

Digital transformation in social care

How to get it right

**How can sector leaders
implement digital technology to
optimise social care outcomes?**

Digital transformation in social care – how to get it right

In a rapidly changing adult social care landscape, the need to accelerate the adoption of digital solutions has come into even more of a sharp focus over the past 12 months.



Coronavirus has, of course, already radically reshaped the role of technology in adult social care. At a practice level, many changes forced into being since March 2020 – not least the use of electronic means to facilitate contact, ranging from multi-agency meetings to assessments – are here to stay, despite the rollback of Covid restrictions. The pandemic has by necessity also catalysed the movement of health and social care services, and the providers they commission, into far closer working relationships – something many have welcomed.

Such momentum will be essential to meet ambitions set out by the government as it focuses on reshaping health and social care. Its white-paper proposals for health and care integration, published in February 2022, commit to the delivery of “shared care records for all citizens by 2024 that provide a single, functional health and care record which citizens, caregivers and care teams can all safely access”.¹ The white paper

calls for integrated care systems (ICSs) to develop digital investment plans for bringing all member organisations to the same level of digital maturity, ensuring that data flows seamlessly across all care settings and that technology transforms care “so that it is person-centred and proactive at place level”.

December 2021’s social care white paper places similar emphasis on digital and technological solutions, proposing at least £150m of additional investment targeted at several key areas². These include care technology, for example falls-prevention sensors, the development of digital care records, investment in infrastructure and cybersecurity, and a focus on improving digital skills and confidence across the social care workforce. The government has also announced a £1m investment in a new Centre for Assistive and Accessible Technology, to include an evaluation of the needs of disabled people in England and the extent to which these are being met.

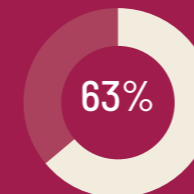


Against this policy backdrop, local authorities and their partners – who are still grappling with the aftermath of Covid in terms of workforce shortages, case backlogs and the increase in the complexity and level of need – are at wildly variable stages of progress. Some have made significant headway in terms of tech-enabled care, for instance, while others have, with local health services, begun to make advances around data analysis at a population health management level. Few have forged ahead in multiple areas.

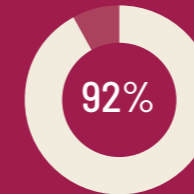
But the healthcare technology available to them has reached a tipping point, where data-driven care offers genuine possibilities as leaders look to reshape service provision and create integrated care systems and pathways. With the growing number of solutions available, selecting, commissioning and implementing the right one is a complex task – and needs to be driven by needs and outcomes.

With a view to helping social care leaders navigate this landscape, ADASS interviewed senior figures from within the sector, and other experts, to explore how to take a holistic approach to understanding the problems at hand – before moving to acquire technology – and where best to focus their resources. This discussion paper is sponsored by the smart remote monitoring technology company Lilli, which is focused on supporting the social and health care system by utilising data to provide actionable insights that enable the sector to deliver better, more informed, and more effective care.

Digital transformation and the challenges facing adult social care



Almost two-thirds (63%) of directors of adult social care (DASSs) responding to ADASS's 2021 spring survey indicated that their local authorities were taking positive investment strategies for digital and technology, with only 1% saying they were disinvesting.



More than nine out of 10 (92%) directors indicated in the spring survey that they view investment in assistive and communications technology as either quite or very important in delivering on their savings priorities.



Investment in preventative services – which tech can be a key enabler of – was also identified by directors as their second-most important approach to delivering savings, although respondents also commented that they lacked resources to prioritise this.



Almost 500,000 people were waiting for an assessment of their care needs, care and support to begin or a review of their care plan as of 31 January 2022, a further snap survey by ADASS found³.



More than 1.5 million hours of commissioned home care, social care directors told ADASS, could not be provided between August and October 2021. That's an eightfold increase, up from 250,000 hours between April and June because of a lack of staff, and despite record growth in provision⁴.

Identifying the challenges and choosing the right solution

As research carried out by ADASS makes clear, the ongoing digital transition is at the forefront of many adult social care leaders' minds – and has been since before the government's policy documents highlighted this as a priority for reform issued a reminder over winter 2021-2022⁵.



"Better technology will mean better management of a finite resource – the most important resource in adult social care, which is people," says Alison Tombs, ADASS digital and technology priority lead and assistant director for wellbeing and assessment at North Tyneside Council. "If we can utilise technology correctly, that can free up people to provide higher quality support to individuals in their own homes and in care settings, which would enable a better service."

Ms Tombs, who chairs ADASS' national digital and technology network, says she feels the sector is "much further forward" in its embrace of technology than it was before the pandemic. But, she adds, "we've still got a cultural shift, a bit of a hurdle to get over" before people – including staff, individuals accessing services and their families and carers – have full confidence in digital solutions.

It's a point picked up on by Iain MacBeath, strategic director for health and wellbeing at Bradford Metropolitan District Council, who emphasises the need for public bodies to raise their game.

"Care companies are becoming more tech-savvy – there's been a huge change in the pandemic, especially in care homes, many of

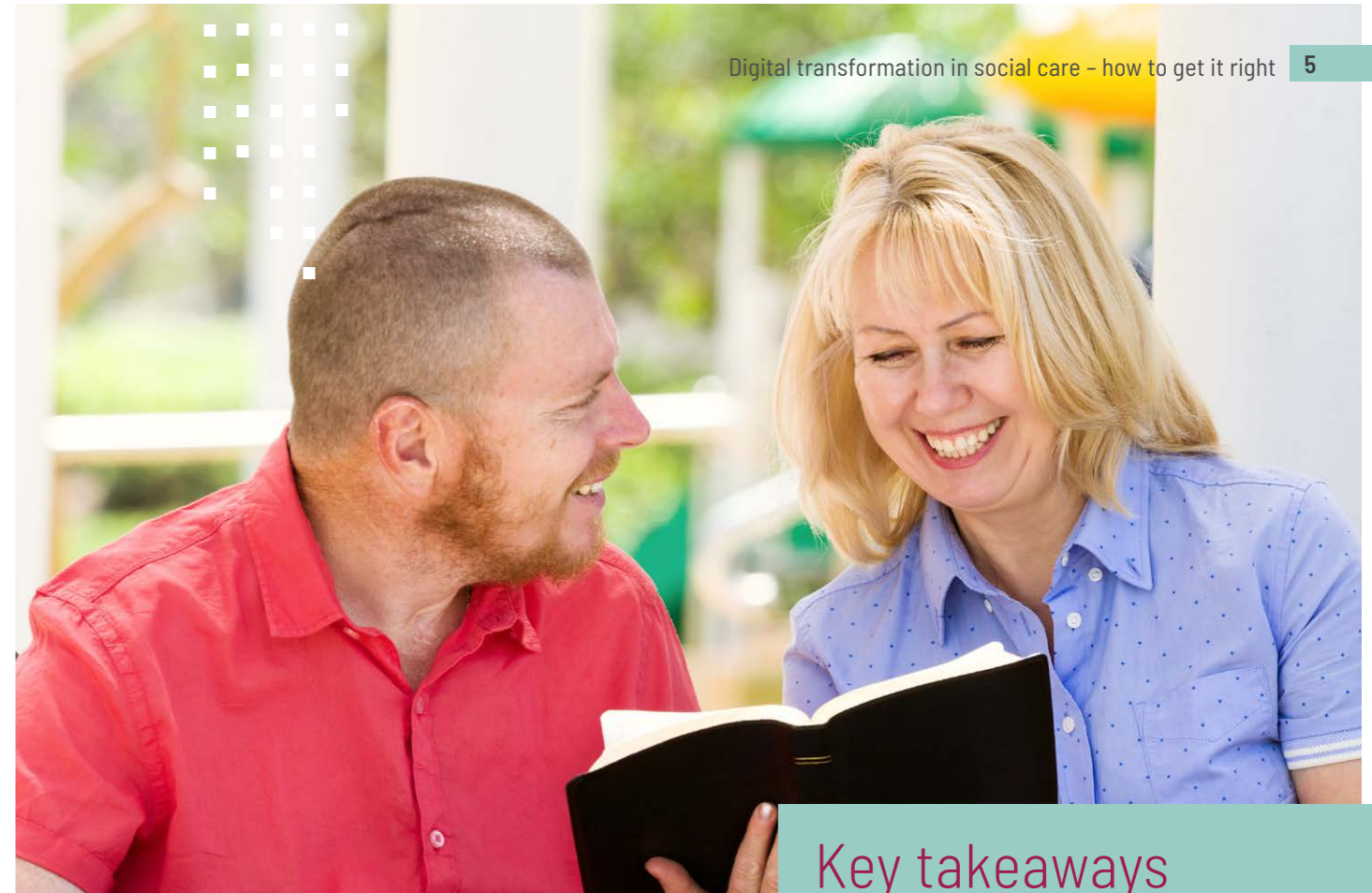
which did not have computers at all, before 2020, and now they're using digital tools," he says. "People's expectations have changed too – families, and older and disabled people have had to embrace tech, they do online shopping, online banking, and understand more what being in control of your health and care records means.

"But I fear the sector hasn't properly stepped up to the plate yet," he goes on. "We still bolt tech on the side, it's a separate thing we buy, and it's not integrated – that's what we've got to tackle."

For things to change, social care leaders must develop a detailed understanding of how technology can help them to improve outcomes for people and better meet their aspirations, or deliver efficiencies. "Digital leadership skills should be developed further in the sector so digital leadership becomes a 'normal' part of a leader's role,"⁶ recommended a recent review of digital transformation in adult social care, commissioned by NHSX (Now part of the NHS Transformation Directorate).

"If you haven't identified what the outcomes are that you are looking to improve, then you can't accurately validate the success of the technology that you are rolling out and if there's one thing social care leaders can't afford to do, it's waste time or money," says Kelly Hudson, chief strategy officer at Lilli, a technology provider whose algorithms, fed by home-based monitoring sensors, can help spot early warning signs of declining health and wellbeing.

"There's no point in looking at kit and seeing what it can do. It's got to be: this is what we do, this is what we're struggling with, how



Key takeaways

- The onset of the coronavirus pandemic has accelerated the use of technology across adult social care.
- However, a cultural shift is required to convince staff, people accessing care and support, their carers and families to have full confidence in digital solutions.
- Digital leadership needs to become part of the everyday skill set of adult social care decision makers.
- Clearly defined outcomes must underpin the decisions taken by adult social care leaders on investment in tech if they are to maximise the impact for people accessing care and support, along with utilising public money to best effect.

do we solve that problem – and is technology a support mechanism to help us do so?" adds Ms Tombs, whose local authority will shortly go live with a lifestyle-monitoring pilot aimed at reducing short-term placements by 10%. "We're using public money, and are supporting people in our statutory duties – we have to make sure we are accountable, and can only make things work if we're thinking about the needs we're trying to meet."

“If we can utilise technology correctly, that can free up people to provide higher quality support to people in their own homes and in care settings, which would enable a better service for people. It's about how you manage that demand – and technology's got a place in that.”

Alison Tombs, assistant director for wellbeing and assessment at North Tyneside Council and ADASS' national digital network chair

Changing the narrative

A focus on the outcomes digital solutions can achieve, based on real-life examples, can help achieve buy-in among the wider workforce, people accessing services and senior councillors who are accountable for strategic and funding decisions. The recent NHSX-commissioned review recommended leaders implement “a programme of myth busting, reassurance and culture change... alongside changes to ways of working that focus on informing and raising awareness of digital technology, and communicating the benefits”.



Marc Greenwood, head of business systems and improvement at Coventry City Council, gives the example of a local trial of a “brilliant bit of kit”, aimed at enabling people to make decisions and plan their lives, that was not well-enough targeted by the council at solving specific problems.

“Practitioners said, ‘Yes it sounds great,’” he recalls. “But when it came to it, people didn’t use it, because they didn’t see it as suitable for the person they were working with at the time.”

The local authority’s approach has shifted, Mr Greenwood explains, from considering how care technology can complement traditional services to how it can “fundamentally change some of our models of care” – a far more compelling narrative.

“For example, we think there’s an opportunity to use care tech to reduce the burden and



demand on hours of homecare,” he says. “But we’re also potentially looking at ways in which we can empower providers to have a better understanding about the activities and behaviours of the residents they’re serving, to help inform decisions about where they appropriately use their resources.”

Just over the border in the East Midlands, Leicestershire County Council is also revamping its customer-facing technology offer within adult social care, in partnership with Hampshire County Council. “Unless people can see tech making a difference to the way they work, or how they live their lives, they’re probably not going to adopt it – they won’t see the point,” says Nigel Thomas, Leicestershire’s assistant director for adults and communities, echoing Mr Greenwood’s comments.

To help embed this ethos at practice level, explains Mr Thomas’ colleague Tracy Ward, assistant director for integration, access and prevention, the council has created more than 50 ‘care champions’ who work in different areas of adult social care and have been given enhanced training and support.

“When they’re asked questions from colleagues, it’s refreshing to hear them give answers explaining that it’s not about specifying pieces of kit, it’s about identifying the outcome for the individual and then the assessors can find the right solution,” she says.

Cementing a cultural shift towards technology-driven, outcomes-led approaches among the wider workforce will, though, depend on broader and deeper work, others argue, to ensure it is properly adopted. Leeds City Council’s deputy director for integrated commissioning, Caroline Baria, remarks that there were recent discussions in the city around setting up a data-cleansing team to “sweep up” after social workers to ensure records are accurate at all times. While the suggestion was not pursued, the mere fact it took place is, Ms Baria says, one example of IT training being put “too low down the priority list for social care professionals” – something she says must be addressed.

“All the way through our training programmes – and probably from when people are qualifying – we need to embed how important technology is in making our work more meaningful and

more beneficial to our citizens,” she says. “If we’re going to drive cultural change, we’ve got to take people with us, we’ve got to explain to them and we’ve got to help them to learn and see the value of data – and correct data.”

Key takeaways

- Tech should be presented to staff as something that meets a specific need or challenge, giving staff a reason to use it.
- Concrete examples of how digital solutions can change models of care, improve people’s lives and potentially reduce burdens on staff provide compelling narratives that can boost uptake.
- Providing some staff members with additional training to be care tech champions can help embed new approaches and provide the leadership required to incite and embed culture change.
- At a broad level, training should have a focus that foregrounds the value of data and the importance of accurate information.



Laying the groundwork



While driving a shift in professionals' attitudes to tech is crucial, frontline workers – not to mention people accessing services – are only likely to become convinced of its value if the systems in place enable effective dissemination of data across care networks.

At a practice level, digital solutions need to be accessible to – and easily understood by – the staff making use of them, helping them to save time and spot changes that require action (see Dorset Council case study box). That could mean a dashboard on a mobile device that provides advance warning of deteriorating conditions, changes in behaviour or, as a number of local authorities

are working towards, it could mean sensor data feeding directly into existing case management software.

In Wirral, ambitious plans are proceeding to create a holistic telecare system, pulling in data from home-based and wearable sensors, as well as health and care records, to provide professionals with a 'single version of the truth' to inform both individual- and macro-level planning.

"We've got two rules if you want to do business here in Wirral around technology-enabled care," says Michael Hanrahan, the council's telecare and telehealth manager. "One is that you've got to be open with your APIs and be willing to integrate your solution with our core systems, and the other is that your technology needs to be interoperable."

Mr Hanrahan says suppliers are becoming increasingly flexible about sharing their protocols as they look to grow their

businesses and realise that by becoming more compatible they can have "a slice of an enormous pie, instead of all of a very small one".

Still, he and others point out that huge challenges remain around the interoperability of social care and health systems, which are based around very different conceptions of care. This extends to terminology, with one aspiration set out in the government's recent integration and adult social care white papers being to develop a standards roadmap by the end of 2022 and a co-designed suite of adult social care standards by Autumn 2023.

"Pieces of information, at the moment, are recorded in different ways by different people," says Ellen Coughlan, data analytics programme manager with the Health Foundation charity.

"It sounds simple but just understanding what, for example, a consultation is – that might mean, on a very kind of technical design definition, consulting with a care record and typing something in, but to someone else a consultation means a human speaking to someone accessing care and support."

While basic shared care records are in place in many areas, this is a long way from the government's aspiration of "connecting data from every health and adult social care provider to provide a near real-time picture" of care. "What we've got to try to do, under the auspices of integrated care systems, is to begin to look for opportunities that join things up in a very complex landscape," says Leicestershire's Mr Thomas. "For instance, if we've commissioned a piece of monitoring kit, we want to make sure the GP is aware of that through the shared care record."

Sharing health and care data still generates considerable public anxiety, with Mr Thomas being one of a number of experts we spoke to who emphasised the need for "really robust information governance" as the integration agenda advances.

Technical considerations must go hand in hand with transparent conversations, others point out. "There needs to be a much more informed debate with the general public about all this because the potential payoffs are so gigantic, and the opportunity cost of not sharing your data is huge – but most people don't understand that," says Tina Woods, the founder of Collider, an agency that works with public, private and third-sector organisations to accelerate innovation. "This kind of stuff needs to be discussed much more openly."

Key takeaways

- The workforce are unlikely to be fully convinced of the value of tech until there are systems in place that enable data to be disseminated across health and social organisations in an efficient and meaningful way.
- Digital solutions can empower staff to work more efficiently and, most importantly, enable them to spot changes in an individual's behaviour or health and wellbeing and take immediate action to minimise the risks.
- Interoperability between commissioners, care providers and tech suppliers must be a given, rather than a nice to have, if the benefits of technology for adult social care, and the people who access care and support, are to be maximised to their full potential.
- An open and honest conversation is required with the public about the pros and cons of sharing personal data with health and care professionals.

Case Study



'Clear alerts' as monitoring technology makes its case

Dorset Council recently went live with a pilot project with proactive remote monitoring company, Lilli, that is using discreet home-based sensors to monitor a range of outcomes, including detecting soft-signs and behaviours that could potentially indicate a decline or an improvement in health and wellbeing and assessing the needs of people on discharge-to-assess pathways. To date the technology has been installed in around 30 homes in the county.



"We're trying to get staff engaged with technology-enabled care," explains Jaime Guercio, a digital and change business partner at the council. "If people don't understand, they don't engage so we're trying to make things really, really accessible so they can come and ask my team anything they want – at present tech can be something that's a little bit scary."

Dorset's technology partner has also been undertaking training with staff, including assisting with installing sensor equipment and providing additional online support around getting the best from the resulting data.

With the council currently "smack bang in the middle" of the project, according to Amanda Shelvey, an occupational therapist (OT), there is not yet extensive quantitative data to fully demonstrate the digital solution's benefits. Estimates made before the project commenced suggested that people discharged from hospital who the tech indicated were independent enough to no longer need a third, lunchtime visit from carers could save Dorset up to £4,000 per person annually. Extrapolating this to a full contract of circa 1,000 units, a local authority such as Dorset could save in the region of £4m per year, equivalent to approximately 180,000 care hours or 120 carers. In a situation where the technology enables someone to remain at home, meanwhile, rather than moving into residential care, much larger annual savings of £30,000 per person were projected.



The pilot is though yielding qualitative evidence that provides some persuasive narratives as to its potential value.

In one instance 'John', a 64-year old man with MS, a full-time wheelchair user living on his own, had sensors installed in his three-bedroom bungalow to help assess his fluctuating levels of need. Three weeks on, his OT received a system alert showing that John had been getting up much more frequently during the night and was sometimes making himself a hot drink rather than returning to bed.

Based on this information, the OT asked John how he was doing and learned that leg pain associated with ulcers and oedema was sometimes preventing him getting back into bed. A powered leg lifter was subsequently installed in his home, thus helping him stay independent – and saving the council around £5,000.

In a second scenario an elderly woman, 'Sandra', sadly died within weeks of having sensors fitted in her home as a result of several emergency hospital admissions due to falls and other issues. While in this case no intervention was made before her death, a review of the sensor data clearly showed Sandra's mobility declining in the days leading up to it, with her using the kettle much less and getting out of bed less frequently.

"These were very clear alerts – days before her death, there was quite a change in her pattern of behaviour," says Ms Shelvey. "So the technology provides that insight and shows how useful it could be to local services – not necessarily just Dorset council but other services that can respond."

Drawing deeper insights



As the integration landscape develops, some people we speak to assert that social care and health services need unified IT platforms that all organisations within a given ICS can access and utilise. "It's fine to have shared records, but if there are five, six or seven different IT systems, then interfacing between them can be hugely problematic," says Ms Baria. "Over a five- or 10-year period – and a mandate from government would help in this – the objective has to be signing up to developing a single IT system across each geographical area."

Others argue there's no need to go that far. "We can translate records in," says Mr MacBeath.

"For me, it's all about: where's the infrastructure, a data warehouse to crunch all of our data together? And then the curious analysts looking for ways to spot the top 20 people we should be concerned about. That's where our deficit lies."

Mr MacBeath's comment raises another important point: that even with a fully functioning, integrated solution in place, you need to have people around who can draw insights from the available data, understand local populations and make care more preventative. Many social care leaders we speak to agree that the public sector's struggles to compete with private firms when it comes to attracting analysts and other specialists pose a potentially huge barrier to progress.

In the longer term, experts propose a range of ways in which this might be overcome at a sector level. These include the Department of Health and Social Care agreeing to loan the services of in-house technical staff, public bodies partnering with think-tanks

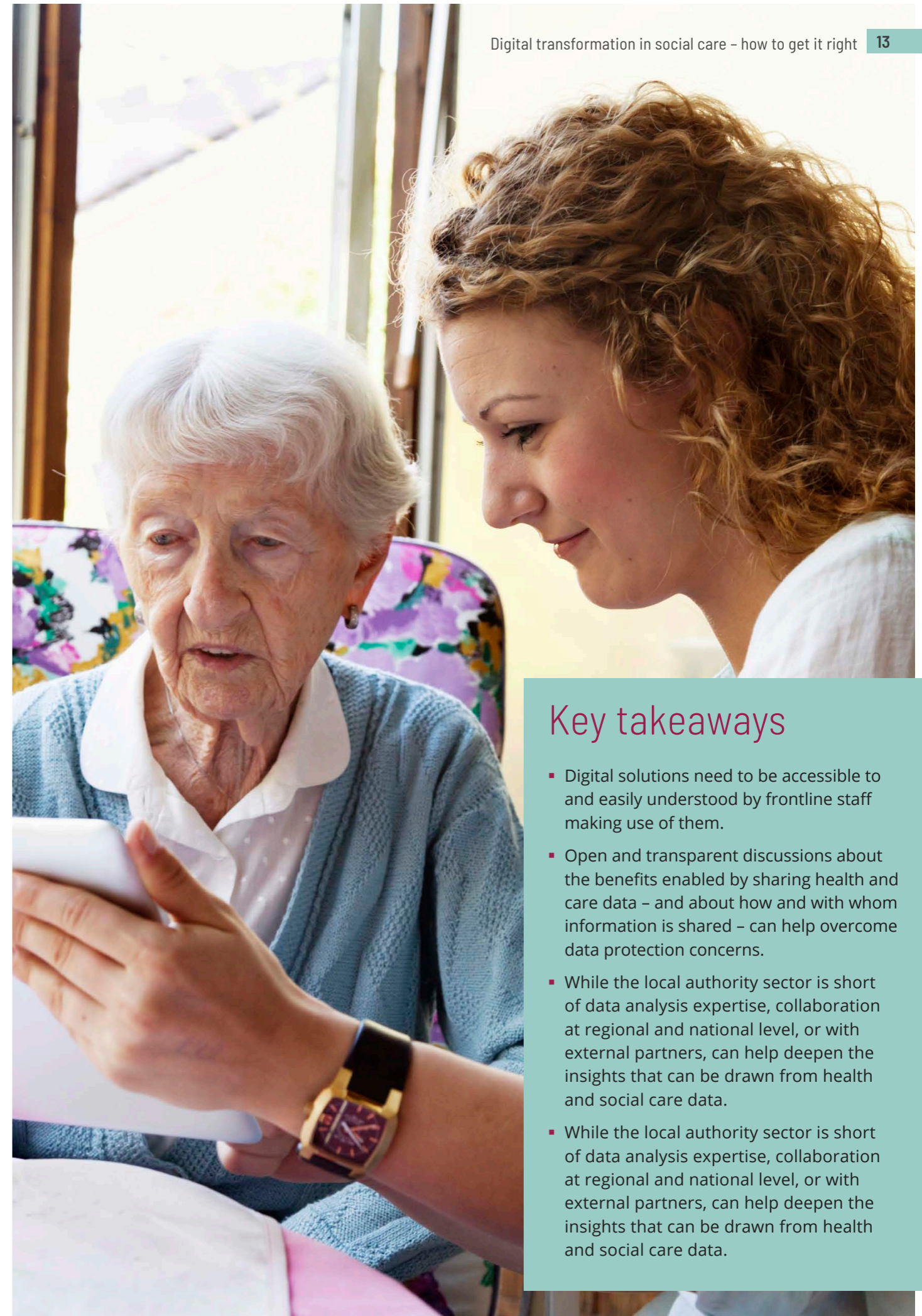
that possess the relevant expertise, or simply by increasing the regional pooling of expertise, as is beginning to happen within the ADASS digital and technology network.

"If we can get really creative, we could also look at big tech firms seconding their skills, perhaps via some sort of incentives that are built in terms of delivering social value, serving the public good," suggests Ms Woods. During the pandemic, ADASS began to experiment with such an approach, partnering with Microsoft to support a number of digital innovation projects in adult social care.

For some lucky local authority areas, the expertise of tech suppliers can be tapped in unexpected ways, advises Mr Hanrahan. Wirral Council has been working closely with a telecare provider to gain insight into modelling events that deviate from norms and, when applied to the behaviours of people accessing social care services, might trigger alerts or alarms.

"They are very interested in both the flow of data for a person over a day, and understanding those habits – but also in joining that data together at a population level," he says. "So we have a cohort of people and we say, okay, let's have a look across Wirral: these are the people with telecare, and of them, these are the people who are in receipt of other services. Out of that here's the people who are getting assisted bin collection, here are the people we know live alone because they get a 25% reduction in their council tax, here are the people who we know live in a particular type of housing.

"Join all that together," Mr Hanrahan goes on, "and all of a sudden, you end up with a very rich mosaic of what your populations look like and what their needs typically are – meaning you could then fit public services to those needs."



Key takeaways

- Digital solutions need to be accessible to and easily understood by frontline staff making use of them.
- Open and transparent discussions about the benefits enabled by sharing health and care data – and about how and with whom information is shared – can help overcome data protection concerns.
- While the local authority sector is short of data analysis expertise, collaboration at regional and national level, or with external partners, can help deepen the insights that can be drawn from health and social care data.
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Implementing sustainable and lasting solutions

Local authorities that are at an advanced stage of slotting together information received from care technology solutions with population-level data are still in the minority.



But even when it comes to implementing solutions in more focused ways, effective collaboration with tech providers can make a huge difference in supporting the adoption of new approaches, ensuring that outcomes are achieved and implementation and roll out is successful before bringing them into standard operating procedures.

“When we work with a new local authority partner, there will be three, to four months of scoping, with a range of their stakeholders, so that we can accurately identify what the desired outcomes are, what the roles will be, and what the process is,” says Lilli’s Ms Hudson. “It’s also about identifying what the general feeling is around the use of technology, as well as the pressures that local teams face.”

Ms Hudson says that from her perspective it’s crucial suppliers “take nothing for granted” in working to ensure frontline social workers and occupational therapists feel comfortable using technology so they understand how it works and in what way it will benefit both them and those in their care. There is an inevitable ‘change’ required when adopting a new form of technology into a process, so it’s vital for organisations to understand what the change means for frontline workers and be clear in demonstrating how to change the existing working practice in order to ensure a more seamless adoption.

“In addition to consultation sessions and running team wide training and support sessions in person and online, we have DBS-checked teams who will support front line workers with their initial install, so that they are comfortable in understanding and using aspects of the technology. We also provide support and materials to help Local Authority teams explain the technology and its benefits to people accessing their services and their friends and family, to help alleviate the pressure on them and reduce the barriers to roll out,” she continues. “Implementing a new technology can’t be seen as an additional task they need to add into their already busy and overstretched working day, it needs to be implemented with support in a way that demonstrates to them that it has the capacity to truly transform how they work and the care that they can deliver.”



For Lilli, working in tandem with local authorities and other partners – which now include NHS trusts, housing associations and domiciliary care providers – has also helped the organisation increase its offer.

“Our technology has initially been implemented to support people already accessing social care services but subsequently then seeing the success by local authority team members, they’ve identified that our technology can also work for them in discharge-to-assess pathways,” she says. “The outcomes in terms of monitoring, assessment and reporting are similar in respect of being

able to support frontline workers much more effectively and efficiently, by helping them identify where and how their time is needed and where it’s not, and providing those within their care with an accurate proactive care support technology, to help facilitate their independence safely in their own homes for longer.” With centralised discharge funding having ended on 31 March 2022 – a decision questioned by the NHS Confederation, which has argued for permanent funds – tech-based solutions that maximise available resources could play an important role in enabling areas to maintain arrangements put in place during the pandemic⁷.

Delivering at scale



At a commissioning level, closer working between all stakeholders is something social care leaders must foster as they work to increase the chances of digital solutions being sustainable within integrated care systems.

“We’ve been tendering our homecare contracts here in Bradford – and the people who do the homecare tenders are not the people who do the technology,” says Iain MacBeath. “I’ve had to get them in a room and say, we can’t have homecare, and people only occasionally find out about the tech – if we’re going to do proper personalised care in the home, there’s got to be much more two-way communication in future.”

As public bodies look to that future, experts say there are a range of other key considerations leaders need to make to ensure the approaches they commission remain viable over the longer term.

“It’s about meaningful pilot work,” says Mr Hanrahan. “Have plans as you begin your pilot as to how you would mainstream it, so as and when you prove what you believe to be true, already have in mind factors like: how am I going to get the NHS on board with this? And what changes to services am I going to need as things scale up?”

Those changes, several people point out, include making sure that when technology signals to the commissioning authority that something is different, a human needs to be in place to respond. In the case of data giving advance warning of a potential deterioration in someone’s condition, this might mean an occupational therapist or social worker observing trends via a dashboard and putting in a call to explore how they are doing. It

could also mean social care leaders amending their arrangements with commissioned homecare providers, who will have staff operating round the clock, to ensure they monitor and act on alerts indicating the need for a more urgent response.

Another factor raised repeatedly relates to the benefits of maintaining a technology-agnostic approach, rather than only partnering with single suppliers, to ensure local authorities can offer the most flexible solutions – which may include signposting people to purchase consumer tech using personal budgets or other means.

“It might be as simple as somebody getting in a smart speaker to remind them to do a variety of things during the day,” says Mr Thomas. “Or, it could involve more complex monitoring equipment that can pick up somebody who’s had a fall, or somebody with dementia opening the door at one o’clock in the morning – and that alerting their family and friends.”

Crucially though, almost everyone we interview for this report returns to the need to think beyond a “tech for tech’s sake” culture, and to focus on the benefits digital solutions can offer people.



Key takeaways

- Care tech suppliers can play a valuable role in supporting staff to become familiar and comfortable with using digital solutions to benefit people accessing care services.
- Joined-up work with technology providers can also help expand the use cases and benefits of digital solutions.
- When piloting new technology, consider its role in health and social care integration, how co-production can form part of its development and how services may need to be redesigned around it as approaches are scaled up.
- While partnerships with individual providers can yield valuable results, a technology-agnostic ethos provides for the flexibility to people’s needs.

This means communicating to professionals the ability of technology to flag early changes in people’s behaviour, improve outcomes, helping people to live as independently as possible for as long as possible and easing pressure on services, or ways it can free up their time to better carry out direct work. It also means embracing co-production with people who access care and support to ensure practice changes enhance the personalisation of care and support, rather than just optimising the use of local authority budgets.

“There’s a tendency for tech and data to dominate the discussion – but in the end they’re our tools, our servants,” says Ms Woods. “It is about the needs of people in their social environments, their family environments and their community environments. It’s about understanding what it is in the data that matters most, to give you the insight and the picture of someone’s needs, and how you can harness that, develop the right solutions and enable the conversations that need to take place in order to better help people.”

Final word

The adult social care sector's embrace of technology is growing, spurred on since 2020 by the demands of the pandemic. But as we move into a new phase, what the government calls 'living with Covid', along with a focus on the reform of adult social care and an acceleration of the e integration agenda, there are significant opportunities and challenges for social care leaders to grapple with in the digital and technology arena.



Despite advances made under Covid – especially around digital communications – fully adopting data-driven care will demand a culture shift that gets beyond technology being commissioned as an optional add-on rather than a fundamental building block of organisational change. There are a range of opportunities that social care leaders should seek to embrace. Firstly, ensuring that digital leadership is part of their skillset. Secondly, by upskilling local authority staff to be digital champions by providing them with additional training they can provide the leadership required to incite and embed culture change. Thirdly, open and honest conversations with tech providers about interoperability with existing systems will enable all parties to maximise the functionality of systems, which will in turn help deliver the best outcomes possible for people who access care and support. Finally, the sector is short on the technical expertise such as analysts, that will be essential to building systems and drawing out insights. Social care leaders will need to fill this gap by collaborating with partners – not least between local authority areas at a regional and national level, and across ADASS networks.

Moreover, further shifts in practice among staff fatigued by two years of enforced change and heightened pressure will need to be sensitively managed and paired with the right support. As this report highlights, digital solutions can empower staff to work more efficiently, reduce bureaucracy and enable them to spot changes in people's behaviour so that they can take immediate action to minimise the risks. Social care leaders can take a range of steps to help convince staff about the value of tech. Firstly, by providing concrete, well-evidenced examples about the benefits of tech for them, how they can evolve models of care and most importantly how it can improve people's lives. Secondly, by working with key partners including tech providers and NHS organisations to enable data to be disseminated in an efficient and meaningful way to reduce duplication and to provide a holistic view of an individual's needs. Thirdly, enable closer working between tech suppliers and staff to enable them to become more familiar and comfortable with using digital solutions.

Leaders themselves require a firm grip on the outcomes digital solutions will meet, and how they can be scaled up as pilot schemes come to fruition. Rather than simply explaining what technology can do, imagination will be needed to translate data-driven evaluations into compelling stories that demonstrate how it can meet needs, save precious time and help staff deliver better and more preventative care.

Of course, narratives alone will not deliver success. Leaders will need to commission solutions that are accessible and trusted to manage the public's sensitive data. As a nation we need an open and honest conversation about how our data is used for the purposes of health and social care, otherwise we risk watering down the benefits that tech solutions can deliver to enable people to live the lives



they want to lead. It is also vital that we involve those people who access care and support in the co-production of digital solutions to ensure that the potential benefits are maximised.

Adult social care leaders have an opportunity to accelerate the uptake of tech across health and social care over the coming months and years. Their success, or otherwise,

will be determined by their ability to build partnerships, maximise the use of data, drive culture change, bring staff with them on the journey and how they work with people to access care and support. This report has highlighted a number of practical steps that can be taken to help them overcome potential challenges and deliver a step change in adult social care in their local areas.

Final key takeaways



Social leaders need detailed understanding of outcomes and objectives

Social care leaders need a detailed understanding of the outcomes they want to improve, or efficiencies they want to make, and how technology can meet these aims, in order to successfully lead change programmes, commission solutions prudently and validate new approaches. Pilot projects should be implemented with a constant eye on how they will serve the needs of communities and how they will be scaled up in conjunction with health and provider partners.



Digital solutions need to be introduced to staff with a compelling narrative and underpinned by training

Digital solutions should be presented to social care staff as something that meets a specific need or challenge, giving them a reason to use it. Real-life examples of how technology can change models of care, improve people's lives and potentially reduce workforce pressures can provide compelling narratives that can boost uptake. This approach should be underpinned by training and support that boosts confidence while foregrounding the value of data and the importance of accurate information.



Technology needs to be interoperable with other systems and easily accessible to staff

Frontline staff need to be able to easily access and benefit from new digital systems that public bodies commission, in order for them to become useful parts of their practice. All new technology must be interoperable with existing systems, something that is becoming easier as more suppliers open up their protocols.



Collaboration and joint-working is key help shape the design and to help scale-up projects

Collaboration is key to successfully and sustainably implementing digital solutions. As well as demonstrating their benefits to staff, commissioning authorities should wherever possible adopt co-production approaches to ensure people accessing services can help shape their design. Commissioners should also take every opportunity to work in tandem with suppliers in order to increase the support available to practitioners, increase their own expertise and explore new use cases. Joint working at regional and national level can also enable valuable pooling of skills and knowledge, especially as local authorities look to scale projects up.



Transparent conversations and a robust approach to information governance is needed

Transparent conversations about the benefits enabled by sharing health and care data – and about how and with whom information is shared – can help overcome data protection concerns among both staff, and people accessing services and their families and carers. These need to be founded on a robust approach to information governance among all partner organisations.

Endnotes

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7. Social Care Institute for Excellence (2021) Hospital discharge and preventing unnecessary hospital admissions (COVID-19) <https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/hospital-discharge-admissions>

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