CMS
What Matters Conversation
PDS --> BRC CMS
Pre-pop POA reg
PDS access (link worker)
Pre-pop KIS form
GP upload to KIS
Capacity Cert
PDS --> carer support CMS
Carer signals ready to talk
Carer prefills ACSP
Pre-pop respite form
ACSP Conversation
Carer access plan any time

KEY

x — Cold start to conversation

Current Simulation Stage

Later Stage

Developments External to Project

Next Phase

- BRC conversation tool

- BRC CMS Integration

- Vocal CMS Integration

- Development Roadmap

- Lay Summary

- Lessons Learned

Digital Health & Care Innovation Centre

Join our Network:
www.dhi-scotland.com/join-our-network

dhi-scotland.com

Blackwood Housing Association: Peoplehood

Heather Duncan Director of Finance and Strategic Partnerships

About Blackwood

- Founded in 1972 by Dr Margaret Blackwood MBE, a campaigner for the rights and independence of disabled people.

- Pioneers of accessible home design

- Over 100 housing developments across mainland Scotland – 1500+ properties

- Deliver 10,000+ hours care each week

- 3 care homes

- 24/7 Responder Service using CleverCogs

- The Blackwood House

Blackwood
homes | care | support

How did we get here?

- This three year project is supported with funding from Innovate UK and is part of Trailblazer Healthy Ageing

- Our overall goal = 5 more healthy, productive years

- We want to tackle inequalities between the most and least deprived citizens in our areas

- Stage 1 – readiness phase – complete

- Stage 2 – our funding bid was successful and we're in the final year

BUCKIE, MORAY

CHARLESTON, DUNDEE

CARDONALD, GLASGOW

INDUSTRIAL STRATEGY

UKRI   Innovate UK

Powered by   Blackwood
homes | care | support

Healthy Ageing Themes

- Within these 3 areas, we are covering 5 key healthy ageing themes

Supporting Social Connections (People)

Sustaining Physical Activities (People)

Design for Age Friendly Homes (Place)

Managing Common Complaints of Ageing (People)

Creating Healthy & Active Places (Place)

Powered by Blackwood
homes | care | support

Design for Age-friendly Homes

D1.1 Construction of 66 new homes

D1.2 Blackwood Design Guide

D1.3 Retrofit existing neighbourhood homes

Powered by Blackwood
homes | care | support

Supporting Social Connections
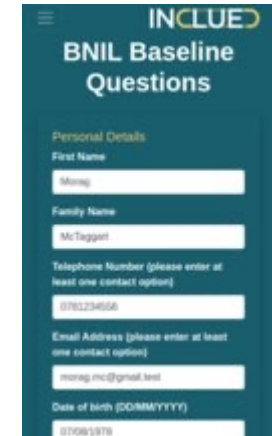
D2.1 Develop My Life App

D2.2 Value Exchange

D2.3 Personal Data Store

D2.4 Neighbourhood Connectivity & Digital Inclusion

D2.5 Volunteering & Social Programme

Powered by

Sustaining Physical Activity

D3.1 Provision of Outdoor Exercise Equipment

D3.2 Co-design and deliver neighbourhood physical activity

programmes and competitions

Powered by **Blackwood**
homes | care | support

Creating Healthy & Active Places

D4.1 Provision of Low Carbon EV

D4.2 Provision of

Equipment/Service libraries

D4.3 Environmental

Improvements

Powered by Blackwood
homes | care | support

Managing the Common Complaints of Ageing

D5.1 Lifestyle Alert System

D5.2 Responder Service

SG/Digital Health and Care connections

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

4. Resources are used effectively and efficiently in the provision of health and social care services.

Project Partners

Powered by Blackwood
homes | care | support

Heather Duncan

Email: heatherduncan@blackwoodgroup.org.uk

James Finnie CEIS

Community Enterprise in Scotland (CEIS)

Main office: Govan, Glasgow

- Established April 1984

- 65 staff

- 7 office bases in Glasgow, Ayrshire and Dumfries and Galloway

- 2022 Turnover: £5.1m

CEIS

Community Enterprise in Scotland (CEIS)

- UK's largest and most experienced social enterprise support agency

- Our mission is to tackle inequality, strengthen communities and improve the performance and impact of businesses which contribute to our society

- Core to our success and reputation is our work with partners across the world to share and develop new approaches and systems that support social enterprise development

CEIS

Sector Growth

Active Social Enterprises

As of 1 April 2021, there were **6,047** active social enterprises in Scotland. This represents a **16%** increase between 2015 and 2021.

GROWTH IN THE NUMBER OF ACTIVE SOCIAL ENTERPRISES

2015:	5,199
2017:	5,600
2019:	6,025
2021:	6,047

Source: Analysis of data on all identified social enterprises, 2015, 2017, 2019 and 2021

CEIS

Reported Beneficiaries

Beneficiary Groups	% of Respondents	Beneficiary Groups	% of Respondents
People experiencing socio-economic disadvantage	55%	Carers	22%
Young people	52%	Alcohol or drug addiction/dependency	19%
Older people	42%	People from a minority ethnic background	18%
People with mental illness or mental health problems	39%	Refugees and asylum seekers	14%
Individuals with a learning disability	36%	Homeless / coming out of homelessness	12%
Individuals with a physical disability or long-term condition	35%	People with convictions	12%
People from rural and island communities	33%	People identifying as LGBTIQ+	11%
Women and girls	29%	Veterans / ex-military	8%
Long-term unemployed	27%	Victims of crime	6%

Source: Social Enterprise Census Survey 2021

CEIS

Business Support - Just Enterprise

- Scottish Government programme that provides fully-funded business support to the enterprising third sector across 32 LAs.

- Delivered across Scotland by a partnership of third sector organisations, operating under the Just Enterprise brand.

- Support includes: start-up support & funding, business planning, strategic planning, leadership training, income generation, procurement, social investment, …

- Apply online at: https://justenterprise.org/

Business Support - Higher Education Spin-Outs

Social Enterprise Runway for Higher Education Spin-outs

Enquiry Management & 1-2-1 Business Support

- CEIS / Challenges Group / Just Enterprise / Commercial Champions

Grant Funding for Business Start up & Growth

- Firstport Social Entrepreneurs Fund £5-25k / Challenges Group SEEIP £30k

Social Finance

- Firstport Boost It & Catalyst £30-50k / Firstport Launch Me Investment Readiness Support / Challenges Group SEEIP £90K / SIS £10K-£1.3M

Legal Support

- MacRoberts LLP: Social Enterprise legal structures & company formation / IP audits & advice / contracts

Incubation & Internationalisation

- Challenges Group: Office space, corporate services, management
- In-country market analysis, support and market development

CEIS

Challenges Group

FIRSTPORT

MACROBERTS

SIS Social Investment Scotland

CEIS

Contact:

James.finnie@ceis.org.uk
0141 425 2912

CEIS

Backup
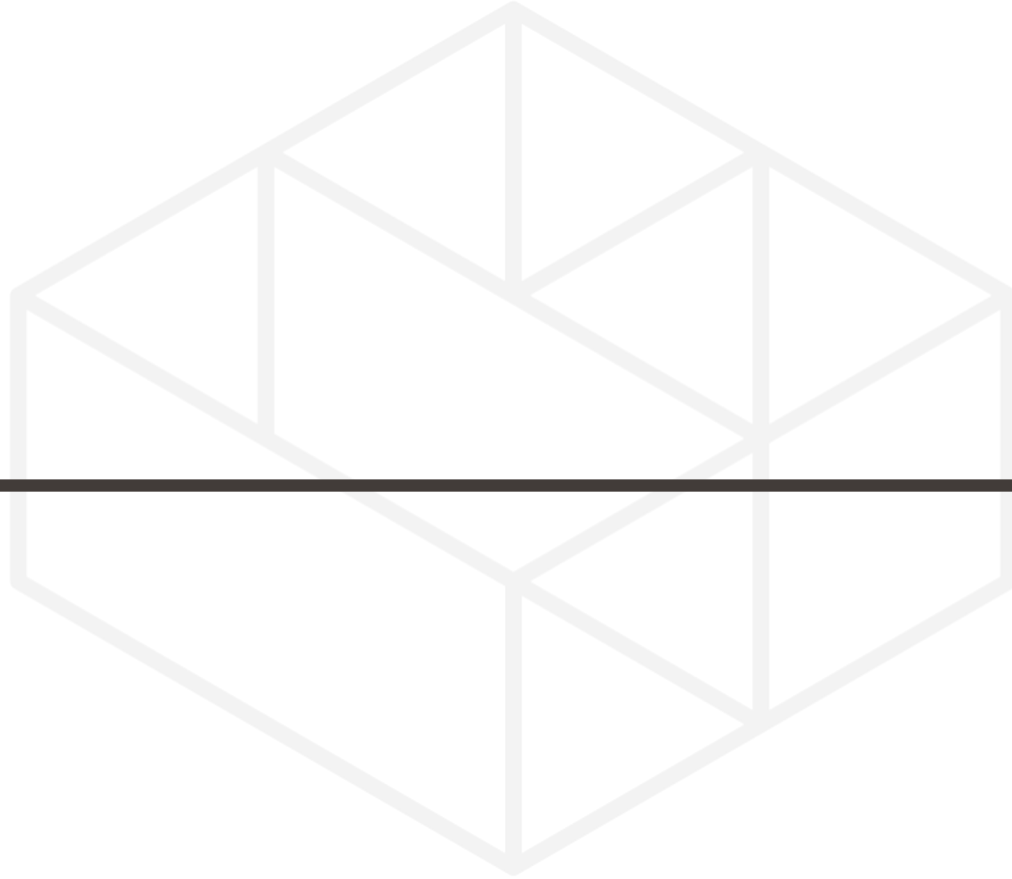
Governance, Leadership & Fair Working Practice

Group	% of the Most Senior Employees from Group	18+ population[22]
Women	71%	51%
Non-binary	1%	not available
Black and Minority Ethnic	5%	5%
Under 30 Years Old	4%	18%
Disability or Long-term Condition	21%	26%
LGBTIQ+	6%	3%

Source: Social Enterprise Census Survey 2021

Social enterprises also tend to have very flat pay structures. The 2021 survey findings indicate an average wage differential of **2.3:1** between the highest and lowest paid employee[27], compared to a consistent wage differential of **2.5:1** reported in 2015, 2017 and 2019. The latest figures also show that **97%** do not exceed a ratio of **5:1**, consistent with the principles of fairness and equity set out in the Voluntary Code of Practice for Social Enterprise in Scotland[28].

£ 68% 2015

£ 72% 2017

£ 75% 2019

£ 85% 2021
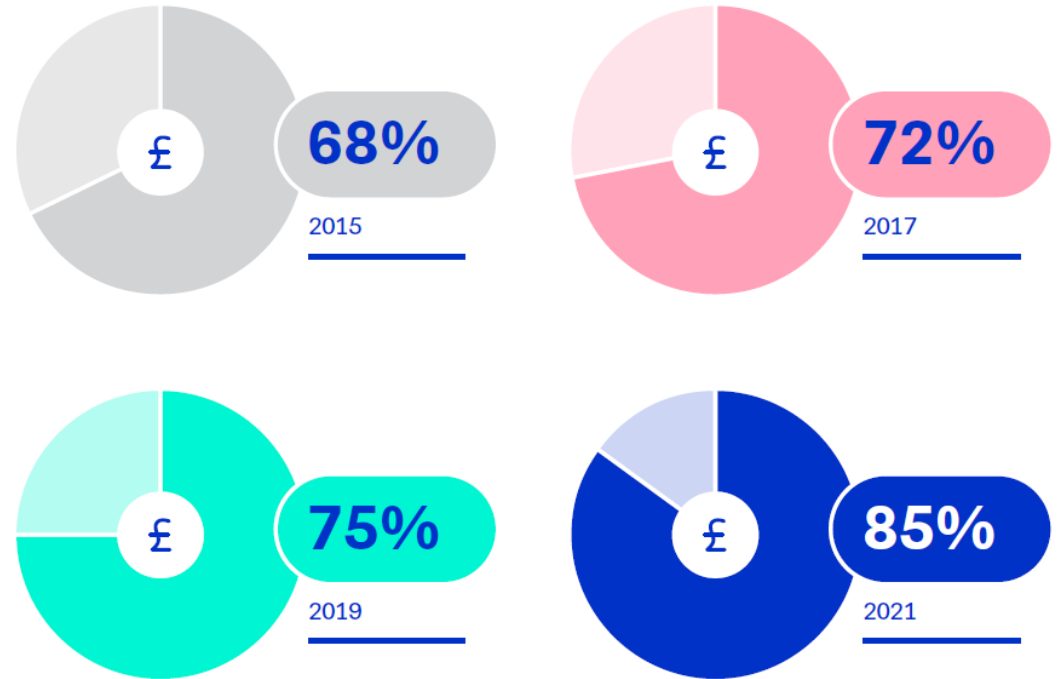
Source: Social Enterprise Census Survey 2015, 2017, 2019 and 2021

Albyn

Lucy Fraser Head of Innovation

Housing-Led Innovation

May 2023

Lucy Fraser

Head of Innovation

The Albyn Group

What we're doing

Research: Falls Prediction Algorithm
Identify changes in activity that increase fall risk months/years in advance

Secure Data Storage

Residents & Trusted Persons
e.g. relatives, carers, neighbours

NHS Receivers
e.g. GPs, emergency services, telecare responders

Example activity data from sensors

User Interface

FITsense System
Knowledge from Sensor Data

Sensor Events

Bathroom Motion
Toilet Flush
Bedroom Motion

Activity Recognition

sleeping
9 hours

noactivity
7 hours

sitting
5 hours

toilet
0.5 hours

dressing
1 hour

Personal Profiles

Sleep
Current Risky
Sleep Disturbances
Toilet
Room Transitions
Wandering
Activity

1
0.8
0.6
0.4
0.2
0
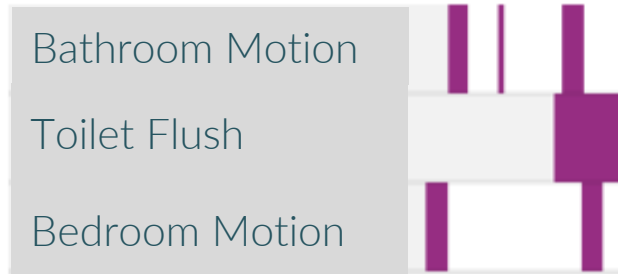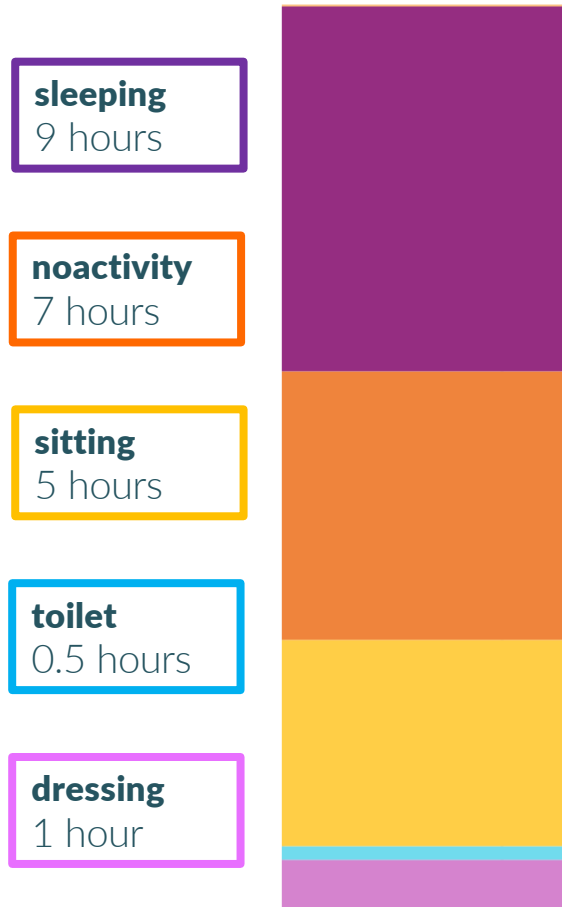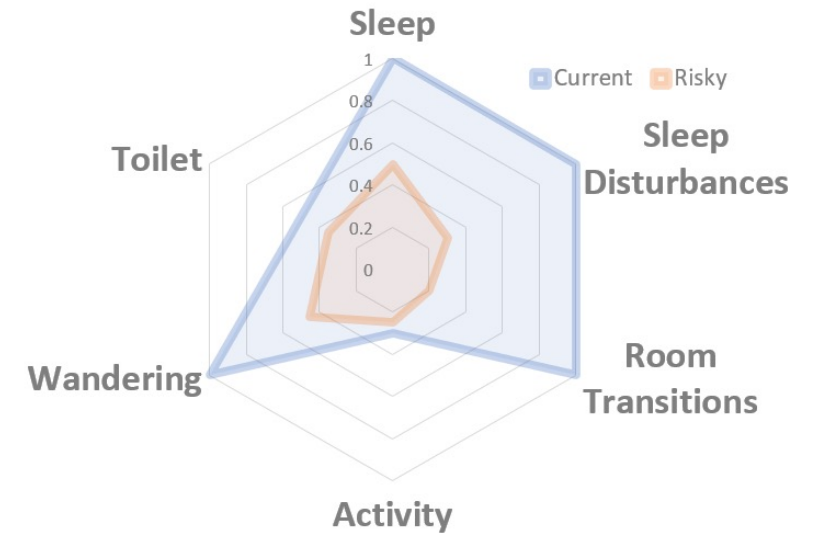
Invisible Sensors
Increasing Sensing Fidelity

Inverness & Highland
Inbhir Nis & A' Ghàidhealtachd

City-Region Deal
Cùmhnant Baile-Roinne

albyn
Housing Society
building homes...supporting communities

Signal Strength

Bathroom Motion

Kitchen Fridge

Kitchen Motion

Living Room Motion
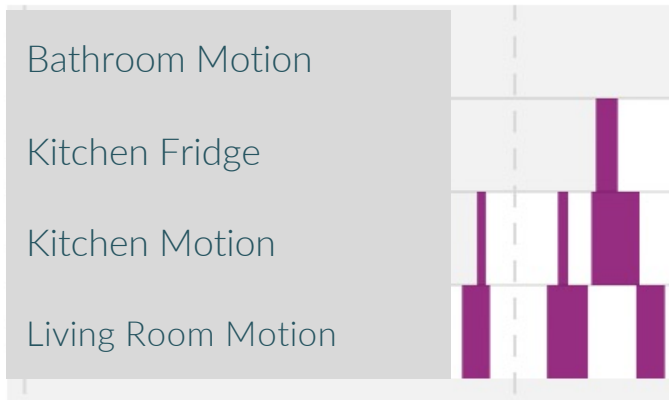
5 minutes

Infrared Motion

— Living Room — Bedroom — Kitchen
— Bathroom — Dining Room — Hall
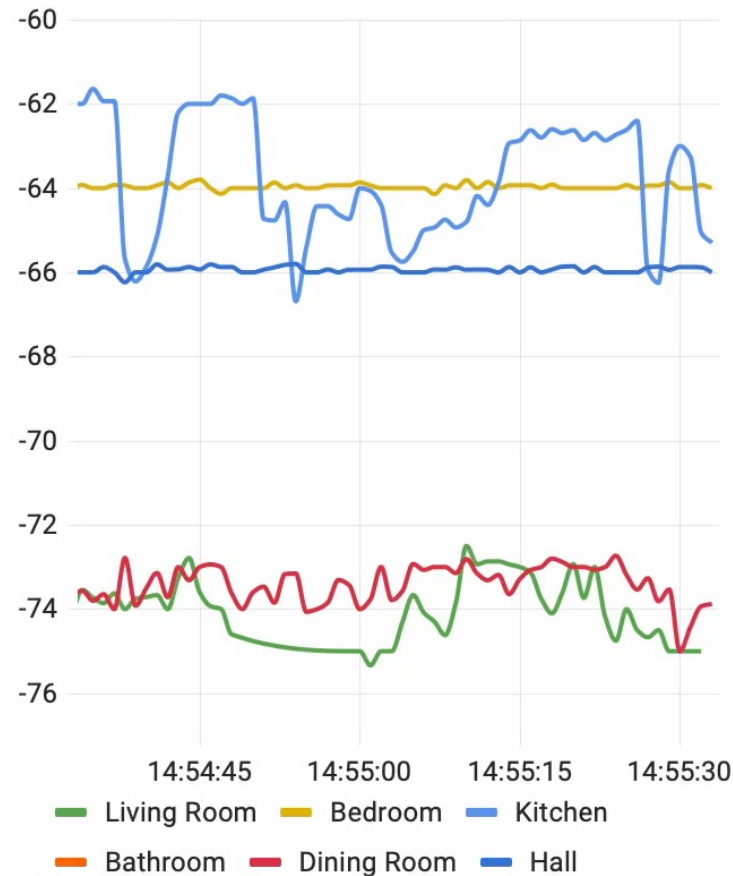
1 minute

One CSI sensor
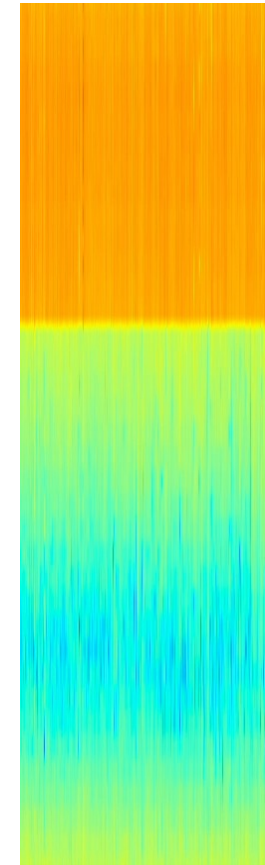
1 second

Event State Chart (House 5)
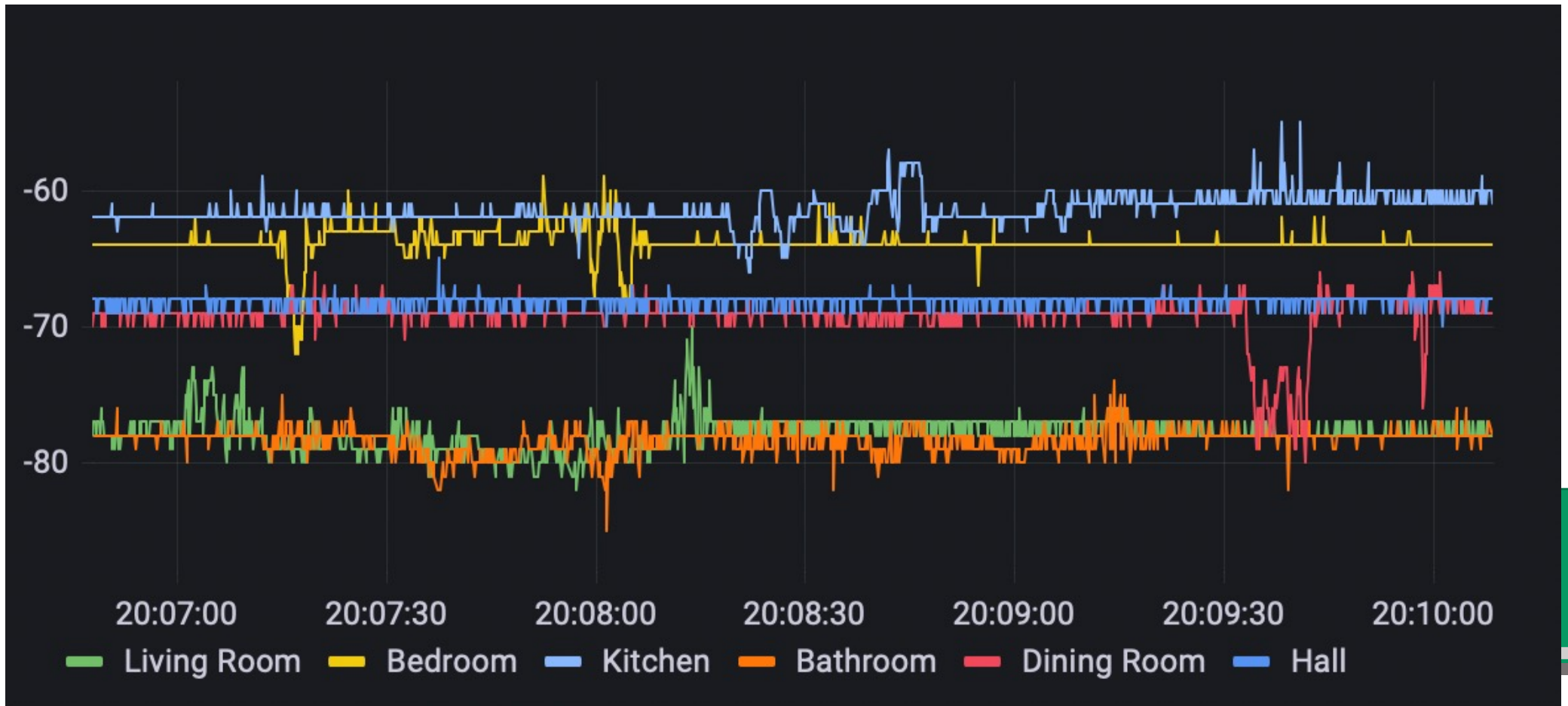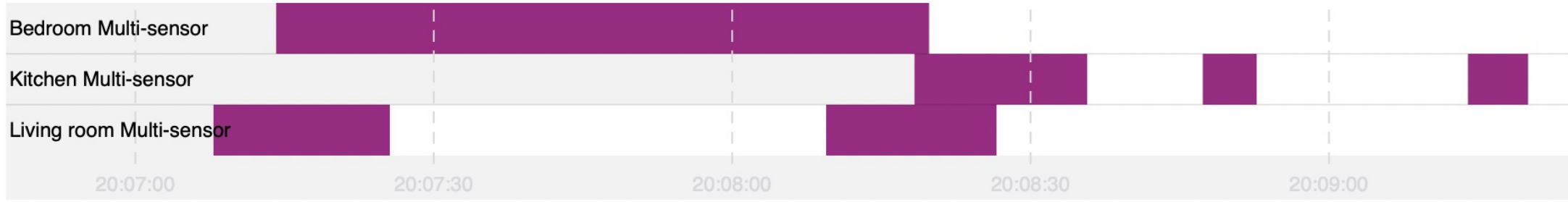
Who Are We Housing

- Frail Elderly
  - Identified by Carers
  - Identified by GP's

- People with Life Limiting Disease

- Young people Leaving Care

- People Leaving Prison

- Homeless

- Mental Health

- Drug and Alcohol Dependency

Public Sector Highland

- Highland Council Housing
- Highland Council Benefits
- Highland Council Social Work - Care
- Highland Council Social Work – Criminal Justice
- Highland Council Data and IT
- NHS Highland – GP
- NHS Highland – Social Care
- Scottish Prison Service

Research - General

- Robert Gordon University
  - Knowledge Transfer Partnership – Innovate UK

- Glasgow University
  - School of Engineering
  - School of Bio-engineering
  - Computer Science/NHS West of Scotland
  - Levelling-Up

- Napier University – Criminal Justice

- Edinburgh University – Artificial Intelligence

- Stirling University – IoT Legal Framework

Collaboration & Contributors so far….

Potential ….

Discussion

Final comments

Joanne Boyle, Digital Health & Care Innovation Centre

Final comments

- Thank you to all our speakers today

- So much information - all recorded and presentations will be made available for further reference on our website

[Healthy Ageing Innovation Cluster (HAIC) | Digital Health & Care Innovation Centre (dhi-scotland.com)](dhi-scotland.com)

- Feedback vital to develop future sessions

Funding Opportunities

- All our current funding opportunities are available on the HAIC webpage: https://www.dhi-scotland.com/innovation/innovation-clusters/healthy-ageing/

Next HAIC event

- [Healthy Ageing Innovation Cluster (HAIC) | Digital Health & Care Innovation Centre (dhi-scotland.com)](https://www.dhi-scotland.com)

Take our post event survey

- Scan the QR code →

Or

- Enter:

https://www.surveymonkey.co.uk/r/Post_HAIC_Event_Survey

Join our digital health and care network

- Scan the QR code →

Or

- Enter:

www.dhi-scotland.com/join-our-network

Visit our HAIC webpage

- Scan the QR code →

Or

- Enter:

www.dhi-scotland.com/innovation/innovation-clusters/healthy-ageing/

Join our private LinkedIn HAIC Group

- Scan the QR code →

Or

- Enter:

www.linkedin.com/groups/12496744/