delivering assisted living lifestyles at scale

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**Dallas**

Dallas is a nationwide programme that promotes and enables self-care using digital technology.

**Proportions of UK Social Network Users by Age Group 2012**

- 11% 16-24
- 15% 25-34
- 19% 35-44
- 21% 45-54
- 22% 55-64
- 18% 65+

**Digital Impact on Customer Experience**

- 70% comfortable communicating with doctors via text, email, video instead of seeing them in person

**Trust in Telehealth**

- 76% of patients find access to care more important than physical human contact with their care provider

**Mi**

- More independent
- Enabling people of Liverpool live more independently. Using technology to support people take control of their health, wellbeing and lifestyle.

**Living it up**

- Supporting better health, wellbeing and active lifestyles in Scotland
- Personalised experiences to keep people connected with one another and with their health and wellbeing.

**Year Zero**

- Developing personal health records for everyone
- Delivering a suite of health and care planning tools for families and people with long term conditions

**i-Focus**

- Collaborating with digital health services providers on interoperability and best practice
- Helping families stay connected by using simple sensor technology

**UK elderly population aged 65 and over has risen from 8.1 million in 1991 to 10.5 million in 2011, and is expected to reach 12.2 million by 2020 and 14.8 million by 2030.**

**150,000 people are spending privately £1.4 billion p.a. on domiciliary care that could be supplemented/complemented by technology enabled self-care**

**Demands on the healthcare system increasing by 4% a year with an average number of primary care consultations per person increased from 4.2 in 2010 to 5.8 in 2016, with a drifing increase in the average number of consultations among the over 75s.**

**At the same time A&E attendances and emergency admissions have increased year on year.**
dallas

Emerging Lessons Learned

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“dallas is different”
“dallas is ambitious”

What does this mean for the evaluation of the programme?
There are multiple different:

- geographies
- products, services, interventions
- target populations/users
- cultures and organisations
- expected benefits/outcomes
“Evaluating dallas is difficult!”

But it is these challenges that make dallas so exciting and important to evaluate..... especially now
RCT

Experiments

Pilots

Qualitative Research

– In the Field

Implementation - In the Wild

Level of Control

Ecological Validity

Tell me how I can do this myself

Tell me how I can do it at scale

Tell me how I can do it right

Tell me how I can do it in real life!
Aims

1. To be able to describe the dallas communities, their activities and processes, and their products and services
2. To be able to describe reach of dallas products and services
3. To be able to say something about the impact of using a service/product on individuals themselves, or their friends, family or carers
4. To explore the benefits to ‘systems’ (implementation)
5. To be able to describe the benefits (and disbenefits) to the economy
Let’s look at Implementation (Aim 4)

- Qualitative Data
  - Quarterly community and evaluation progress reports
  - Recruitment barriers and solutions reports
  - Observation logs from those designing or delivering services
  - E-Hit / NPT interviews – mapping/analysis
  - Quarterly Evaluation alignment interviews
  - Ethnographic data
  - Published reports from each community

- Theoretical Framework (Normalisation Process Theory)
‘Tensions’ emerging

- Sounds negative - but actually these are being turned into lessons learned and recommendations for best practice
  - Some of these are at ‘decision points’
  - Some have resulted in ‘changes in direction’
  - Some are caused by ‘external influences’
  - Some are just experiences on the ground
    - As people roll out and scale up
1. Innovating and Delivering at Scale Simultaneously is a Challenge

- Solution Exploration takes time
- When is the right time to recruit?
  - Do you have a concept that people can buy in to yet?
  - Do you have a working prototype that people can try out?
- What is the added value of co-design?
- How can you exploit mainstream technologies?
- Innovation and operation cycles often in conflict
2. Defining membership and participation is complex

- How do you define someone as a member, or a user?
- How do you measure the level of their engagement?
- How do you sustain and track involvement over time?
- How do you convert interested people into consumer/engaged users?
3. Moving to Consumer Based Models

Dallas aims to transform current health and social care services into a more citizen led model

- There remains a deeply rooted culture of co-dependence on statutory services

- a. healthcare professionals and service providers need to introduce and/or endorse new ideas and devices and
  b. The concept of self-management is not yet generally embraced by all with chronic conditions in the UK

- dallas is developing new methods to enable the required cultural shift in self-care