

TSA™



ADASS TSA COMMISSION

# EXPLORING HOW TECHNOLOGY CAN BE TRULY INTEGRATED INTO ADULT SOCIAL CARE

FINAL REPORT & RECOMMENDATIONS - MARCH 2021

directors of  
**adass**  
adult social services

**CONTENTS**

**03** Forewords

**05** Executive Summary

**06** Who have we spoken to?

**07** Viewpoints

**08** Real Experiences

**12** Better Practice

**18** Opportunities and Challenges

**19** Recommendations

**24** Acknowledgements



## FOREWORDS

RAFAEL BENGUA



Commission Chair  
and Co-Director, Institute  
for Health & Strategy,  
Bilbao, Spain

**Social and healthcare professionals have had to engage in a remarkable way during the Covid-19 crisis. Their work and commitment have saved and cared for many lives, but at the same time this crisis has exposed the need to reconfigure the organisations they work in.**

Consequently, this Commission was set up by the Association of Directors of Adult Social Services (ADASS) and the TEC Services Association (TSA) with the aim of reaching out to leaders and providers of social care to identify how this reconfiguration could take place and how technology could enable that shift.

During the work of this Commission, no one recommended to go back to the way things were. Instead, there has been overwhelming agreement that it is time to reset social care and look forward. This created a sense of urgency among all the different stakeholders we contacted and pushed us to finalise this report in record time.

Commission members also favoured a very operational approach, so this report highlights HOW to move ahead and does not focus, excessively, on WHY this must be done. We have included actionable recommendations for the short term and others for the midterm. Covid has demonstrated why these actions must be delivered sooner rather than later.

Interestingly, different social care systems in both financing and delivery models in Europe, have found themselves in the same level of vulnerability.

In that context I believe I can confirm that most of the content in this report is relevant for other countries in Europe and beyond.

Investing in new approaches to care and technology will not only help our countries recover better from Covid, it also will be a key factor in creating a more sustainable and effective social and health care model for the future.

On the personal side, it has truly been an honour and a great learning opportunity for me to chair this Commission. I thank all those who generously provided their time and know-how to this ambitious document.

IAIN MACBEATH



Strategic Director of  
Health and Wellbeing at  
City of Bradford Metropolitan District  
Council and ADASS Honorary Treasurer

**Truly integrating technology with adult social care has eluded most parts of the country. There are terrific pockets of better practice, but none of it is joined up, turned into intelligence and used to deliver our strategic aim – supporting people to stay safe, happy and healthy at home.**

This Commission attempts to answer why and also outline how we should respond.

The Association of Directors of Adult Social Services (ADASS) and the TEC Services Association (TSA) have joined forces to bring together people who use services, directors of adult social services, technology manufacturers and care providers. Everyone involved believes that enabling people, their families, carers and the workforce to benefit from technology is fundamental. We have developed recommendations for councils, care and technology providers and the Government so we can all make progress.

One of the main barriers to integration boils down to how councils write tender specifications. We generally buy what we've always bought. Why would care and technology providers invest in new products when councils won't commission them? And how can people, families, their carers and the workforce know the art of the possible?

I believe we have a moral obligation to harness digital solutions to improve people's lives and offer freedom, independence and confidence. The 2014 Care Act sets this out: we must prevent, reduce or delay the need for social care and we must promote people's wellbeing.

So how can this be achieved?

- To overcome hurdles around knowledge, imagination and confidentiality, we must form alliances now, between people, the workforce, care providers, tech companies and commissioners to design integrated services.
- We must bring new skills into councils – business analysts will become as important as care managers.
- When the next contract round comes up, we need different specifications and tenders for a new, responsive service that has been co-produced by people, their families, carers and the workforce.
- We need investment. Databases and algorithms don't have to be designed 150 times. Much of the software required is already owned by councils and providers, but we need the capacity and expertise to release that potential. And the infrastructure that underpins current offers is sometimes hard-wired into housing or reliant on phone lines – this needs future-proofing.

I hope the thoughtfulness of my colleagues on this Commission and the content of this report energises a response, wherever you are.

# BUILDING BACK BETTER



ALYSON SCURFIELD

CEO, TEC Services Association (TSA)



Better conversations will improve social care technology solutions, ensuring they are shaped around what people really want to achieve.

**Good conversations are crucial to good social care. Only by listening to individuals, families and carers and designing support with them, from the grass roots up, are we going to help people achieve their aspirations and reduce long term reliance on statutory services.**

Technology can help to facilitate these conversations, giving people the confidence, access and tools to review and feedback on their support, increasing ownership and engagement and improving understanding amongst care professionals.

Better conversations will also improve social care technology solutions, ensuring they are shaped around what people really want to achieve, not what we think their needs might be.

Richer conversations, involving individuals, services, organisations and agencies will also result in better co-production at all levels. Indeed, important digital transformation work is already happening via partnerships between NHSX, the Local Government Association and others.

We want to support existing coalitions and grow new ones, putting strong co-leadership in place that demonstrates, far and wide, the vital role of technology in a reformed social care system.

Now is the time to nurture collaborations that were established to support the pandemic response, to create more sustainable social care and build back better.

## EXECUTIVE SUMMARY

# WE SHOULD ALL HAVE THE OPPORTUNITY TO LIVE MEANINGFUL LIVES

**Doing the things we enjoy, in the communities we call home, with the people we love, is vital to our wellbeing and health. Individuals who are older or who have learning disabilities, mental health needs, autism or physical disabilities, and their carers, want exactly the same and the role of adult social care and community services is to enable them to achieve these aspirations.**

Technology has revolutionised the way we live, optimising our everyday experiences. Yet, digital technology hasn't been at the forefront of the social care toolkit. When it comes to combining social care services with digital technologies as a matter of course, to improve choice and control for individuals, we have a long way to go.

We now have a window of opportunity. Covid-19 has normalised the use of digital technologies in many areas, particularly social care and health, with housing officers through to community nurses using them to remotely support people. Data and digital have also been used preventatively, identifying people with needs and putting solutions in place before they reach a crisis. This helps to avoid, or delay a decline in wellbeing and health and prevents life-long reliance on adult social care.

Technology is vital to the future sustainability of care. For people to be more confident, independent and less reliant on adult social care and health services, they and their communities must be enabled. Digital solutions can empower people to self-manage their health and they can give families and communities the connections to develop strong, capable partnerships.

Growing these coalitions through co-production will support our country's recovery from Covid-19. To build resilience into social care for the future and ensure equal access for all, we must collaborate on all levels, turning the digital solutions that have filled gaps in the pandemic into an organised system, rolled out at scale across the country.

## SUMMARY OF THE COMMISSION'S RECOMMENDATIONS:

**1.** Technology enabled services need to be proactive and co-produced with people, their families and carers.

**2.** Digital infrastructure, skills and approaches in adult social care must improve so individuals and the care workforce can maximise digital opportunities.

**3.** People must own and control their health and social care data and enable access by the right people, at the right time.

**4.** More collaboration is needed in care and support across all levels, so services and policies are joined-up and contribute to the wider wellbeing of people, their families and carers.

## IMPLEMENTING THESE RECOMMENDATIONS:

**We ask that the Government fund the creation of a Personalised Care Innovation Programme that delivers multi-regional implementation and evaluation of the social care recommendations identified by this commission. This programme would target the development of digitally-enabled service offers and infrastructure that can be rolled out across England.**

### Stage 1

will work with people and care practitioners to identify and capture the most valued and effective proactive services and technologies. Predicted duration of this stage is 6-9 months.

### Stage 2

will run in parallel with Stage 1 and it will also last 6-9 months. Stage 2 will pursue a 'top-down' development of plans for change, where the intelligent use of regional data will confirm priority needs and help determine how support organisations will embed digital technologies into their care practices.

Learnings from Stage 1 and Stage 2 will be used to develop a business case for Stage 3, the creation of a two-year Personalised Care Innovation Programme in up to ten different areas.

### Stage 3

will see implementation of the Personalised Care Innovation Programme across selected regions, incorporating the key recommendations of this Commission. This stage will deliver new care models, skills development, new technology and data solutions and will examine the resulting wellbeing and economic outcomes.

### Stage 4

will see national deployment of all learnings. Multi-year funding from central Government will be needed to deliver Stage 4.



## WHO HAVE WE SPOKEN TO?

In October 2020 ADASS (Association of Directors of Adult Social Services) and TSA (TEC Services Association) set up a joint Commission to explore the role of technology in a reformed adult social care system.

Over recent months, we've spoken to leaders from adult social care, health and housing as well as people and families accessing social care and practitioners providing care on the ground.

### COMMISSION MEMBERS

#### **Graham Allen**

Director of Adults' Health and Care, Hampshire County Council

#### **Andy Begley**

Chief Executive Officer, Shropshire Council

#### **Rafael Bengoa**

Commission Chair and Co-Director, Institute for Health & Strategy, Bilbao, Spain

#### **Paul Burstow**

President, TEC Services Association (TSA)

#### **Steve Carefull**

Director, PA Consulting

#### **Jo Chandler**

Head of Adult Social Care Tech & Data - Strategy, Skills & Innovation, NHSX

#### **Mike Chard**

Assistant Chief Officer/Senior Officer, ADASS

#### **George Crooks**

Chief Executive Officer, Digital Health and Care Institute (DHI)

#### **Emily Fleming**

Policy Head, Social Care Innovation and Skills, NHSX

#### **Steve Gates**

Managing Director, Taking Care

#### **Miro Griffiths**

Research Fellow, School of Sociology and Social Policy, University of Leeds

#### **Sharon Houlden**

Executive Director Adult Social Care and Health, Royal Borough of Kingston upon Thames and ADASS Digital Communications & Technology Lead

#### **Peter O'Hara**

Founder and CEO, OLM Systems

#### **Iain MacBeath**

Strategic Director of Health and Wellbeing at City of Bradford Metropolitan District Council and ADASS Honorary Treasurer

#### **Adam Ratliff**

Head of Marketing, OLM Systems

#### **Sir David Pearson**

Chair of TEC Quality

#### **Jeremy Porteus**

Chief Executive Officer, Housing LIN

#### **Steve Sadler**

Technology Strategist, TEC Services Association (TSA)

#### **Alyson Scurfield**

Chief Executive Officer, TEC Services Association (TSA)

#### **Gordon Sutherland**

Group CEO, Tunstall Healthcare

#### **Angus Honeysett**

Head of Market Access, Tunstall Healthcare

#### **Alison Tombs**

Assistant Director, Wellbeing and Assessment, North Tyneside and ADASS Extended Trustee

#### **Jane Townson**

Chief Executive Officer, United Kingdom Homecare Association (UKHCA)

#### **Kapil Vijh**

Senior Policy Advisor, Models of Care Team, Social Care Quality Directorate, Department of Health and Social Care

#### **Simon Williams**

Director, Local Government Association (LGA)

#### **Helena Zaum**

Industry Solutions Manager, Microsoft

We've also spoken to Directors and Assistant Directors of Adult Social Care and Senior Adult Social Care representatives at Central Bedfordshire Council, Dudley Metropolitan Borough Council, Lancashire County Council, Leicester City Council, Leicestershire County Council, Lincolnshire County Council, Newcastle City Council, Oxfordshire County Council, Windsor and Maidenhead Borough Council as well as leaders at Healthier Lancashire and South Cumbria and Radius Housing.

Thank you to Clive Gilbert, Policy Manager for Assistive Technology at Policy Connect and Rachel Mason, Self Directed Futures consultant at National Co-Production Advisory Group (NCAG) for their invaluable contributions.

A big thank you to David Watts, Executive Director of Adults, Communities & Wellbeing (DASS) for North Northamptonshire Council and co-lead of the ADASS Standards, Performance and Informatics (SPI) network and also to Lorraine Foley, CEO of the Professional Record Standards Body (PRSB) for their feedback.

**VIEWPOINTS**



The key to the future of adult social care is understanding the aspirations of the communities it serves. It's about living a life, not a service! So together, we can identify the barriers and find the solutions to them. There will always be a need for funded social care support, but through collective insight and forward thinking, less so. Co-production with communities themselves is the only way forward. To be successful, any new technology-enabled solutions must be co-produced to gain the trust of those it aims to support.

**Rachel Mason, Family Carer and Self Directed Futures consultant, National Co-Production Advisory Group (NCAg)**



Let's focus on the opportunity we have, post Covid. We need to create fertile ground for integration of care and digital and consider our assets - not just the technology but the support systems around it. For example, what can you do with call centres in this new environment? Using resources more effectively is where we need to focus.

**Andy Begley, CEO, Shropshire Council**



We have an agenda nationally to improve the design and build quality of our new and existing homes but how do we ensure that housing is better integrated within our health and care environment? While technology is often siloed in our building management and housing management systems, it should be used more effectively to deliver a shared agenda that not only supports system change but also achieves greater personal improvements.

**Jeremy Porteus, CEO, Housing LIN**



We need to address the stigma that some people feel about telecare. Great design, intuitive everyday products will help. A step change in procurement that supports innovation through enabling specifications can accelerate change.

**Rt Hon. Professor Paul Burstow, President, TSA**



Digital isn't the outcome, it is the means to achieve the end. Data is important, as part of facilitating the most appropriate care and support for people to enhance wellbeing and so that people can have the best lives they can.

**Sir David Pearson, Chair of TEC Quality**



Many citizens want to procure their own technology and would value some help. It isn't always easy, even for professionals in the field, to work out what technology is available and whether it will meet their needs, alone or in combination. People receiving state-funded care are supported by local authorities but what about self-funders? We need the equivalent of an independent 'Which' style guide with reviews and information on TEC on a publicly accessible platform.

**Jane Townson, CEO, United Kingdom Homecare Association (UKHCA)**



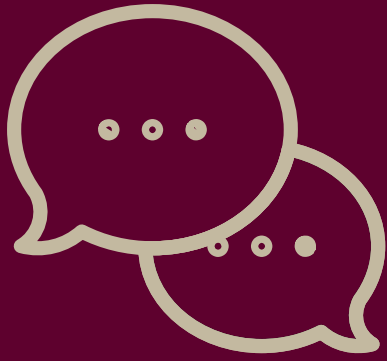
You can look at technology and care from the provider's perspective or the disabled and older person's perspective, which is about tech facilitating their independence, helping them spend their time as they want to. Most social care focuses on the first, on service provision and achieving greater efficiencies. But that's shifting, because assistive technology is becoming more mainstream and is capable of doing a lot more than just supporting basic care needs.

**Clive Gilbert, Policy Manager for Assistive Technology, Policy Connect and Independent Consultant in services for disabled and older people**



We've been too technology led in the past. Technology providers say, 'this is what we think you need,' but the best times I've seen tech enabled care work is when solutions spring up from a personalised assessment of people's needs. Our approach must be user led and needs led, not tech led. Tech is the means to a better life for people, not the end in itself.

**Stephen Tingle, Director for Digital in Regulated Care, Healthier Lancashire and South Cumbria**



## REAL EXPERIENCES

How are people, their families and carers using technology for care and support? And what is the experience of care workers when it comes to using digital to support individuals?

We have spoken to people and practitioners with lived experience to find out about the challenges they face, the benefits that digital offers and what needs to change.



### Anna's story

**Every Wednesday morning Anna has a keyboard lesson. She's been playing for 30 years and it's something she loves.**

"I've known my teacher Richard for a long time", explains Anna. "I enjoy it, we have a chat. He's a friend."

But as the first lockdown began, Anna's face to face lessons stopped. Her family took action. "We began zoom lessons on the tablet," describes her dad, Dave. "Anna is really capable on the keyboard and Richard has taught her for years."

A digital tablet is only one piece of technology that Anna uses. A video chat portal connects her with her nephews and with her parents during the night, when otherwise she'd be alone. Twice a week Anna zooms with a local friendship group that's gone virtual. An independent living tablet reminds her to do everyday tasks and monitoring sensors are activated when Anna's carers leave at 11pm every night, alerting her parents - who live next door - if the front door is opened.

This may sound like a good support set-up, but it hasn't always been so.

Anna is 44 and has autism, Down's syndrome, and suffers from anxiety. Her carers arrive at 8am and leave at 11pm every day.

"We had big battles with the local authority when Anna left her residential home to live in a new apartment," explains Dave. "At first they promised only minimal support. Then, after we formally complained, they reassessed and offered us 24/7 care."

During Anna's assessment her parents were introduced to a technology enabled care (TEC) expert, then employed by the local authority. He introduced them to tools that could reduce the input of carers. As a result, Anna and her parents opted to waive the night care as long as the TEC monitoring provided reassurance. "Having someone who could give advice on the right kit for Anna was invaluable," comments Dave.

The family now pays just over £250 a year for their TEC. Most is covered by Anna's direct payment, though Dave says they've had to battle to keep the allowance for TEC in the package at reviews. The re-assurance the TEC provides in terms of monitoring Anna's safety and security is priceless.

"And if you compare the technology with a support worker sleeping over at £110 a night," points out mum Ruth, "the tech actually represents a big benefit for the council as well as for us."





## Dion's story

**Two years ago, Dion, a social worker specialising in mental health, set up a support group that changed people's lives.**

Every Friday, women with anxiety and depression would meet to talk, socialise and learn.

"We showed people how to get the best bargains in charity shops, we talked about medication, we discussed relationships and I could see their confidence building. It gave these women a chance to connect - emotionally and socially - and their wellbeing really improved."

Dion believes that if social media and other digital tools were used more widely in social work then community groups like this one could reach, and help, more people.

"If someone's at risk, the main thing we use is telecare - a door alert or pendant alarm. But it depends on them having a landline and you're minimising the risks, not preventing them."

It's the everyday tech like tablets or laptops that Dion believes should be a normal part of local authority support. Voice activated devices, in particular, can meet people's care needs in different ways.

From online shopping to medication reminders, listening to playlists or controlling lights, Dion feels that smart speakers offer a cost-effective way of giving customers control.

"It's little things like asking it to dial the mental health crisis team. People often forget the number when they're stressed."

But the barrier to mainstreaming this type of technology in care is often access - to both digital skills and network connections. Many of the people she supports don't have the internet, Dion explains. They can't afford it or don't know how to use it.

This digital skills gap extends to social workers. "I'm a practice educator and the assumption is that everyone knows how to use computers or operate IT systems, but some social workers are only just grasping technology themselves; there's no way they could advise the people they support."

That's why Dion is keen for better digital training and she also wants more councils to build 'portals' or online reference points where social workers can easily find information on community groups, accommodation, carers and gadgets.

"Once a professional understands tech more, they can support their customers better, with a range of ideas that are more appropriate."



## Margaret's story

**Before lockdown, Margaret\* would drive to the pub every Saturday to meet an old school friend for lunch. It was a weekend ritual they had followed for years but, as with many things, Covid got in the way.**

"Now we have a call every afternoon at 4pm. And my girls both ring me on my smart phone every evening. I also have a mini tablet and they're extremely useful, a real comfort and reassurance - a lifeline to the outside world."

Margaret, 84, lives alone and she has another lifeline that recently proved its worth. An avid reader, she reached for her kindle one afternoon and the next thing she remembers is waking up on the floor, unable to move. Frightened, she pressed her pendant alarm and a neighbour, one of her emergency contacts, came to help.

With one daughter in Surrey and the other in America, Margaret often relies on friends and neighbours for support.

"During Covid, this community has shown its worth," she says. "People have been so kind. I had a letter from the council, but I haven't taken anything up. One neighbour did the paperwork for my attendance allowance and blue badge parking permit, another helps me put on my compression socks every morning. Someone else takes out my rubbish and the little boy next door delivered all my Christmas cards!"

Proud of her independence, Margaret does her supermarket shopping online and she loves listening to audio books via her mini tablet. A local laundry service picks up her washing and cleaners comes every fortnight.

But she is conscious of the future. Her fall last year was caused by a stroke, she has COPD and was recently diagnosed with colon cancer. Swollen legs, sciatica and anaemia often leave her breathless, tired and unable to walk far.

"I'm not a drain on the local authority, thank God, but it might be that I can't drive when my cancer gets worse. I'd like to stay at home as long as possible."

As someone who understands the benefits of technology, the question is this: what other support can this self-funder access so she continues to live a good life, long into the future?

\*Margaret's name has been changed.



## Tony's story

**Last year Rachel woke at 1am to the sound of police hammering on her door. Tony, her 77-year-old father-in-law had been found in a hotel car park, nearly 4 miles from home. He was cold, covered in bruises and confused.**

"The police officer told me he needed to go into residential care," says Rachel, "but I know that home is the best place, it's so familiar, he's lived there since 1976. If he goes into a nursing home, we'll lose him in weeks."

Tony loves his house, his garden and the countryside nearby, where he walks every weekend with Rachel, her husband and their dogs. He's also a dedicated Telegraph reader and keen cook.

It was back in 2019 that Rachel noticed something wasn't quite right. Tony had been caring for his wife, Elizabeth who has Parkinson's and now lives in a care home. It took nearly 12 months for a dementia diagnosis but that was nothing compared to the family's struggle about support.

"I rang the council's social care advice line, told them we were self-funders and asked what equipment to buy. They pointed me to their website but it's so basic. What I wanted was to speak to someone and tell them about Tony and get advice on what was right for him. I wanted the personal touch."

Rachel tried the occupational therapist working with the NHS adult mental health team but she said that although Tony needed assistive technology, she couldn't advise or prescribe. In the end a work colleague of Rachel's connected her with someone who knew about tech for people with dementia.

They now have a sensor system that monitors Tony's movements at home and alerts Rachel if he doesn't follow his normal routine. A telecare device gives Tony verbal reminders for daily tasks and a GPS tracker with alarm is attached to his keys, letting the family know his location. A friend cleans twice a week and stays to cook Tony's dinner and make sure he's taken his pills. Five times a week, the family visit; once in the morning and again at night.

"It's a full-time thing caring for someone with dementia who lives alone," explains Rachel. "Where's the care for the carers? If we'd had this technology in place sooner, with the information that's collected, it would have been a godsend."



## Paul's story

**No one knew where Joan\* went between 3-4pm every afternoon. Relatives and friends just couldn't get in touch.**

"It was a mystery," says Paul, a home care worker and agency manager. "Joan has dementia and lives successfully on her own. When she was diagnosed, she and her family had sensors installed so they could build up analysis of her movements."

This gave Joan's children reassurance; they knew her routine and were alerted if something wasn't normal. When they asked where she went every afternoon, Joan described a memory of coming home from school during the war and her mother telling her to get in the air raid shelter. As a result, she had been hiding under the stairs.

"The technology provided data that helped Joan's home carer and family to work intelligently with her. Every day at 3pm, they started phoning Joan to reassure her and the wandering stopped."

Paul also supports a young woman who is prone to falling. She felt stigmatised by her pendant alarm, so they linked a video-calling portal to a voice assistant instead. Now, if she has a problem, she asks the device to call her emergency contacts. "It's given her great comfort, as she no longer needs to wear the pendant."

As well as personalising care for individuals, Paul feels that technology supports his staff, improving the quality and productivity of their work. A phone app lists tasks and personal preferences which are tailored to each client. Families have access to real time information via a portal that indicates when a carer visits and shows their notes.

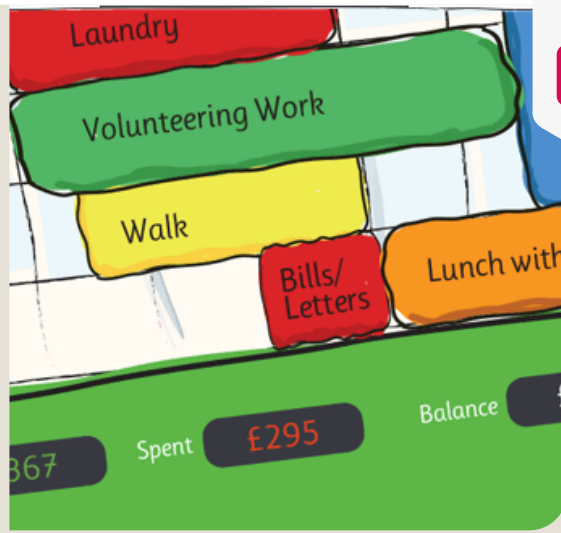
"That is useful," says Paul. "But what about the other 22 hours when they're on their own?" He now offers customers a monitoring device that learns their routine and triggers an alarm if abnormal activity is noticed.

Integrating this technology with traditional, personal interactions, is key, Paul believes, to helping people live good lives. In the future, he doesn't feel that will be achieved via four 15-minute daily visits but a different type of interaction: longer, less frequent face-to-face visits and more phone and video calls.

Paul no longer works with the local authority because they insist on the old time and task home care model which, he feels, doesn't offer individuals choice and control. The council isn't big on integrating technology with care either, he says. "It was only last year that they stopped faxing over care plans."

"Leaders need to embrace new ways of working," Paul insists. "The world isn't standing still; what was good enough in social care two years ago isn't good enough going forward. Something has to give."

\*Joan's name has been changed.



## Trudy's story

**Trudy is a confident 63-year-old woman from Devon, living the life she has chosen.**

Trudy has learning disabilities and had lived for most of her life in residential care. Following closure of the home, Trudy and two others moved to a supported living setting with a shared weekly commissioned package of 105 daily hours and 63 hours sleep in night support. Trudy also has additional support of three day service sessions and five hours of 1:1 support per week.

Trudy now has an individual service fund (ISF) budget of £906.00 a week.

Through using PATH, a person-centred planning process, and 24/7 grid, a visual costed support planning tool, Trudy's social care assessor, Jacqui Hendra was able to work with Trudy and her support staff to look at what type of support she needed and how she could become more independent.

This included assisting Trudy with using a personal alarm, a medication dispenser, preparing her own snacks, cooking evening meals, and being more active in the community.

With support from her staff, Trudy uses her 24/7 grid weekly to choose how her budget is spent, which she sends to Newkey, her support service to invoice her ISF funds and to Jacqui for reference.

Trudy understands the visual use of colour on her grid and what the colours mean: Red is 1:1 support, yellow is shared support and Blue is independent.



People are expressing how much better their lives are and the support staff are telling us how much more job satisfaction they now have.

**Jacqui Hendra, Social Care Assessor, Devon**

Trudy openly states, "I want more blue in my grid," which is fantastic!

Trudy has decided that she doesn't want to go to inhouse day services anymore as she felt she used to "just drink tea and eat cake".

She uses her budget management grid to decide to do other things on those days and is now more active in the community and is losing weight.

Trudy has also found a volunteer to support her at a local stables and she has taken on an allotment.

By constantly changing the support colours on her grid, Trudy has enhanced her independence and reduced, by herself, the need for the 24hr support package.

Over the first four weeks, by making these changes, Trudy had made savings of £405.60. As she uses her budget creatively and flexibly, sharing hours where appropriate, she currently only utilises £670 a week of her budget, on average.

This approach has seen more eligible outcomes being met independently or with reduced support, which can be seen by comparing Trudy's grids over time.



"Through co-production with the council and self direction with the right person-centred, visual resources and approaches, Trudy has taken back control of her life, and the life she has chosen costs less to support!"

**Gary Kent, Newkey support services**

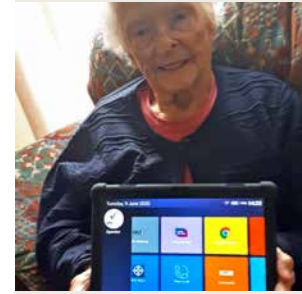
"Supporting the person to identify their life goals through person centred planning and using the 24/7 grid to agree with them how the funding from adult social care could be used to achieve them, is important, regardless of how the support is commissioned."

**Liz Wood, Disability Lead, South Devon**



## BETTER PRACTICE

Across the UK there are some shining examples of adult social care initiatives that are truly integrated with technology; using data and devices in proactive and preventative ways. These projects are rooted in local communities and they enable people, their families and carers to choose and control the support they want, managing their own wellbeing and achieving those things that matter most to them.



### Pre-pandemic

**7%** of people were referred into community services, away from formal social care.

### In Lockdown 1.0

this figure jumped to **41%**

### It's now sustained at

**30%**

showing how Delta are **significantly reducing the impact** on council resources.

BETTER PRACTICE

# TEC PREVENTION STRATEGY FOR WEST WALES, DELTA WELLBEING

SHORTLY AFTER LOCKDOWN 1.0 WAS ANNOUNCED, CARMARTHENSHIRE COUNTY COUNCIL'S TELEMONITORING SERVICE, DELTA WELLBEING BEGAN A MAJOR PROACTIVE OUTREACH PROGRAMME.



We put the citizen at the heart of everything we do, empowering them to make decisions, build resilience and take control of their wellbeing. It's about providing resources at the right time and protecting the council's resources as a result.

**Sam Watkins, MD, Delta Wellbeing**

**Advisers contacted 18,500 people in three months, signposting them to self-help resources, neighbourhood support and simple technology to combat isolation.**

The results were significant. Delta provided preventative support, utilising community networks, to 41% of people they spoke to - a demonstrable shift from the pre-pandemic figure of around 7%. This helped manage demand for statutory services during such a critical time.

Since Lockdown 1.0, this community referral figure has settled at an average of 30%, demonstrating the sustainability of Delta's approach and how they have continued to reduce pressure on council resources.

Funding for Delta's proactive work has now been extended by the Welsh Government which recently cited the service as an exemplar programme. The team have also begun working with health colleagues across West Wales, using technology enabled care (TEC) to support patients with COPD, heart failure and diabetes, enabling remote consultations with clinicians.

Delta is also beginning work with the Welsh Ambulance Service, initially supporting them by responding to low priority calls, such as falls, to cut the burden on paramedics.

Equipping staff with the skills to analyse information, risk-profile individuals and use data insights to make proactive decisions has been central to Delta's success. They worked with Carmarthenshire Council to manage

contact tracing as part of NHS Wales Test, Track, Protect. This role reduced the impact on council staff who could continue with other priority duties.

Delta's work across different systems shows how integral they are to wider health and care prevention in West Wales. Their TEC service is now a central part of the solution rather than an add-on.

**There's been a 23% annual increase in the number of people requesting social care help from the council. Delta has used its CONNECT service to divert these individuals away from statutory services and has seen an additional 2,500 people signing up to receive TEC, regular proactive calls and 24/7 response as a result.**

**Only 6% of people who have been part of the Delta CONNECT programme needed to go on to statutory services. This shows the success of Delta's asset-based approach.**

**The Welsh Ambulance Service have noticed a reduction in the calls they are receiving. Data shows that out of 600 recent calls to Delta's responder service, only 7 were escalated to paramedics. This compares well with other alarm monitoring services, where emergency escalations are between 3 to 5 times higher than Delta's figures.**

[Click here to read more →](#)



BETTER PRACTICE

# INTEGRATED TECHNOLOGY COMMISSIONER, ESSEX COUNTY COUNCIL

**ESSEX COUNTY COUNCIL AIMS TO SAVE OVER £17.8M IN THE NEXT THREE YEARS BY USING CARE TECHNOLOGY AS A CORE PART OF THEIR SERVICE DELIVERY. TO HELP ACHIEVE THIS TARGET, NATASHA CORNESS WAS RECRUITED AS INTEGRATED CARE TECHNOLOGY COMMISSIONER.**

**This function supports the long-term care model ambitions for adult social care that are; prevention, early intervention, enablement and safeguarding, by empowering individuals to access information and tools to live healthily and independently. Natasha's brief is to develop commissioning strategies that ensure care technology and innovation is at the heart of care service delivery.**

Working collaboratively with teams across the council, as well as service users, external agencies and technology suppliers, Natasha is enabling digital confidence and capability across communities, the market and wider workforce.

"My role is about using care technology to support health integration, wellbeing and independence," Natasha explains. "It's much more than technology procurement. It's a system wide care technology approach that reaches partners, communities, and Essex residents."

Natasha works with a team of Technology Enabled Care Facilitators who train and advise the social care workforce



My role is about using care technology to support health integration, wellbeing and independence. It's much more than technology procurement. It's a system wide care technology approach that reaches partners, communities, and Essex residents.

**Natasha Corness, Integrated Technology Commissioner, Essex County Council**

on care technology, supporting them to give residents and staff the best possible support. "Digital skills in the community and the workforce can be challenging," she explains. "Leadership is really important, and we take a ground-up approach to driving capability."

- The council is out to tender for a countywide Care Technology service which will deliver an end-to-end technology offer.**
- Essex County Council recognises that the culture and system change work is just as important as the technology itself.**
- The council aims to save over £17.8m in the next three years by using care technology.**
- The care technology role involves negotiation and effective partnership development, underpinned by excellent understanding of the digital care market. This helps to meet the council's objective of using care technology to improve service delivery and the lives of residents.**

[Click here to read more →](#)

BETTER PRACTICE

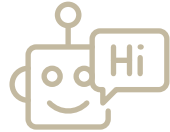
# WELLBEING AUTOMATED CALL SERVICE (WACS), HAMPSHIRE COUNTY COUNCIL

**IN APRIL 2020, HAMPSHIRE COUNTY COUNCIL DEVELOPED A CHATBOT CALL SYSTEM IN JUST SEVEN WORKING DAYS THAT HELPED THEM TO CONTACT 53,000 SHIELDING INDIVIDUALS.**



“ We wanted to find a way to regularly connect with large numbers of people, ensuring they had the support they needed. WACS reduced pressure on existing teams by making the initial contact automatically, but it put people through to trained advisers when they needed help. Technology can personalise support but it also ensures resources are used in the most appropriate way, and this dual purpose is invaluable.

**Graham Allen, Director of Adults' Health and Care, Hampshire County Council**



**Robotics in Care**

Many care workers now have direct experience of how technology can help them do their jobs better, faster and with reduced risk. Care commissioners and providers have also discovered that they can deploy innovative technologies more quickly than they previously thought, including possibilities such as:

- Collaborative robots ('cobots')
- Robotic animals
- Digital assistants
- Medicine robots
- Automated call services

The Robotics in Care Community of Interest, established in 2019 by PA Consulting and involving social care leaders from six innovative local authorities has identified three practical steps that leaders can take now to capitalise on robotic technology in earnest:

- Define your strategy based on human outcomes.
- Trial technologies with the aim of deploying at scale.
- Collaborate with the wider social care ecosystem.

The work of this Robotics Community demonstrates the potential for robotic technologies to transform adult social care.

**The Wellbeing Automated Call Service (WACS), built by the council and PA Consulting, asked residents if they needed support and put them through to a call adviser if they said yes. By automating this initial contact, the council was able to protect its existing resources and ensure that anyone who needed things like urgent medication or food deliveries, got it fast.**

When Hampshire locked down a second time in November 2020 and during the Christmas period in Tier 4, WACS was used again. This time, to maximise the chances of getting through to a shielding individual quickly, the chatbot called all of their numbers rather than phoning just one, failing to get through and trying again the next day. This new method helped the council support many more people in a shorter timeframe.

- **Since its original deployment in Lockdown 1.0, WACS has now made a total of 177,000 calls.**
- **2.1% of individuals were transferred to a call handler for support.**
- **People with a support need were contacted far quicker than would otherwise have been possible, nipping potential problems in the bud.**
- **WACS cut traffic on the council's call centre by 97.9%.**
- **Once the system is set up, the more calls that are made, means a lower cost per call, hence the average cost of each WACS call was less than 40p – a fraction of the cost of a human doing the same job.**

Other local authorities are now looking at how the technology used in the Automated Call Service (ACS) can support the review process for people who already access social care. ACS could also play a part in supporting the safe and timely return to work of thousands of council employees when restrictions are eased.

[Click here to read more →](#)



CASE STUDY

BETTER PRACTICE

# PROACTIVE FALLS PREVENTION, CARDIFF COUNCIL

WHEN COVID RESTRICTIONS WERE FIRST INTRODUCED IN  
SPRING 2020, TELECARE CARDIFF SWUNG INTO ACTION.

**Cardiff Council's Implementation and Delivery Manager, Aaron Edwards arranged for smart watches to be given to twenty people at risk of falling. Risk modelling and early detection software analysed their mobility and sleep data and indicated if they were likely to fall. Preventative measures such as referrals to a physio, GP, occupational therapist or community exercise scheme were then put in place.**

To complement this anticipatory approach, which combines a person's health statistics with AI to predict the likelihood of someone falling before it happens, a proactive calling programme has been set up by Telecare Cardiff. Every person who falls is contacted within 48 hours to discuss the nature of the fall.

This shift to a more proactive and predictive model of service delivery is not just a new way of working, but a fundamental practice that is helping the team understand why someone has fallen and if there are any corrective measures that can be implemented to prevent future falls.



"In the past, the telecare sector has focused on kit rather than desired outcomes for the end user. This has led to services with high numbers of connections, but limited evidence of effectiveness. Telecare must do more than just 'react'."

**Aaron Edwards, Implementation and Delivery Manager, Cardiff Council**

Data from proactive calls shows that, of those people who fell the day before:

**51% regularly visit the toilet at night.**

**5.4/ 10 was their average score in terms of mental and physical wellbeing (1=depressed, 10=very happy).**

**22% had not had their eyes tested for 2 years.**

**46% were wearing slippers.**

This data is helping Telecare Cardiff to personalise interventions and develop partnerships with other services and community networks so it can provide a holistic response.

The service is now planning to combine data from an individual's early detection smartphone app with their falls score and falls history record. These analytics will sync to a falls dashboard that tracks improvements, triggers interventions and reduces the likelihood of repeat falls.

The next step is to include all customer data on the early detection portal. This will allow telecare response officers to gather meaningful data when they visit a person who has fallen. They select the reason for their visit, which creates a 'workflow', allowing telecare operators to proactively contact those people who have fallen using an online Multi-Factorial Assessment (MFA). This ensures that all telecare citizens, not just those fitted with the wearable smart watch, will be supported.

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BETTER PRACTICE

# INTEGRATED ASSISTIVE TECHNOLOGY: SANCTUARY SUPPORTED LIVING

BEFORE RESIDENTS FIRST MOVED INTO A NEW SUPPORTED LIVING SERVICE IN SUFFOLK, THEY HAD BEEN CLOSELY INVOLVED IN THE BUILDING DESIGN.



The technology is improving residents’ daily lives by ensuring they are empowered to make choices which allows them to live more independently. Technology is also helping us to use our resources more effectively and in a personalised way. We are always reviewing opportunities to include technology into our services to meet the needs of our residents and enable their pathways to independence.

**Kelly Miller, Head of Assistive Technology and Programmes, Sanctuary Supported Living**

**The 20 one-bedroom apartments had been carefully planned to meet the needs of all residents, who have physical disabilities. Technology was woven into each home to ensure residents’ wellbeing, independence, mobility, and safety were enhanced.**

Sanctuary Supported Living’s design, operational and assistive technology teams began the process by meeting with residents to review the outcomes they wanted to achieve, design a solution, and then specify the equipment.

Incorporating technology, future-proof cabling and power supplies throughout the entire service was essential to give residents greater freedom and to improve their quality of life now, and as their needs changed.

As a result, assistive technology infrastructure was put at the centre of the design plans. This ensured that technology was available throughout the building to support residents to move freely wherever they went, giving them greater autonomy.

Solutions included sensor access tools in the passenger lift, main front doors and flat doors giving each resident freedom and choice to move around their home and access their local community unaccompanied.

Technology was also installed to enable residents’ control over their music, televisions, warden call systems, windows, and curtains. Bespoke controls, such as chin buttons, mounted switches and simple touch screens were personalised for every resident.

- People’s independence and control over their environment increased along with their confidence and wellbeing.**
- One resident who was new to the system said that they don’t know how they managed without it before and that it has made things much easier for them.**
- Staff time is now used when and where the customer requires support with reduced need for supervision and greater autonomy for the resident.**
- Several CQC Key Lines of Inquiry around safety, involvement in decision-making and personalisation have been covered through this technology integration and the service was awarded Outstanding status by the CQC.**
- Residents have greater independence and freedom which has improved their access to the local community, improved their quality of life, mental wellbeing and resulted in a reduced dependency on other local services and agencies, such as GPs.**
- Residents’ family relationships have improved as their greater independence has reduced support needs and enabled more traditional family interactions.**

[Click here to read more →](#)

# THE COMMISSION IDENTIFIED A NUMBER OF PROBLEMS AND POSSIBILITIES AROUND INTEGRATING TECHNOLOGY AND SOCIAL CARE

### Personalisation

- The adult social care system is not sufficiently person-centred. More must be done to promote choice and control, enablement and rehabilitation, wellbeing, independence and prevention by truly integrating technology.
- People need to be able to access their health and care information and to share it with others as they see fit. People expect more data will be collected about the way they live and will be more comfortable in agreeing to interventions if they are personalised.
- Population health management approaches give health and social care professionals a better chance to identify and tailor support packages, inclusive of technology, to help individuals to manage their health and wellbeing at home, overcome loneliness and strengthen their social care connections – and, ultimately, reduce the need for care.

### Infrastructure and skills

- Social care has a legacy of 20th Century technology which is largely linked to sheltered, extra care and supported housing and is used in emergencies or triggered by environmental changes. Response services are not usually connected to people's health care or adult care and support.
- By 2025, everyone in the UK will be connected to a digital telecommunications network and we will lose access to traditional telephone lines. This change must accelerate a digital shift in the connectivity of citizens to information, trusted signposting, self-managed health and care options. We need to ensure that people and care providers have access to stable broadband and where this is not available, mobile (SIM) based capability.
- Developments around infrastructure must take into account the fact that social care providers range widely from micro-enterprises to large national companies to individuals who are 'employers' to personal assistants. Solutions and funding approaches must reflect this variation.
- Covid-19 has highlighted the extent of digital inequalities in the UK and how digital exclusion is having a negative impact on many people who use care services, both in lost opportunities for wellbeing but also the wider benefits the internet brings.
- We need to enhance digital skills for individuals, their carers, families and practitioners to facilitate the "prescription" of enabling technologies.
- New technology is an enabler and can be transformative but is not an end in itself. Digital enablement helps people to do things with confidence and gives professionals more information to assist people with their care offer. We need the ability to gather and act upon real time information from the digital technologies that now surround our lives, from an internet of things that includes smart speakers and wearable devices, through to artificial intelligence tools.
- A shared data platform and collaboration tools will be needed, to allow information from local health and care

records, home monitoring and relevant information from housing and other community partners to be viewed by integrated health and care teams to:

- Take the most appropriate action for an individual at a given point in time.
  - Support integrated care teams, for example with digitised care notes.
  - Provide anonymised data to support population health management, planning and health and care insights.
- Interoperability has been a long-term aspiration, under-delivered thus far, and councils, health and other agencies need to consider the software and connected technologies that they are procuring and what more can be achieved through interoperability. Technology suppliers should be challenged on interoperability through commissioning requirements.
  - Traditional approaches to care, centred on care provider visits, must be complemented by innovative technological approaches that offer remote methods of support.

### Data

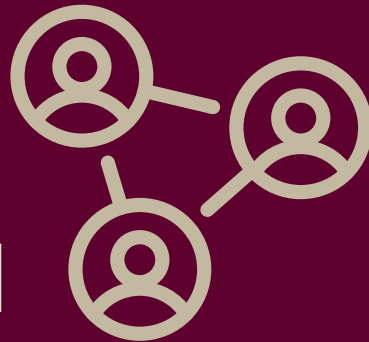
- Outcomes for people can be improved if care providers have access to up-to-date care records.
- Sharing of data will improve care assessment, case management, coordination of services, minimise intrusion and deliver efficiencies. Local health and care records need to provide access for social work and care teams and the ability to add information about people's day to day health and care - providing a longitudinal care record.
- Perceived risks between data protection and lack of essential data access must be rebalanced. Commissioners' perception of data protection rules temper ambition for joined up solutions.
- We need to avoid a distortion of the care landscape, where people can access everything except their social care records - technology is not the blocker.

### Collaboration

- During the pandemic, we've seen technology, in the form of targeted outreach or monitoring services, act as a proactive and preventive tool that results in improved outcomes for individuals and can benefit multiple care agencies. We need to recognise the cross-agency value of crisis prevention.
- Housing choices relate not only to physical architecture but to social and community architectures, where digital infrastructure and information sharing are increasingly important and lifestyle outcomes and planned care depend upon technology enablement of communities. This is set against a housing background of uncertain access to broadband, Wi-Fi or mobile coverage.
- The issue of gathering and disseminating social information, currently scattered across different organisations, is significant. We need to address this challenge, including the need for simplified citizen consent to information sharing.

## RECOMMENDATIONS

# OUR VISION



Adult social care must be shaped around individuals, putting the power into their hands so they can choose and control the support they want and maintain their own wellbeing and health. Technology can enable this, empowering family and community networks and ensuring care and support is joined-up, preventative, responsive and tailored to people's needs and aspirations.



# 1 Technology enabled services need to be proactive and co-produced with people, their families and carers.

People, their families and carers should be enabled to design, choose and control the care they want. Integrating care with technology will support individuals to do the things that matter most to them, enriching their everyday lives, in the communities they love. Everyone should have equal access to technology shaped around their needs and wider wellbeing.

## RECOMMENDATIONS:

**People, their families and carers must be given more access and influence over the design of their care and support, which is integrated with technology as default. This could be achieved by:**

- Local authority commissioners leading collaborations of care providers and tech companies, co-producing digital solutions with people, their families, carers and the workforce so technology is built around individuals and their communities.
- Strengthening the links between people and suppliers, which is vital to ensure that the design of supportive technologies is centred on the user and that solutions are available for people to buy, independently.
- Ensuring that the technology we expect and use in our personal lives is the default starting point for designing digital social care solutions. Commissioners and suppliers should seek to ensure specialist software can be integrated with mainstream consumer devices.

**Care and support must be more predictive, proactive and preventative by using technology with a focus on enhancing an individual's health and wellbeing. This could be achieved by:**

- Local authority commissioners leading collaborations of care providers and technology companies to harness the data from solutions that can, with people's permission, enhance their confidence.
- The resulting data needs to be translated to actionable information, so that risks can be anticipated and stratified, to help shape personalised care and responsive support around a person's wider wellbeing and aspirations.

# 2 Digital infrastructure, skills and approaches in social care must improve so individuals and the care workforce can maximise digital opportunities.

People, their families and carers should feel confident they can easily access the type of technology they want, when they want, to enhance their care and support. Professionals should also feel confident they have the right digital knowledge and tools to support people to do the things that are important to them.

## RECOMMENDATIONS:

**Digital infrastructure must be improved so people, their families, carers and care professionals are better connected to care and support. This could be achieved by:**

- The Government should invest a minimum of £450m capital funding nationally to replace current care and housing technology infrastructure. In exchange, councils would commission integrated care and technology responses, which leverage consumer channels and their technologies.
- The Government should ensure all new homes are 'care ready' and designed for digital accessibility to accommodate the changing needs of occupiers over their lifetime.
- NHSX should work with technology providers and other adult social care stakeholders to drive the adoption of standards, where these are essential to the performance, reliability and security of the underlying technologies.
- The Government should develop, by 2022, a Digital Inclusion Plan and funding programme for local areas to advance digital inclusion approaches. This plan should consider opportunities for technology to support both people and places as well as leveraging the wider shift from analogue to digital telecommunications into all UK homes.

**Work to develop the digital skills of care professionals must continue and be accelerated, so they can better support individuals to achieve their outcomes. This could be achieved by:**

- The Government needs to include digital literacy in a social care workforce strategy, in partnership with key bodies such as Skills for Care, ADASS, LGA and TSA.

**Social care services are at different stages of development when it comes to using digital technology. Help, guidance and evaluation are needed so service provision can be improved. This could be achieved by:**

- Local authorities should continue and evolve a Sector Led Improvement (SLI) approach to social care technology with focus on promoting innovation, learning and digital maturity. This improvement programme should be a core aspect of challenge and support, nationally and regionally and should be considered in CQC's evolving role. It also needs to make the economic case for care technology and measure value.
- Local authorities need to learn from and adopt the collaborative approaches developed through programmes such as the Social Care Digital Innovation Accelerator to assist services' development.

### 3 People must own and control their health and social care data and enable access by the right people at the right time.

People, their families and carers should only have to tell their story once to access the right care and support to meet their needs. They must control their data which should flow smoothly, with sufficient safety and security between care, health, housing and other services. They must also have access to knowledge and guidance around digital social care. Professionals, too, must have access to the right data and knowledge at the right time. This will help them to better plan care and offer more proactive support.

### 4 More collaboration is needed in care and support across all levels so services and policies are joined-up and contribute to the wider wellbeing of people, their families and carers.

People, their families and carers should be able to access seamless support, co-produced with them, in the communities they call home: from housing to health, financial help to finding a job. Professionals, too, must feel they can quickly and easily work with different services to support individuals in the round.

#### RECOMMENDATIONS:

**People, their families and carers must own and control their own data to maximise their choice and control over decisions that impact upon their lives. This could be achieved by:**

- NHSX leading a programme so that every person has the option to control their own health and social care records (by 2025).
- Access to digital care records must be simple and not dependent on particular devices, to prevent people who may not have the latest technology from being digitally excluded.
- Technology companies developing products that ensure any data collected can be owned by individuals, their families and carers and offered to them through accessible digital platforms.
- The sector revising guidelines for the interpretation and simplification of information governance. This will re-balance the perceived risks and benefits of data protection.
- The Government ensuring that data sharing becomes a central plank of a digital health and social care workforce strategy so health and social care professionals see it as part of their toolkit.

#### RECOMMENDATIONS:

**Data sharing between public services must be improved to support better commissioning and population health management. This could be achieved by:**

- Government ensuring that health and care organisations can share data, with the right balance of risk and benefit, so that improved health and care outcomes can be pursued both for the individual and the wider population.
- Health and adult social care need to incorporate and act upon wider sets of data that support integrated care and population health management, where population health data enables the matching of needs to services and to innovative, local support initiatives.

**Ensure that integration of care and technology focuses on wellbeing outcomes and meeting people's aspirations. This could be achieved by:**

- Local authorities incentivising those digital solutions and services that empower people – including voluntary and community-based initiatives – and making them part of their wider wellbeing offer.

**Make it easier for people to interact with care services through technology. This could be achieved by:**

- The sector exploring voluntary mechanisms (opting out), so people can more easily accept and share information relating to their care and wellbeing.

**Align strategies for care across the sectors that are key to wellbeing. This could be achieved by:**

- Ensuring the strategies of Integrated Care Systems (ICS) consider digital social care provision as well as digital health provision.
- Adopting the HAPPY 'care ready' principles and aligning the strategy for digital enablement of care with future housing policy, such as the Government's "Home of 2030" and national design codes, as well as the Housing LIN's emerging TAPPI framework. Here, we need to get beyond grab rails and level access to deliver digitally capable home environments that support modern approaches to independent living and help to minimise crises.
- Improving awareness and confidence when applying technology in social care, by embedding an understanding of the subject at each stage of education and professional learning. This ranges from collaboration between schools, children's and adult social care services to professional skills development.

## RECOMMENDATIONS

# PROPOSED IMPLEMENTATION PLAN FOR THE COMMISSION'S RECOMMENDATIONS

### Expectations for care and support have changed – planning must leverage this opportunity

The Covid-19 pandemic has had a startling effect, in emphasising our need for remote connectivity to people, services and information. Many people have now accepted remote forms of consultation, social interaction, signposting and information access as their new norm.

### Plan for Change and Build Back Better

This isn't about a like-for-like digital replacement of social care. Instead, it's about building back better; creating new, innovative, digitally enabled social care services. This rebuild starts around individuals, giving them, their families and carers greater discretion, enabling them to choose and control the care and support they want. Our starting point needs to be an understanding of how people can interact most effectively with care and support in a digital world.

## DELIVERY OF A PERSONALISED CARE INNOVATION PROGRAMME

The Commission is proposing the creation of a Personalised Care Innovation Programme, which will see a collection of person-led digital social care and support projects. These are regional projects, perhaps 7-10 in number, and would build digitally-enabled service offers and infrastructures that can then be scaled up across the UK. The proposed Personalised Care Innovation Programme needs to focus on people's needs for digital engagement with essential services and supporting assets, and it will build on exemplar services and their enabling technologies. It is anticipated that each regional project will require the collaboration of care providers, service users, commissioners and technology providers and will need to consider both public and private support for services and technologies

1

#### Stage 1:

The first stage of the Personalised Care Innovation Programme begins with a 'bottom-up' examination of the proactive services that people, their families and carers – as well as the care professionals that support them – now value, to understand how people interact most effectively with care and support in a digital world and across the selected, representative regions (predicted duration 6-9 months).

2

#### Stage 2:

In parallel with Stage 1, the programme would encourage the 'top-down' development of plans for change, which set out how the organisations will enhance and embed digital technology into their care practices. These plans will be underpinned by the intelligent application of data, to identify the needs and opportunities in each of the selected regions, and will result in creation of implementation plans. Stages 1 & 2 are part of a business case process which will lead to wider roll-out of best practices in Stage 3 (predicted duration for Stages 1 & 2: 6-9 months).

3

#### Stage 3:

This stage would see the delivery of the Personalised Care Innovation Programme across selected regions. The recommendations of this Commission would be incorporated into all delivery work, including proposed actions in relation to new care models, skills development, technology and data. This Stage 3 would include an examination of wellbeing outcomes and the realisation of benefits (18-24 months).

4

#### Stage 4:

National deployment. Multi-year funding from central Government will be needed to deliver Stage 4.

We need to focus on the individual and how we support them to live a good life with technology in the background. Technology is the enabler, deployment is not the end. Achievement of good life outcomes is the goal and TEC is one of the tools that makes that possible.

Sam Watkins, MD, Delta Wellbeing





### About ADASS

ADASS is the Association of Directors of Adult Social Services in England. We are a charity, a leading, independent voice of adult social care. We work to promote higher standards of social care services and influence policies and decision makers to transform the lives of people needing and providing care. Our membership is drawn from serving directors of adult social care employed by local authorities and their direct report. Associate members are past directors, and our wider membership includes deputy and assistant directors. In 2019, membership was extended to principal social workers.  
[www.adass.org.uk](http://www.adass.org.uk)



The voice of technology  
enabled care

### About TSA

TSA is the Technology Enabled Care (TEC) Services Association. We are the industry and advisory body for technology enabled care (TEC) services across the UK, working on behalf of and advising organisations including telecare and telehealth service providers, suppliers, digital health businesses, housing associations, care providers, emergency services, academia, charities, government bodies and health and social care commissioners.  
[www.tsa-voice.org.uk](http://www.tsa-voice.org.uk)

## Acknowledgements

We are grateful to our Commission sponsors: Microsoft, OLM Systems, PA Consulting, Taking Care and Tunstall Healthcare. Their support and expertise have enabled ADASS and TSA to gather views and intelligence for this report.

We are also thankful to the many leaders and practitioners within social care, health and housing who have contributed knowledge, ideas and examples of their own practice at every stage of this Commission.

Importantly, a big thank you to the people, families and carers who have shared their own lived experiences and given us feedback throughout this process.

## Find out more

Insight and best practice from a wide range of reports, research and case studies has informed this Commission. Many organisations are doing important work to improve the integration of technology into social care, health and housing and we believe that co-leadership around this issue is vital.