

Five Point Plan for CareTech

September 2023

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Foreword

Clive Gilbert, Policy Connect, Senior Policy and Research Manager, Assistive and Accessible Technology.

When I was 15 years old, my life changed. My special needs school referred me to the Communication Aids Project (CAP), a government programme that provided technology to help children and young people with significant communication difficulties (like me) access the school curriculum, interact with others and make a successful transition into adulthood.

The project brought together services that too often sit in silos. I was sent to a regional centre based at Great Ormond Street Hospital, which worked with me, my parents, teachers, social worker, speech and language therapist and occupational therapist to devise a package of technologies and wraparound support.

The centrepiece of my new high-tech set-up was a tablet computer that I could use as a voice output communication device, as well as a standard computer for my A-Level coursework. CAP also asked a medical engineering charity to work with the NHS Wheelchair Service to design a bespoke wheelchair control system which doubled as a computer mouse.

Finally, I was introduced to the NHS Specialised Environmental Controls Service – a nationally commissioned service staffed by clinical scientists who provide physically disabled people with assistive technologies to help them live more independently at home. The service supplied me with an array of technologies that I had never seen before, including a device which for the first time enabled me to change the TV channel, switch on the lights and let friends in at the front door.

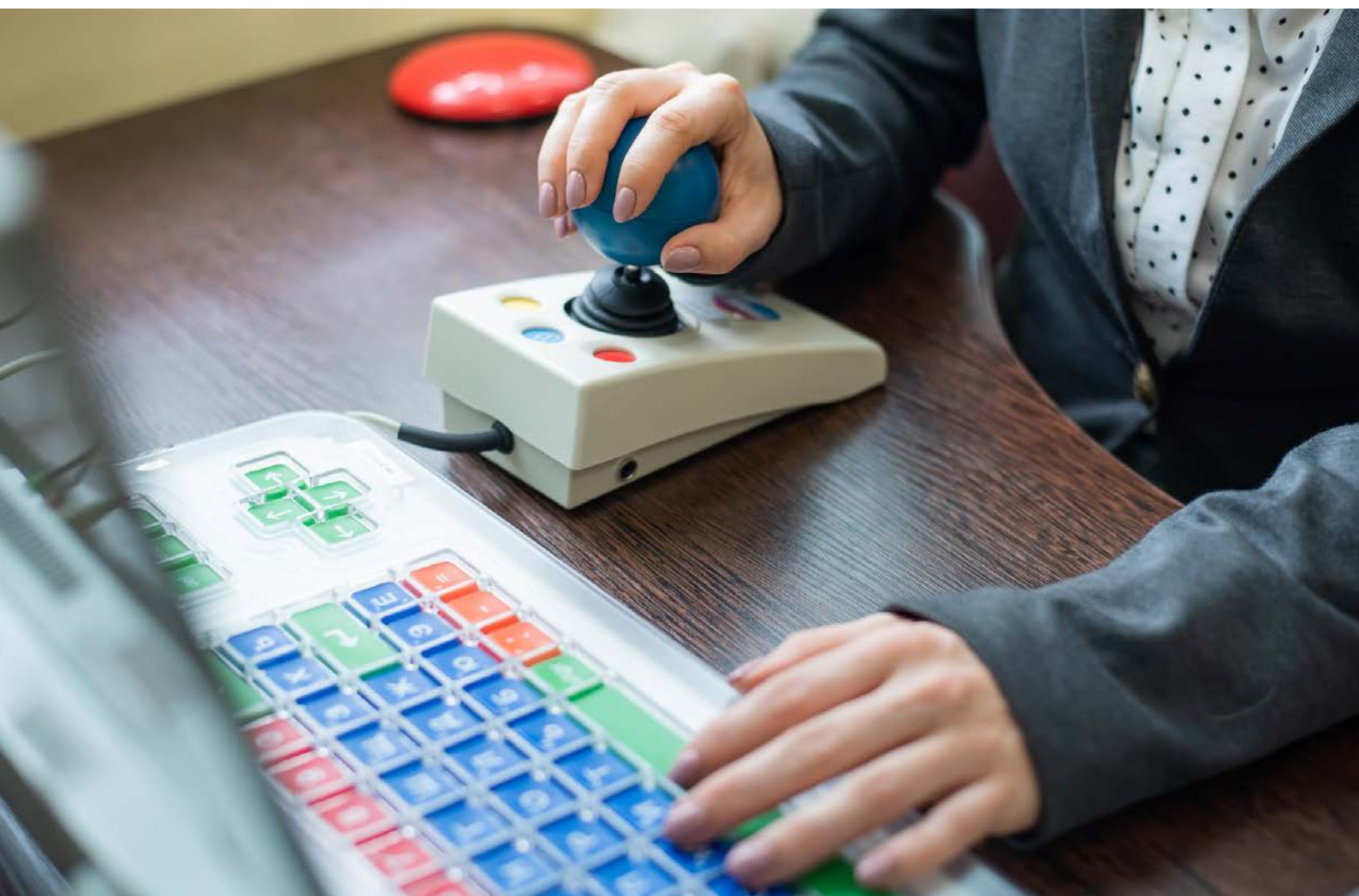
I was even given a mechanical page-turner – which proved indispensable for my studies.

The moral of this story is that integrated services can have profoundly positive effects on people's lives. Better coordination can speed up the delivery of services. It can also fundamentally change the nature of the services that are provided by creating confluences of professions, perspectives and skills that unlock greater creativity, personalisation and choice for individuals.

techUK's timely Five Point Plan for CareTech is right to highlight the emerging opportunities for Integrated Care Systems to transform the way technology is used to support people to be more independent – something I have emphasised in my own policy work.

One of the key conclusions of this report is that involving different types of expertise – especially from people who draw on care – in conversations about how technology should be used in care and support is a vital corrective to the shortcomings of current practices. Too often services view technology mainly as a way of managing people's care needs, and overlook how people can use technology to lead fulfilling lives - even if that means doing things that others might take for granted such as booking theatre tickets, reading a book or managing a team at work.

The Communication Aids Project was designed to remind the professionals who were working with me that my ability to express myself was not an end in itself, but a passport to a richer and fuller life. In the same way, the promise of Integrated Care Systems for the future of CareTech is to remind services that patients and care service users are people with their own unique needs, preferences and aspirations.





Foreword

Sir David Pearson, Chair, TEC Quality; and former President of the Association of Directors of Adult Social Services (ADASS) and was also leader of the COVID-19 Social Care Taskforce.

There is now a groundswell of opinion that digital solutions can significantly benefit health and care in the third decade of the 21st century. People realise that technology helps to meet additional needs arising from demographic change and the demands this will place on health and care services.

Digital devices and systems are a way of enabling and joining up services, providing a platform for preventative, proactive and personalised care and support. Technology can also ensure that we are anticipating need and risk, and supporting the workforce to address local need. Most importantly, there is a growing understanding that digital solutions can help those of us who need social care to do more of the things we love, and live the lives we want to lead.

Although the recognition is there, there is still a long way to go if we want to make this vision a widespread reality.

Without a doubt, concerted action is needed from government, national bodies, the NHS, those representing local government and social care and health providers, along with the tech industry to implement and scale the innovative solutions that are within our grasp.

Collaboration between suppliers, services, staff, citizens and communities is critical here. This is about having a common goal and creating wellbeing together, with every partner respected and valued. It's a challenge, but if we can get it right, we'll have a rich ecosystem of relationships and support, formal and informal care, all integrated and enabled through data and care technology.

But if we get it wrong then innovative digital solutions, with huge potential to support independence and happy lives, will be used in isolation, forever seen as add-ons, or rolled out in pilots but never scaled or entwined in everyday care and support. We need to do everything in our power to guard against this.



Joining up technology and services is central to any modern care system, and as Chair of TEC Quality, the organisation that runs the [Telecare Services Association's \(TSA\)](#) Quality Standards Framework (QSF), this is a big priority for me. We'll only be able to use digital to provide more effective social care if we can truly integrate services and support the personalisation of care, by offering greater standardisation of data and greater interoperability of technology. Changing the way we deliver services, and offering training for those who provide them, is also key.

I hope this report stimulates thinking about how we can get it right with care technology. techUK have laid out some of the actions needed to build firm foundations so we can make the most of the technologies available. It is now time for the wide range of partners involved to contribute to our collaborative effort.

Everybody has a part to play, and I look forward to working with techUK and many other partners to realise our collective ambition of improving services - and lives - for people who draw on health and social care.

Introduction

In the [Next Steps to Put People at the Heart of Care](#) paper [April 2023], the Minister of State for Social Care stated: “For decades adult social care has not had the attention, resource or support from government that it deserves” Whilst this may be the case, there is also a major shift in momentum: “By 2025, we will have achieved real change for adult social care. We will have shifted the dial on recognition and support for the skills of care workers, driven digitalisation and innovation in social care provision, and changed how social care is planned for and commissioned.”

The positivity around the importance of social care and the role of digital in its future is welcome. There is now widespread recognition of the importance of technology-based solutions in supporting people to live happy and independent lives, empowering the health and care system to provide services which improve health-span and quality of life, and deliver significant social and financial benefit for citizens and the system.

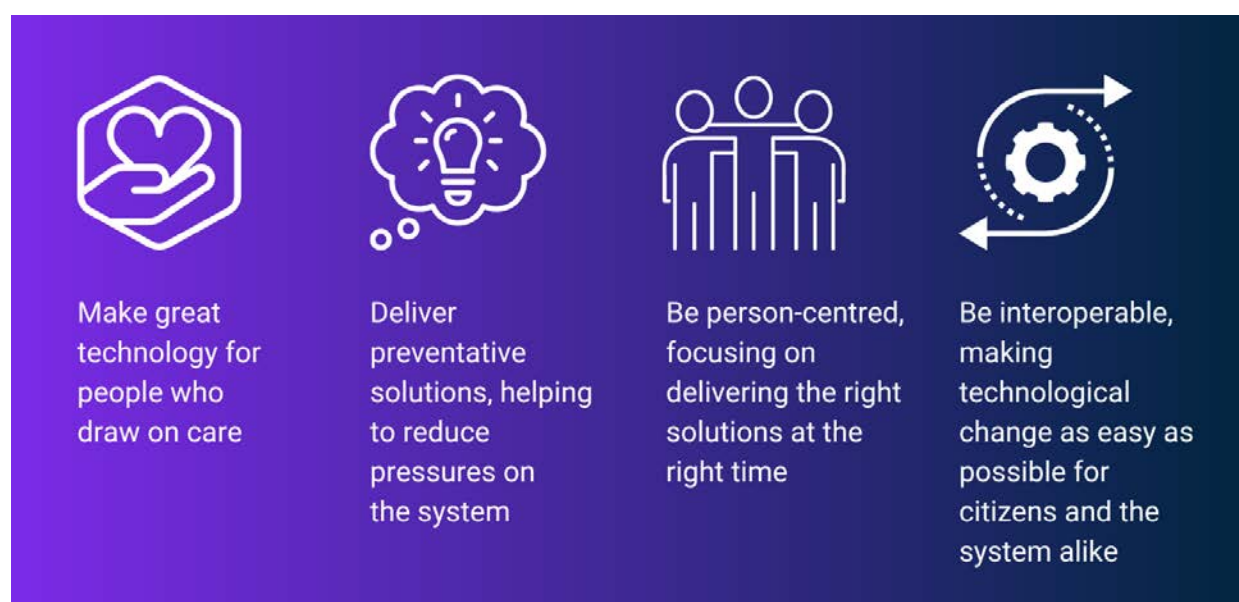
The intensity of political interest rests against a backdrop of demographic trends which are as pressing in the UK as they are in Europe and the US. It is estimated that by 2040, a quarter of the UK population will be over 65.¹ The demand for health services is increasing as many of us live longer but not necessarily healthier lives. This is compounded by a workforce crisis of 165,000 vacancies in social care, an increase in sickness, and a decrease in hospital bed availability.² The current situation is a perfect storm, with the situation likely to continue to decline unless we enact radical change. Prevention holds the key to many of these issues, as does encouraging every one of us to take responsibility for our own health and wellbeing.

For too long, social care has languished behind other sectors when it comes to digital transformation. However, as pressures escalate and citizens become more vocal about the standard and type of care they expect³, there is cause for optimism. Curiosity about the potential of artificial intelligence (AI), novel innovations such as robotics, and tailored CareTech experiences are ushering in a new dawn of demand from both citizens and commissioners. This has been commented on previously by [techUK](#), the [County Councils Network](#) and others. However, the sector must acknowledge that much work is needed to build firm foundations for these technologies. Co-produced solutions which meet the day-to-day needs of citizens, preparedness for the analogue to digital switchover, basic digitisation of processes, remote working, and an integrated approach to data are just some examples.

Chapter 1 of this report looks at citizen-focused outcomes and how technology can be used to support independence. Key to this is the work of Integrated Care Systems (ICS) in understanding individual needs, together with the delivery of demonstrable change at local level. Chapter 2 considers how the government should support the social care workforce and the need for embedding technology-led culture in practice. Chapters 3 and 4 look at system collaboration and the importance of data and interoperability⁴, with an emphasis on improving data access across health and care, and reducing bureaucracy to improve decision making.

The final chapter focuses on the key role of the CareTech⁵ industry in supporting social care change. The techUK Social Care Working Group drives this change through helping suppliers understand what is happening in the market and working with key partners to influence decision makers to invest in and encourage the effective use of technology wherever possible. The Group acts as a neutral forum for knowledge exchange across the supplier base and for public sector stakeholders to engage with the market. We identify common challenges and solutions, offering the opportunity to leverage partnerships and providing the chance to connect with national and local stakeholders to better understand their digital vision and challenges.

To bring about the necessary change, all aspects of the care sector must work together to:



There is much cause for optimism, but still much to do. This paper brings to the fore recommendations from suppliers to the social care sector to support its digital transformation. They are not exhaustive but demonstrate how, by working collaboratively at a national and local level, technology can drive systemic change.



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Chapter 1

Citizen-focused outcomes: How can we use tech to support independence?

Social care offers a wide range of support for citizens, enabling individuals to live longer, healthier lives as independently as possible. The sector is estimated to employ around 1.5 million people, with its contribution to the UK economy in 2021 to 2022 approximated at £51.5 billion.⁶

Towards the end of 2022, the Secretary of State for Health and Social Care appointed the Rt Hon Patricia Hewitt, Chair of NHS Norfolk and Waveney Integrated Care Board (ICB), to conduct a review into the oversight and governance of ICSs. Hewitt highlighted that she had “heard a lot throughout the review about the need for social care to be better understood within the NHS”, stressing that as a society we need a “national conversation about what we expect from our care, and what we are willing to pay for it”. Most importantly, we need to understand that reform will only be successful with people at the centre.

In the writing of this report, techUK organised workshops with companies providing technology and digital services across health and social care, seeking to understand the challenges that these organisations and their customers face when developing and deploying digital, data and technology solutions for staff and citizens across the adult social care sector. Contributors were clear that there is a lack of understanding around the importance of co-production and a need to define these principles. Furthermore, there is a stark challenge surrounding digital exclusion and digital poverty that must be tackled to enable people and services to reap the benefits of technology.

To enable people to remain independent in their own homes there needs to be a “revisioning” of the options available to the citizen. Individuals should have access to the necessary support and potential to update on their requirements, empowering them to take control. Better signposting to available digital technologies is required in order to achieve this. For example, the London Borough of Redbridge has been leading on a Local Digital discovery project on adult social care user journeys, to identify opportunities to deliver more preventative interventions and effective triaging.⁷ The objective is to keep residents healthier and allow them to maintain their independence, remaining at home for longer. This discovery has helped develop a new accessible channel on the Council’s website to provide

a “front door” for residents, allowing them to see if they are eligible for support.

There is also a significant opportunity presented by consumer technology that can support self-care. techUK’s [Connected Home 2023](#) report highlighted a range of smart health monitors, such as a “urinalysis” device that can monitor a range of health metrics from the toilet bowl, or a telemedicine app that, when connected to a TV, can detect a user’s heart rate, heart rate variability, respiratory rate, oxygen saturation, and stress index. Smart tech in the home can help people live at home longer, improve their quality of life, and provide predictive insights to better manage health and wellbeing.

Recommendation: Mapping digital poverty and exclusion

[NHSX’s review of adult social care technology innovation](#) [December 2021], which techUK fed into, identified the reduction of digital exclusion by local authorities as a key enabler of the adoption of technology. The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) must work with Integrated Care Partnerships (ICP) across the country to understand the national prevalence of digital poverty and exclusion when it comes to the use of technology in the care sector. There is a need for further clarity, providing citizens with an overview of the technology available to them at a local level. This could take place through the provision of digital libraries to support inclusion. At the same time, the technology industry needs access to insights around the usability of digital products and services to better understand accessibility barriers, enabling innovation to ensure accessibility for all.

Recommendation: Developing a methodology for co-production

The Government should look to develop a clear methodology for the co-production of technology-based care solutions. The TSA recently published [Six Tips for Successful Co-Production](#), providing a great starting point for those looking to listen to the lived experience of people and their families.

One of the cross-cutting themes to emerge from [NHSX's review of adult social care technology innovation](#) was the need to develop co-produced standards and systems to support implementation of this vision. It was great to see that [What Good Looks Like](#) [May 2023], for digital working in adult social care, recommended that local authorities should co-produce digital plans to ensure they meet the needs of people using services, of staff, and of care providers. However, local authorities and care providers will need a clear methodology and central support to take this forward.

Recommendation: Making Citizen Health Accounts a reality

The Government should seek to implement the recommendation from the Hewitt Review on Citizen Health Accounts. These would require health and care providers to publish relevant data held on an individual into an account that sits outside the various health and care IT systems. Such accounts would be owned and operated by citizens, excluding safeguarding data, which is never intended to be shared with the data subject.

While some say this is ambitious, it is already happening in pockets across the country, and we strongly urge the Government to look into supporting the programme at a national scale. Such an initiative would help to ensure that the NHS App does not offer an inconsistent experience to citizens depending on where you are in the country, helping to drive innovation. Furthermore, we support the sharing of best practice from other countries investing in similar initiatives, putting citizens at the heart of these efforts.

Case studies

Docobo & St Catherine's Bungalows Supporting staff to deliver remote monitoring in care homes

The team at St Catherine's Bungalows worked with the Docobo team to roll out a remote monitoring programme, enabling staff to take resident's readings (such as blood pressure and blood oxygen), record symptoms, and feedback via the system to the GP surgery. The care home was supplied with devices to take resident readings and send residents' clinical reviews to the ICC. The Docobo tablet helps staff to record a resident's observations and symptoms, either on a regular basis or when they fall ill, and send any changes automatically and securely.




The staff at St Catherine's were supported throughout the project rollout, including training to use the tablet and software, and for staff to take blood pressure and blood oxygen readings and record symptoms. The staff worked with the project team to create Question Sets to use for regular check-ups. The programme has seen an average of 60% reduction in doctor appointments and 56% reduction in visits since rolling out the system.

Access and Dundee City Council Scaling-up technology and enabling more independent living

For the last five years, Dundee City Council has been using Access' Care Management software (CM) to bring together health and social care services for 150,000 individuals. Most recently, they integrated the system with Access' Social Care Record, Mosaic, which has enabled them to provide more person-centred care and support individuals to live healthier, more independent lives.




Previously, the council relied on multiple systems, processes, and spreadsheets to input information about care delivery. This was very time-consuming, data would get lost, and the quality of care was at risk as information about available services was not up to date.

Since introducing CM, data collected by the council is centrally stored, streamlining the organisation of care and tailoring services. By saving time on administrative tasks, visits are now scheduled more efficiently, and teams can be more prepared. By integrating with the Mosaic Social Care Record, individual's data is automatically populated into forms when staff are making care plans, releasing considerable time that was spent on administrative tasks back to provisioning care services. The two systems have enabled the council to improve service quality and support individuals to live more independently. A full overview [can be found here](#).



Chapter 2

Investment: How should the government better invest in services and staff?

The social care sector has been significantly underfunded in recent years, as highlighted by the Nuffield Trust, the King's Fund, the Local Government Association (LGA), and many other organisations. Since 2010, adult social care has seen a funding gap of £6.5 billion. More funding is urgently needed to support staff recruitment, address retention challenges, and increase care worker's pay. A sustainable, long-term funding strategy is crucial, and would also enable councils to provide support for unpaid carers across different services.⁸ As mentioned, with social care employing around 1.5 million people, and making an economic contribution estimated at £51.5 billion (2021-2022), Government investment in the social care workforce and technology should reflect this.

The Care Cap charging reform demonstrated that further support and funding is required for local authorities to be able to deliver this policy. Funding will be allocated to local authorities to be able to recruit staff and leverage the potential of digital, data and technology by investing in innovative solutions. However, councils will need to deploy initiatives alongside this to be able to implement the reform, improve efficiency, and address the worrying capacity issues we are seeing.⁹

Local authorities face challenges across the board, including the need to navigate a complex and fragmented funding landscape, large increases in costs due to large increases in costs due to inflation, interest rate volatility and National Living Wage rises. These create significant strain and reduce council's ability to take a dynamic approach to deploying digital solutions, looking at innovation and more efficient use of data. With local authorities currently underfunded, investment in CareTech is low on the agenda, but appropriate use of such technologies could provide significant improvements in care and unlock efficiencies that would provide substantial return on investment. By maximising the benefits of technology and harnessing innovation, we can re-imagine how social care is delivered and improve outcomes.

Recommendation: Developing our social care workforce

It is imperative that funding is allocated to support the retention, recruitment, and development of the adult social care workforce. Professionals within local authorities and care providers need access to ongoing digital training and development, making sure we embed a digital-first culture into the everyday practice and professional development of our social care workforce. It is also important to identify how to measure and effectively communicate the social and financial benefits of adopting digital solutions, showing they are an enabler for better care outcomes rather than replacing or

automating jobs.

This also means collaborating with industry stakeholders to ensure we create new ways of working that support the needs of the social care sector. Investing in new digital skills in professional development pathways for both social care practitioners and the domiciliary care workforce would make the sector a more attractive place to work and grow.

A comprehensive training and development strategy, focusing on improving technical proficiency, coupled with increased investment in the necessary infrastructure. This would help address issues such as legacy IT, as well as fostering collaboration between care providers, technology suppliers, local authorities, and central government.

Recommendation: Centrally driven support for tech deployment

More focus must be put on investing to evaluate and support the development of tech and digital solutions to drive better outcomes for social care and ensure no citizen is left behind.. To achieve this, central financial support is required to enable social care providers to tackle challenges, such as developing the necessary skills and complying with regulations, whilst creating a culture shift where technology adoption is seen through a holistic lens. This means helping social care providers understand how they can apply technology and mitigate potential clinical concerns. Centrally funded tech pilots are one example of how Government could begin to alleviate concerns and aversion to risk-taking. Unlike many existing initiatives, funding for such pilots should not be pigeon-holed around specific areas, but allow for truly innovative solutions, and should be implemented alongside comprehensive and sustainable investment.

Case study

Microsoft & Aberdeen City Council Transforming social care services by designing a new ecosystem in partnership with social workers

Aberdeen City Council has been working with Microsoft to drive a programme to upscale and redesign services for 230,000 people in the area. Microsoft's Dynamics 365 is being used to bring adult and children's social care data and workflows together in one place, where staff will be able to record, share and analyse information with greater ease, supported by automation.

Previously, around 80% of workloads were "off system", but the new solution means all casework will be recorded through one simple portal, using Dynamics. It has been completely designed by Aberdeen's social workers for their colleagues to use – from the frontline to the back office. The solution will help practitioners manage complex cases and make it easier to record case work and access high-quality and comprehensive data to support individuals, while partner agencies can also safely access the system and share information.

The future integration of machine learning and AI will move the service from reactive to predictive care, allowing the council to allocate resources more effectively and spare families from crises through early intervention and prevention.





Chapter 3

Collaboration: How can technology support the integration of health, care, and other sectors to deliver better outcomes?

There is widespread recognition that to improve outcomes and experiences for UK citizens, collaboration between the health and social care sectors is imperative. With the advent of “place-based care” as a popular concept and of place-based partnerships as a key pillar of ICSs, it has become clear that a more complex view of collaboration is necessary.

Requiring public services from across the place (NHSM local government, care home providers, housing, third sector) to collaborate to solve common challenges. The aspiration for ICSs is that they will enable this kind of collaboration, with Integrated Care Boards bringing together NHS trusts, local authorities, and voluntary organisations in one locality. However, much work is still to be done in realising this ambition as the NHS remains the dominant player in the shaping and development of the local ICS.

The Hewitt Review recommended that “to enable the kind of integration, collaboration and autonomy we want to see integrated care systems embody, we need to pull down some of the barriers that currently exist for primary care, social care and the way we train health and care workforce”, as well as acknowledging that “if health and care are to be effectively integrated and delivered at ICS level, social care needs to be a national priority for investment and workforce development”. Better use of technology and data within social care is key to breaking down these barriers and facilitating greater collaboration across the various public services. Within a highly complex social care landscape, where the provision of care is the responsibility of over 18,000 different organisations, technology has the potential to drastically improve outcomes.

However, current legislation and governance often acts as a blocker to collaboration, with citizens unable to access their own data and care settings unable to share critical information in a timely manner. It is vital that adult social care has visibility across health, housing and other critical services to provide all-round support and reduce costs of data double entry. Services should be redesigned around a whole-system approach where a case worker can oversee an individual’s needs, empowered by tech.

Further to this, there is a perceived lack of understanding within ICSs of the operational and financial challenges faced by social care. In a discovery workshop with technology companies, it was clear that making the business case internally for investment in CareTech innovation is incredibly challenging due to the absence of sustained funding in the sector coupled with the lack of understanding of social care across the NHS. As a result, fewer innovations are brought to market in the social care sector, with citizens ultimately missing out on improved care. If the UK is to become a world leader in CareTech, this must be addressed.

Recommendation: Define the principles of partnership

NHS England should support integrated care partnerships (ICP) to implement the guidance set out on adult social care.¹⁰ Co-created by DHSC, the Local Government Association, and NHSE, these principles offer a basis by which to establish mutually supportive ways of working between adult social care providers and ICPs. It is imperative that social care providers are heard clearly in the Integrated Care Strategy that ICPs have a statutory duty to create, even though there is no mandatory representation for adult social care.¹¹ This is a missed opportunity and needs to be addressed immediately as we have a once in a lifetime opportunity to get this right. Guidance on ICP engagement advised that social care providers and workforce representatives be included on ICPs, listing social care providers alongside acute, primary, and mental health services. This reveals a relative lack of emphasis on social care compared to health. Given the increasing importance of social care for the UK’s ageing population, it must be seen as an equal partner to health on ICPs.

Recommendation: Systematise best practice sharing

A plan for digital health and social care, published in the summer of 2022, reiterated the commitment to systematising best practice where NHS trusts and primary care groups have developed strong processes for partnering with innovators, speeding up the spread of well evidenced technologies across the NHS. This should be expanded to include social care.

Best practise already exists and can be scaled up as the LGA Care and Health Improvement Programme has undertaken work to address collaboration and best practice sharing.

Recommendation: Removing obstacles to budget pooling

Integrated care systems are required to publish and work towards a shared outcomes framework, with implementation beginning from April 2023. The policy paper “Joining up care for people, places and populations” sought to achieve an admirable balance between ensuring a consistent standard of care via centrally mandated standards and allowing local leaders to make the most of resources on behalf of local people. In setting out the design principles for a shared outcomes framework, the policy paper stated that it would need to be designed by partners across the system and with citizens. While the technology industry supports these measures, the current funding system maintains fragmentation, as does the capturing of data in different commissioning contracts. The government should look to remove obstacles to budget pooling, enabling a greater focus on prevention and helping to provide community support for individuals prior to needing NHS services.

Case study

Liquid Logic & Lancashire County Council Bringing Health & Social Care Together

Both Wirral Council and Lancashire County Council have implemented a Liquidlogic interface with hospital systems which supports real-time exchange of hospital admission and discharge notifications. The interface uses NHS Digital's Message Exchange for Social Care and Health (MESH), which utilises the new "Fast Healthcare Interoperability Resources" (FHIR) message standards.

Liquidlogic links with providers of healthcare IT systems including Graphnet, Orion and Cerner to import shared care records into the Liquidlogic case management system. The record appears as an additional tab within the Liquidlogic platform and is consistently updated to provide a live feed. Providing real-time access to a single, secure shared care record, CareCentric from Graphnet allows care professionals to communicate and collaborate safely and effectively across disciplines and organisations. Professionals working in hospital, community, primary care, and social care services can all have immediate access to the same up-to-date patient information.





Chapter 4

Data and Interoperability: How can we better use data to provide more effective social care?

Recipients of social care often move between care settings, receiving primary, acute and domiciliary care. This means that capturing and sharing information with an individual, their family, and different services is crucial to providing high quality care. Better use of integrated technology and data that can follow citizens throughout their health and care journeys is a key ambition for the UK. However, the ability to make this a reality is hindered by the complexity of the interoperability landscape. With long-standing debates around the definition of interoperability, and a continued lack of clarity concerning the mandating of standards, there is much confusion about how data can best be used to provide more effective social care. While progress has been made within the NHS in recent years, social care remains at an early stage in the interoperability and data journey.

Suppliers often highlight that there is no single entity driving forward the interoperability agenda, particularly when looking across health and social care. In addition, there are varying degrees of understanding around the benefits of interoperability and how it can be implemented, leading to regional disparities. This is a particularly prominent issue when looking at funding. With Shared Care Records (SCRs), the main barrier to implementation is often the cost incurred by local authorities. In some regions, local NHS organisations have funded the implementation of records, recognising the stretched budgets of local authorities and wider benefits brought to the system. Moreover, there is a lack of coterminous boundaries between health and social care, resulting in some local authorities dealing with multiple ICSs and leading to further issues around funding and accountability.

This is compounded by a lack of digital skills across social care, as highlighted in Chapter 2, presenting a significant challenge to the effective delivery of services, particularly as digital technologies now play a fundamental role in allowing service users to lead independent and fulfilling lives. The impact of insufficient digital skills in the domiciliary care workforce has been well documented, leading to reduced efficiencies, increased risk, and a lower quality of care.¹²

Recommendation: Standardisation

We recommend the standardisation of data formats and terminologies, as well as expanding FHIR to cover social care. The adoption of common data formats will ensure that information is consistent and can be exchanged. Coupled with the use of secure data exchange protocols, such as encryption and Multi-Factor Authentication, this can mitigate issues around data security.

Recommendation: Reframing legacy IT

We cannot continue to build on legacy IT systems. As recently highlighted by the National Audit Office, legacy is a key barrier to meaningful digital transformation.¹³ Beyond the effect on systems, legacy IT negatively impacts the citizen and their interactions with social care services. There is an inherent risk in continuing to ignore issues created by this IT, which leads to continued siloed working across health and care. techUK have called for a cross-government strategy to address legacy IT, and suppliers stand ready to collaborate to address these issues. An increased investment in IT infrastructure will help to ensure that social care providers have the necessary tools and systems to support interoperability.

Recommendation: Embedding principles

Industry, policy makers, and ICS leaders should work together to embed the principles of barrier free data sharing and exchange within working practice across all public and private bodies involved in care delivery.

Case study

GeoPlace & Welsh Government

Sharing data to support vulnerable people in Wales

The Welsh Government is using data-driven processes to inform planning and policymaking to support vulnerable people across Wales. The Joint Emergency Services Group Wales (JESG) has worked with GeoPlace, Ordnance Survey, and the Welsh local authorities and wider resilience community on a pilot scheme known as JIGSO ("jigsaw", in Welsh). IGSO enables Wales's core non-personalised datasets to be made available to the resilience community.

Initially, JIGSO used Unique Property Reference Numbers (UPRNs) to develop data links between the Adult Social Services Departments in Mid and West Wales, and the local emergency services teams. This enabled the region's fire and rescue service to carry out more effective home safety checks, particularly for the most vulnerable in our communities. In the second phase of the scheme, JIGSO incorporated data from other sources such as the Priority Services Register from Dwr Cymru (Welsh Water).





Chapter 5

Industry as a partner: How can the tech industry support change?

Innovation cannot take place without true collaboration between social care providers and the supplier community. Ultimately, the shared ambition to improve outcomes for citizens should facilitate the breakdown of barriers and enable fruitful partnerships that improve the quality of care.

So far, we have outlined the challenges that hundreds of technology companies face when looking to develop, test, and deploy digital innovations across the adult social care sector. We have drawn recommendations that we urge the Government and public sector stakeholders to implement to address these challenges, many of which are fundamental financial and cultural issues. Currently, the public looks at social care through the lens of the NHS, and until we see a top-down change that places social care on par with health, radical system change is unlikely to follow.

Industry has an important role to play in achieving this change. In December 2022, figures from Dealroom for the Digital Economy Council showed that the UK maintained its position as the key challenger to the US and China when it comes to leading tech ecosystems.¹⁴ The CareTech industry is an attractive market for local innovators and international companies if the UK itself invests in this space.

The fast pace of technological change often makes it difficult for the public sector to keep abreast of the latest innovations that can help reimagine the delivery of social care. Industry has a key role to play in driving and delivering innovation into local government and the wider social care market, especially with lesser-known technologies. Through recent changes made via the Procurement Bill and the Social Value Act, social care providers can maximise the value gained from industry partners by engaging early to understand the “art of the possible” and how to be a value-added partner beyond the delivery of the technology.

Digital solutions that can help address challenges in social care are ready and waiting, but to maximise the positive outcomes they can achieve, the UK must create an environment in which innovation can flourish. There must be a culture both at national and local level where the workforce feels empowered to use tech and think differently about how we deliver adult social care. For example, the London Office of Technology (LOTI) have begun to rethink models of care delivery, which other regions may look to for learnings.¹⁵

Having outlined commitments and changes from Government that would help to drive forward positive digital transformation within social care, we have set out commitments for how CareTech can also support the delivery of recommendations made.

techUK commits to:

- 1** Promoting the benefits and change that the implementation of digital solutions has had in terms of impact on citizens and carers.
- 2** Working with policy makers to understand, simplify and communicate guidance for innovators and ensure that we provide the means for feedback and input into upcoming changes.
- 3** Promoting techUK’s Interoperability Charter for Health and Social Care, setting out a set of key principles for industry that can enable more integrated health and care.
- 4** Helping social care providers to understand the art of the possible. Through its Innovators Network, techUK is bringing together local authorities with industry to explore opportunities to reimagine how we deliver social care.
- 5** Championing innovation and signposting available technologies through our dedicated Social Care Innovation Hub.

Case study

Tunstall & Sefton Careline

Preparing for the digital future with technology and training

Sefton Careline is investing in the future by developing and implementing a digital strategy that will ensure its service remains robust and resilient as the UK's communications network transitions from analogue to IP. It also aims to reshape the service, using digital solutions and smarter workflows to increase its capacity and therefore sustainability. The Careline needed to update its old PNC6 calls handling software before the transition, and so undertook a thorough market review before upgrading to Tunstall's PNC SaaS software platform.

Careline and Tunstall worked closely together to ensure project was managed and delivered without impacting on service users, and that the data migration was seamless. Operators received support from Tunstall's specialist training team prior to using the new system, but as the software is intuitive and an evolution of PNC, training was straightforward. The Tunstall training team was also asked to deliver training on telecare assessment, equipment, and installation to two installers (one new, one in post for some time) and a Trusted Assessor. A full day's in person training was delivered, followed by further training on installing and programming Tunstall Lifeline Smart Hubs online.



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About techUK

techUK is a membership organisation that brings together people, companies and organisations to realise the positive outcomes of what digital technology can achieve. We collaborate across business, government, and stakeholders to fulfil the potential of technology to deliver a stronger society and more sustainable future. By providing expertise and insight, we support our members, partners and stakeholders as they prepare the UK for what comes next in a constantly changing world.



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