



Transforming social care through the use of information and technology



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Foreword

The imperative for local care services to transform has never been greater. There is rising citizen demand, rising need and rising expectations alongside continued and sustained pressure on resources.

Information and technology is transforming the way care services are designed and delivered. The opportunities are significant and the innovation and commitment to change in many local areas is making a real difference to people's lives. We asked the Institute of Public Care at Oxford Brookes University to work with us to explore current innovations and to set out a future vision for care that is enabled by the use of information and technology.

We have developed this paper with councils, building on existing learning and sharing new and innovative practice. As this paper demonstrates, information and technology can support people to live at home for longer, enable professionals to work effectively together across multiple organisations, and help commissioners to target services where they will have the greatest impact. Information

and technology is also key to the integration of health and social care.

There are many outstanding examples of where information and technology is enabling transformation. Of course, technology will not be a replacement for care, but it can support individuals whether they be children or adults receiving care, carers, or professionals delivering and commissioning care. There are challenges, both cultural and technical, but there is evidence that local areas are addressing such challenges and embracing new opportunities that arise.

If we are to fully maximise the benefits that information and technology can play in the delivery of care then this requires engagement and collaboration from across the system – national organisations, local commissioners and providers as well as the voluntary and community sector working together with a shared purpose. Perhaps, more importantly, it requires leadership at all levels and across all organisations, continuing to co-design approaches with those using services.



A handwritten signature in black ink, appearing to read 'Izzi Seccombe'.

Councillor Izzi Seccombe
Chair, LGA Community Wellbeing Board



A handwritten signature in black ink, appearing to read 'Richard Watts'.

Councillor Richard Watts
Chair, LGA Children and Young People Board



A handwritten signature in black ink, appearing to read 'Keith Moultrie'.

Keith Moultrie
Director, Institute of Public Care, Oxford Brookes University

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Introduction

The last decade has seen unprecedented pressure placed on public services. Councils have experienced rising demand and an increase in customer expectations, all at a time of significant resource constraints. This pressure has been most starkly felt in services commissioned and delivered to support people – children, adults and families.

For adults, councils are responding to growing numbers of older people, often with increasingly complex needs requiring care and support, with significant and sustained reductions in the funding available. The largest shake up of social care took place in 2015 with the implementation of the Care Act 2014, requiring councils to extend the role they play, expanding the provision of information and advice, market shaping and providing support for carers.

The Association of Directors of Adult Social Services (ADASS) budget survey of 2016 stated “there are now next to no further efficiencies to be made from squeezing provider fees paid, or raising income from fees and charges to customers”. Whilst the importance of adult social care was acknowledged by the Government in its decision to allow councils to raise council tax by 2 per cent to pay for the increasing cost of adult social care, for many councils this isn't sufficient to meet all the cost and demand pressures, particularly the cost of the National Living Wage. The question of sustainable funding also remains vital to the viability of the provider market.

These challenges are no less pressing for services for children and families. Whether it be safeguarding children, supporting those young people looked after, providing for children with special educational needs or disabilities (SEND) or engaging with those young people disengaged in education, the



increasing demands on services to children and young people in England are being felt across the country. The need to demonstrate ever-improved outcomes for children is essential, but this is against a backdrop of significant and ongoing austerity.

The 2016 government paper 'Reporting and acting on child abuse and neglect', outlines that more referrals are being made to children's social care services across the country (up 5 per cent since 2010) with over 400,000 children being assessed by social workers in 2015 (up 7 per cent since 2010), and a record high of over 60,000 children placed on child protection plans in 2015. In addition, the Children and Families Act 2014 introduced integrated education, health and care plans for young people with special educational needs and extended the provision of these from birth to 25 years. The plans place greater emphasis on individual outcomes that children and young people will receive while in education or training but have understandably had an impact on councils as

provision has been extended from 16 years to 25 years.

In this environment, it is tempting to take short-term action – moving costs so that the burden can be shared or moved and ‘salami slicing’ services to achieve overall cuts in expenditure. However, many councils have been instead transforming the way that services are delivered. How social care services were once configured now bears little resemblance to how services are or will be delivered in the future.

It is in this context that digital technology and the better use of information can play an important, enabling role. There is already hard evidence that information and technology is bringing improvements in efficiency, effectiveness and helping to improve the overall quality of care. For example, housing is playing a significant role in supporting individuals to maintain better health and wellbeing, and there are new developments where technological opportunities are a core part of the built environment.

Across health and social care, there is a shared view that the place-based re-design of services, around the needs of individuals, provides the best opportunity to improve people’s health and wellbeing – helping to close gaps in health inequalities and better supporting the future financial sustainability of local health and care systems.

There is a growing focus on prevention and early intervention by councils and their partners. Better quality and more usable information is one way of being able to target services effectively, for example, using data to identify those most at risk.

It is a similar picture for services delivered for children and families. Many councils are working closely with local partners to identify concerns and intervene earlier, supporting families in a much more joined-up way. Where crises do occur, partner organisations are working closely to join-up service delivery, ensuring that limited resources can be

targeted effectively to where there is the greatest need.

However, such approaches are not without their challenges. The age-old hurdles of ‘systems not being joined-up’, of ‘information sharing barriers’, alongside ongoing resource challenges leaves sector adoption of new ways of working significantly constrained.

This paper provides examples of transformation in practice, drawing out case studies where digital technology and the use of information is actively enabling change.

Findings have been informed by a digital maturity self-assessment that the Local Government Association (LGA) in partnership with ADASS, Association of Directors of Children’s Services (ADCS) and the Society of IT Managers (Socitm), carried out with councils in early 2016. The self-assessment was completed by just under 60 per cent of councils and presents a comprehensive picture of where information and technology is already transforming services and critically, where challenges for digital adoption across the sector remain.

All too often, digital opportunities are seen as the responsibility of IT specialists. This paper, however, encourages senior officers, elected members and partners to think about providing digital leadership, considering the role that information and technology can play in enabling the future local vision for services delivered to children and adults and families.





A future vision for care




The publication 'Stepping up to the place' produced in collaboration with the NHS Confederation, NHS Clinical Commissioners, ADASS and LGA outlines a future vision for health and care integration. It describes the future vision for care as being one where services are organised and delivered to get the best possible health and wellbeing outcomes for citizens of all ages and communities.

To realise this vision we need to focus on making the most of strengths and resources in the community looking at what people can do (rather than what is wrong with them). We also need to emphasise prevention, working across organisations to prevent escalations of crises – whether in terms of individual, family or health

based circumstances. The focus for all is designing services based on the needs of the individual – rather than the needs of organisations, making access easy and equitable for all.

It is in this context that information and technology is transforming the way services are designed around an individual, commissioned and delivered. Stepping up to the place highlighted the importance of joined up information and systems to support care services. This paper is structured around five key themes where information and technology is already having an enabling role in the delivery of relational based services:

	<p>Integrating services and information for children, families and adults</p> <ul style="list-style-type: none"> • Professionals are able to see a single and joined up view of the person and their 'whole' journey via a shared care record, not just the aspects relating to their particular organisation. • Services will be more connected – there will be improved information sharing across organisations so that professionals have access to the information they need at the time they need it. • Information will be used to identify people at risk and support preventative-based approaches to care. • This means that care delivery will be better coordinated, interventions will take place early, and citizens will need to tell their story only once rather than multiple times.
	<p>Enabling people to interact with care services through digital channels</p> <ul style="list-style-type: none"> • Citizens and their carers will be able to interact with services through channels that work for them – rather than channels that have been historically provided by single organisations. • Citizens will be able to take ownership of their own care, or the care for others – easily finding information and advice, quickly being able to find out eligibility for services and commissioning and managing their own care through online channels. • Citizens will have access to their own information – taking ownership for their own care plans and deciding who they want to share their information with (including family and carers). • This means that citizens will feel more in control of their own care and carers will have the information they need to support them in their caring role.

	<p>Promoting independence and wellbeing through the use of digital services and technology</p> <ul style="list-style-type: none"> ● Citizens and their carers will be able to use digital technologies at home or if needed, in care, that enable them to maintain their independence and wellbeing for longer. ● The use of digital channels will bring reassurance to carers and families, who may not always live locally to those they are supporting. ● Citizens will be able to choose whether to share the information about them with those who are caring for them – and the relevant information will link to a person's citizen record. ● This means that citizens will feel more independent and escalation of crises will be prevented. Both citizens and their carers will have increased reassurance and reduced feelings of social isolation.
	<p>Integrating commissioning through the improved use of information and analysis</p> <ul style="list-style-type: none"> ● Activity and cost information will be linked – anonymised outputs will be used to enhance commissioning intelligence, better understanding citizen engagement with services. ● Citizens will feel in control over how their information is used due to coordinated, clear and meaningful engagement by multiple organisations. ● Commissioners will be better able to predict in advance what interventions will have the greatest impact – leading to early intervention and preventative approaches to care. ● This means that commissioners will be able to make better decisions that deliver value for money including improved outcomes for citizens.
	<p>Enabling care professionals to work from any base at any time</p> <ul style="list-style-type: none"> ● Technology will enable care professionals to work seamlessly from multiple locations and in multi-disciplinary teams. There will be no requirement for multiple logins or multiple devices. ● Professionals will be able to interact securely with other care professionals – across a whole place, using a number of digital tools and methods. ● The use of mobile technology and improved connection speeds will enable quick access to information across the care system. ● This means that care professionals will be able to deliver care more efficiently and effectively, working collaboratively across organisations.

In the next section, we look at each of these areas and highlight examples of what is already being done to secure better outcomes for people through the use of information and digital technologies.

Current innovations

a. Integrating services and information for children, families and adults

Many areas across England are moving towards new forms of delivering care – whether through integrated or accountable care organisations or by more seamlessly integrating existing services so that they offer a more joined-up experience for citizens. Although disparate systems have existed across health and social care for many years, integration of systems between multiple organisations can help to meet some of the current demands and drivers for change in adult and children’s service delivery.

A key driver here is personalisation: in order to support the delivery of personalised care, information needs to be joined-up around an individual, so that the professionals involved in the care of that person can see relevant information from the ‘whole’ person’s record and not just an organisational view. Our digital self-assessment suggests that 90 per cent of respondents are involved in some form of information sharing initiative across children’s or adult services.

A single view of an individual for practitioner use is essential and can be provided through an integrated care record. To date the majority of these have been ‘health’ based but councils are increasingly working with partners to

“Sharing social care data with health colleagues through the Leeds Care Record is making a real difference for people. It saves them repeating themselves and provides critical information at the point of care for those working with them, saving time and helping provide better outcomes”

Cath Roff, Director of Adult Social Care
Leeds City Council

incorporate social care information. Areas such as Cheshire (through the Cheshire Care Record) or Leeds (through the Leeds Care Record) are already sharing critical social care information to support integrated ways of working.



The Connecting Care programme across Bristol, North Somerset and South Gloucestershire is one programme that has an established history of delivering integrated information for care. What sets the Connecting Care programme apart from others is that the approach is now looking to incorporate children’s services information – supporting partners in safeguarding children and tackling child sexual exploitation.

Whilst the digital maturity self-assessment suggests that at present only 15 per cent of councils currently contribute to a consolidated view of the citizen’s health and care record – and fewer (4 per cent for children’s and 8 per



cent for adults) have access to this – it is evident that many initiatives are now underway and coming to fruition.

A related aspect of integrating service delivery is in supporting effective and timely transfers of care across care settings. Transfers of care can be particularly problematic and time-consuming for all organisations. The use of phone calls and faxes can lead to errors and delays.

Cumbria is one area that has implemented an electronic referrals and matching system used across health, adult and children's services – this system is now running over 1,000 referrals a month. The system (Strata) enables NHS Trusts to automatically make referrals to social care (both children's and adult) reducing form filling and drastically cutting the time needed to make a referral. Similar approaches are now taking place with care providers such as care homes.

The introduction of e-Referrals in Cumbria (through Strata) has been a catalyst for improved communication and goodwill between health and social care partners. Efficiency savings to date across the local area are estimated at £400,000 per year.

One practitioner said [it] “saves me an hour's photocopying for each Continuing Healthcare case”.

However, there remain opportunities in this area with around 40 per cent of councils indicating that they have access to the information they need from health and care providers in our digital self-assessment. For innovations that have supported more integrated and joined up working, each approach has often started small and expanded over time to cover more data and/or more organisations. In many cases, the drive for expansion has come from care professionals, and clinicians as well as citizens themselves.

It is important to engage the public as well as practitioners around how their information is used. Whilst many may assume that their information is already being shared between organisations providing care, people can become fearful about what will happen to their personal data, and this needs a careful and considered approach.

The benefits to this activity are wide ranging. Savings are being made in time and money, including significant savings in staff time eg making multiple phone calls, but also crucially, a change in culture is taking place around delivery of care, and more mature joint working relationships are occurring as a result.



Connecting Care: Bristol, North Somerset and South Gloucestershire Partnership

Connecting Care is a partnership across the Bristol, North Somerset and South Gloucestershire area. The partnership comprises 17 different organisations (including three councils, hospital trusts, ambulance trusts, GPs and community health providers) with 14 individual client record systems interacting between them.

Client data is gathered from each participating organisation and carefully matched to display an integrated data set for each person. Information is shared securely across the area, and is updated on a daily or real-time basis depending on source. Role based access ensures that viewing information is restricted on a 'needs to know' basis. For instance, social workers cannot see medical test results or x-rays. Practitioners have to state a reason for wanting to view a record from a drop-down menu and if valid, are granted time-limited access.

For children's services, the portal is due to go live in January 2017. This has opened up the potential for other agencies to add to the record in the future, including the police and education services, with the aim of achieving better and more timely outcomes eg child protection and combatting child sexual exploitation. The anticipated benefits for children's services include:

- providing an up-to-date 'whole picture' of a child or young person
- providing a timeline of interventions
- informing effective risk analysis, which will lead to some cases being escalated sooner or de-escalated eg where a suitable professional is found to be already involved
- reduced visits, contacts and phone calls to establish if children are already known to agencies and if so, in what capacity.

"Connecting Care has opened up an innovative opportunity to share information quickly. It doesn't replace important deeper conversations but it does support rapid assimilation of information to inform decision-making, manage immediate risk and achieve the right outcome, especially pertinent to responding to urgent referrals. Our ambition is that Connecting Care can eventually embrace other information sources to create a shared, trusted and accessible decision support resource."

Peter Murphy, Director for Children, Adults and Health, South Gloucestershire Council

Across Greater Manchester, the GM-Connect programme has been developed to support service transformation through improved collective knowledge and understanding. Data sharing is seen as essential to delivering improved joined-up services, enabling employees to see the holistic needs of the individuals and families they are working with and supporting, and to more easily identifying those in need of support. Through closer interrogation of the collective data, Greater Manchester will be in a better position to

understand the likely future demand. This will assist in developing more effective, targeted interventions that support early intervention and prevention.

The GM-Connect programme itself has two key elements. First, assessing which data can usefully be shared, and that which cannot be shared. Secondly, finding ways in which the sharing can take place. The programme remains firmly 'needs-led' rather than 'technology-led'.

GM Connect: Greater Manchester

The GM Connect programme seeks to embed effective information sharing between public sector organisations which is necessary for success in supporting the transformation of services, but also key in helping to move from delivering high-cost reactive services to delivering more efficient, proactive, preventative and co-produced approaches.

Locally funded with an investment of £500,000 and a two-year lifespan from April 2016 to March 2018, the project involves 1,000 public bodies, with health and social care being one of the key priority areas.

The aim is to foster a 'healthy tension' around information sharing, where the duty to share is understood in equal measure to the duty to protect. Key challenges include:

- ensuring guidance from the centre does not become seen as 'dictatorial' by limiting aspects of organisational initiatives
- finding a common 'language' between health and social care organisations to support sharing of data
- there is no global standard for information sharing between health and social care, and there is much complex legislation and process
- finding ways to engage with residents that work, and making sure that engagement activity is proportionate – across a population of 2.8 million.

The requirement for engagement cannot be underestimated. There are differing levels of appetite for risk across different organisations and disciplines; consistent 'information coaching' is needed to help them work through information governance issues. Key enablers include the ability of organisations to work well together across the Greater Manchester area, with robust governance arrangements in place through the multi-agency GM Reform Board.

Whilst it is too early to measure success, it is anticipated that the programme outcomes will achieve a 2:1 return on investment.

"Our aim for the GM Connect Programme is to create value and insight across Greater Manchester: supporting improved and more efficient services and improved outcomes, for organisations and residents, by breaking down information silos and barriers to sharing data."

Vicky Sharrock, Associate Director, Manchester Health and Social Care Partnership

b. Enabling people to interact with care services through digital channels

Over the last few years, we have seen a shift towards services being delivered to citizens across multiple channels. Although services delivered for people are inherently citizen-facing, councils have adopted new ways of providing information, advice and other forms of delivery through digital means.

For social care, there has been a renewed emphasis on the provision of information and advice to citizens and their families and carers, helping them understand care options. For example, councils are making information available (the Local Offer) on services available for children and young people who have special educational needs or disabilities. Alongside this, councils and their partners are connecting people with community-based services that may support an individual's or family's care needs, again through digital channels.

More recently, councils are working with citizens to co-design online approaches that provide a fair indication of whether individuals may be eligible for services, for example, in areas such as school transport or for adult social care (both by way of needs and financial assessment). Oxfordshire County Council has recently developed an online self-assessment for carers that provides an indication of carer eligibility for support. Take-up has been strong, and this channel now constitutes the majority of carers' assessments received by the council.

A number of similar initiatives are underway across the country – findings from our digital maturity self-assessment indicated that around 80 per cent of councils are developing adult social care citizen self-service solutions, such as e-marketplaces or online self-service approaches.

One such notable example is in Liverpool where the city council is about to launch an online self-assessment for social care. The council, together with the clinical commissioning group (CCG), already has an e-marketplace for self-funders and direct

payment holders: Livewell Liverpool. The aim is to develop the system to allow people to articulate their needs themselves and to free up social care staff to concentrate on high needs groups by transferring up to 30 per cent of assessments, online.



Social work can be a complex and lengthy process, which does always not lend itself to online self-assessment. There is a risk therefore that it may not always prove beneficial to make the investment worthwhile. In Liverpool, the components to make the system work are in place; the task is now to promote take-up. There is high-level support and, with the appropriate safeguards and thoughtful design, online self-assessment can be a useful complement to conventional methods of assessment.

The introduction of an online self-assessment in Liverpool will work out if a person is eligible for social care. The approach will work alongside Livewell Liverpool, which provides information about relevant, available support and how much it costs.

Liverpool Council worked with older people's and disabilities groups to explore and develop the approach. The system will have a soft launch in December 2016 and then a full launch in early 2017.

One council that is actively promoting the use of digital channels for citizen engagement is Harrow. The community e-purse approach (see case study below) enables citizens to choose their services online using an e-marketplace. However, the council has stepped beyond a traditional e-marketplace approach by offering the option of transacting online for goods and/or services, reducing back office costs, whilst at the same time encouraging a thriving local care market by automating processes. Harrow now has

over 700 providers participating in their online directory and with over 1,000 active personal budgets online, the council expect over £10 million in transactions to be spent through the e-purse in 2017.

Technology can also help improve purposeful engagement between citizens and care professionals. Our digital self-assessment indicated that across both adult and children's services, 36 per cent of councils are already offering citizens a way of engaging with professionals through digital channels – whether this is through the better use of email or online video conferencing/instant messaging offers. A number of councils highlighted pilot work underway using video messaging as a way of communicating and engaging with citizens and their carers (eg providing 'virtual' visits).

Apps are also providing new ways for young people to stay in touch. Already adopted by 40 local authorities, Mind of My Own (MOMO) makes it easier for children and young people to communicate with their social worker and make more frequent and coherent contributions to their reviews, conferences and other care-related meetings. It has promoted active participation by children in the delivery

of services provided to them, and has been preferred to previous methods of engagement by a significant proportion of young people.

Looking to the future, we expect to see organisations offering citizens greater access to their own information and being able to grant relevant access to those providing a caring role. This is the aspiration both for the Connecting Care programme in the South-West and for Liverpool City ie enabling people to look at their own adult care plan and update it as their care needs lessen or change. Councils and their partners are already exploring the development of care diaries – enabling citizens or their carers to manage appointments across multiple organisations through online care diaries. We may also see greater use of such approaches by social care providers – offering families and carers the ability to view records of home care visits and the specific support provided to individuals. Although few councils currently offer this approach, evidence from localities has shown that it can help people feel more in control of their own care, provides more accurate and up-to-date information which can save professionals' time and can offer steps to transfer both the perception and reality of ownership and control, from organisations to individuals.

Harrow Community e-Purse

Co-produced with people who use services and carers from across all adult services client groups, Harrow's e-purse system was launched in 2014 and supports service users to find and choose care services, which are displayed on a map of the local area. Care Navigators use iPads during home visits to access the system. For Harrow:

- there are now 1,000 active personal budget online accounts
- £1.7 million was paid through accounts last year and is forecast to increase to £10 million by 2017
- the market has grown from 30 to over 700 providers in last three years
- the approach uses PayPal electronic purse to deliver personal budgets
- harrow has delivered £4 million savings over a short period of time; and is projected to save an additional £4 million by 2020/21
- the approach provides visibility and accountability regarding compliance and spend
- it has received positive feedback from people who use services, who report a more personal relationship with the Care Navigator as compared to previous arrangements.

Future developments include providing a similar system for use by self-funders, and offering improved matching of individuals' needs and budgets to the right support provider through the use of artificial intelligence.

c. Promoting independence and wellbeing through the use of digital services and technology

For both services for adults and for young people, there is a shift towards preventative approaches to care delivery, proactively working to prevent or reduce the impact of a crisis before it occurs.

In adult social care, preventative approaches seek to enable wellbeing and support people to maintain their independence. Technology can enable this and can also help to drive down costs by reducing the need for home care, delaying admissions to residential care and helping to monitor and limit instances of carer burnout. For children and young people, such technology can help to provide reassurance and reduce absence from school. Importantly for both children and adults, it can also help reduce feelings of social isolation and loneliness.

Traditionally, councils have commissioned or provided telecare equipment supported by services that respond to personal alarms and alerts. Our digital self-assessment found that over 95 per cent of councils who responded provide an adult social care service in this way.

This 'traditional' method of service delivery is changing, however, with a greater emphasis now on how technology can support people through proactive alert monitoring rather than reactive response calls. This can include the installation of discreet monitoring devices in care homes, sheltered housing or privately owned homes to support passive remote monitoring.

In Liverpool for example, the 'Just Checking' initiative reduces the requirement to provide 'sleep-in' support to service users in supported accommodation, affording the individual an increased sense of independence as well as reassurance for family members and other carers via wellbeing electronic notices. 'Just Checking' gives the opportunity to help understand how people behave in their own home and enables citizens to work with social

workers, care providers and health workers to identify the things that might be limiting an individual's independence. The approach is also used in South Gloucestershire for people with learning disabilities.



Similarly, East Sussex has a focus on supporting older and disabled people to live at home for longer. The *TeleCheck* service in East Sussex provides proactive calls to remind clients to eat, drink and take medication, and provides a level of client contact and reassurance. This approach (one aspect of the Telecare programme) is looking to increase from its current base of 150 clients to over 1,000. The council also sees benefits in the use of TeleCheck approaches for young people – providing reassurance to young people while they are at school and helping them to attend more regularly.

Overall, East Sussex has demonstrated an approximate cost avoidance value of £32 per client per week and has estimated preventative savings of £589,000 in 2014/15 through the better use of technology enabled care.

Since April 2013 the telecare client base in East Sussex has increased from 3,200 to 6,500.

Telecare packages have seen an 80 per cent increase in the complexity of devices 'prescribed' such as falls detectors and bed and chair sensors that support people to live at home for longer. Referrals for GPS devices have increased from one to three per week to support and reassure unpaid carers who care for people who are prone to wandering.

Currently 27 per cent of adult social care packages include a telecare component and this is expected to grow to 35 per cent by March 2017.

East Sussex Council is seeking to increase the current client base to 14,000 by 2020/21 through agreeing a pooled budget to enable both the NHS and adult and children's services to make the best use of the broad range of available telecare services. Similar savings have been identified in Hampshire and Nottingham City (the latter finding a minimum return on investment of £3.51 per £1 invested in the use of technology) with significant additional savings through avoiding hospital admissions.

Increasingly such approaches to technology are being jointly adopted across health and social care. Our digital self-assessment found that around 70 per cent of respondents strongly agreed or agreed that they were undertaking a joint approach with health to commissioning in this area.

Looking forward, we expect to see increasing integration of relevant information between telecare systems and the person's care record (at present according to our self-assessment only about 10 per cent of councils have this in place but this is expected to increase). This will provide a single view of interventions and a record of the outcomes achieved.

One of the key factors is the extent to which professionals see promotion of such solutions as part of their role. The approach in Leeds is one example of how this can be achieved. Notwithstanding the benefits available to social care, there are also significant opportunities for wider adoption. Through the targeted delivery of information and advice services, councils can actively promote the use of this technology to citizens as well as their carers and families.

Assistive technology: Hampshire County Council

In the context of austerity measures, Hampshire was looking at opportunities for efficiency savings. In the absence of conclusive evidence of what works and the known financial benefits of telecare, the council made a business case for a change in approach. The council actively targeted assistive technology (rather than rolling it out to as many people as possible) for adult social care clients with the aims of:

- reducing reliance on domiciliary care
- delaying admission to residential care
- reducing carer breakdown
- assisting with managing the consequences of falling.

They moved to an outcome-based approach and looked to find an assistive technology partner rather than a contractor – with a good understanding of the role of the social worker.

The council developed a technology agnostic approach ie there was not a presumption that any particular technology was to be provided. The focus was on what barriers social care wanted to address, and what outcomes people wanted to achieve, as well as identifying what the desired benefits were and how these would be measured.

There was a risk that social workers might not engage or adopt the new technology as the system depends on them making referrals. However, over 1,000 social workers have been trained and there is an ongoing programme to embed this into social care practice. Senior management buy-in and willingness to give autonomy to staff to develop the initiative were key enabling factors.

Hampshire made net savings of £1.9 million in 2015/16 through assistive technology take-up by 2,931 older people. In total, over £4 million cashable and non-cashable savings have been made in three years. People who use the technology, as well as carers and social workers, have been very satisfied with the system.

d. Integrating commissioning through the use of information and analysis

There is an increasing need for commissioners to understand the complex journeys that citizens take as they access services. This enables more effective and integrated commissioning across health and care and improved targeting of services where they can improve outcomes.

To support this commissioners are increasingly requiring linked (but anonymised) client-level data. This is helping to better understand and interpret what is happening across the whole place, in order to assess and manage both need and supply. Such decision-making needs to be based on an accurate and timely supply of useful information.

'Manual' approaches to bringing data together from different sources and from different years can be complex and time-consuming, in addition to potentially being error-prone. Organisations will all have their own individual systems and approaches to analysis, meaning that it can be difficult to establish 'the reality' to support decision-making. In addition, there are often complex information governance considerations to be worked through where linking anonymised health data is concerned – engaging with citizens around how their information is used is essential.

There are examples of where councils are working with local partners to integrate data from multiple local sources and to access anonymised views of what is happening across a place or pathway for specific purposes. In support of this activity, there is a necessity for strong controls on data quality, security and privacy of information to prevent re-identification of individuals, as well as active engagement with the public on the appropriate use of their data.

Localities such as Kent and Leicestershire, Leicester and Rutland are linking information to provide improved intelligence and pathway analysis that is supporting commissioning.

Kent are using anonymised (but linked) data to undertake enhanced joint strategic needs assessment activity, better understanding care home usage (for self-funders and those funded by social care) and to develop their understanding around the use of mental health services for children and young people including how they are accessed.



Progressively, we expect federated approaches to be used – sharing only the information required (rather than pooling it centrally) or removing identifiers before being linked.

Cost comparison, including the price paid for direct care, is another critical area where improved intelligence can bring about change and realise savings. Prices paid for the same care (in the same setting) can vary considerably between different authorities and with partner organisations such as health.

The Kent Integrated Dataset is a whole population place-based person level linked dataset designed and currently co-funded, by Kent County Council and CCGs in Kent. It is used to support evaluation, public health monitoring and demand modelling.

The dataset links person level activity and cost data from almost all NHS providers across Kent, including about 70 per cent of GP practices (as at October 2016), acute, community, mental health, out of hours, and hospices and other non-NHS administrative datasets, such as adult social care – and anonymised information is used to support analysis.

Since 2015, nine analytical projects have been being carried out, including: demand and capacity review and matched cohort analysis of the impact of fire and rescue home safety visits on A&E attendances.

The West London Alliance has used CarePlace – a market management tool for social care, to facilitate efficiency savings for residential and nursing care placements. The system is used in 19 London boroughs and clusters of neighbouring councils in Liverpool and Tees Valley. The tool pools placement data from across a local area allowing commissioners to see where different prices are being paid for the same service with the same provider.

CarePlace can also provide a directory of services for the public and allow providers to list vacancies and pricing information. Future plans include developing the directory further to capture data from self-funders as well as children's placement data.

Whilst the journey can be challenging, particularly around information sharing, once implemented, powerful insights can support

The West London Alliance has saved £10 million a year by identifying differences in prices paid, in some cases up to £250 per week for an identical placement in a care home. A key factor for success is use across a geographical area, with clusters of councils and/or CCGs, as multiple purchasers means that price comparisons can take place. Providers also benefited through reduced local inspections and greater exposure (via the directory of services) across the local area.

the commissioning and delivery of services.

New interventions, or particular cohorts, can be monitored to better understand impact in relation to cost and outcomes from across the whole system.

Care & Health Data Tool: Leicestershire, Leicester City and Rutland

For Leicestershire County Council, Leicester City Council and Rutland Council (LLR) the Better Care Fund (BCF) requirement for adopting the NHS number raised the possibility of being able to synchronise data from across care and health.

In October 2015, the Pi Care & Health data tool was launched and for the first time, NHS and council partners could analyse the journeys taken end-to-end by local people across the whole health and care system. Regularly updated and containing three years of anonymised, person-level historical activity and cost data, the tool presents information via report 'dashboards' which allow the user to:

- look at the pathways people take through the system, including trends in patient cohorts
- test hypotheses and look at the impact of changes to services on the whole system
- analyse performance.

A blended team of 26 analysts across LLR analyse the data; examples of findings include:

- understanding the services accessed by people known to have had a fall, their demographics, and the services accessed before and after falls assessment
- comparisons of service usage before and after a period of reablement
- measuring the impact of new intensive community support services (nursing care at home) on the health and care system, compared with other interventions.

Benefits have included using insights to plan, commission and audit services better by reshaping care, intervening earlier, and working as a whole health and care system to make improvements. The tool is being extended and enhanced on an ongoing basis, and in future will include additional data sets, such as GP data.

e. Enabling care professionals to work from any base at any time

As part of the move towards place-based working and multi-disciplinary or multi-agency teams, there is a need for technology to enable care professionals to work seamlessly from multiple bases and multiple locations.

This has in the past presented challenges in ensuring that social care professionals can access (and where necessary write into) local systems – including the need for multiple logins and use of separate networks across health and social care.

However, councils with their partners (as well as national organisations) are working to enable new ways of working – including supporting mobile and remote working. Providing frontline staff with mobile remote working solutions, encompassing appropriate software and client information, should allow professionals to spend more time with their clients, as well as speeding up data capture, decision-making processes and reducing transcribing errors. In addition, mobile technology eg tablets and smartphones, being on the whole familiar to younger people, can

be used to build up a rapport with vulnerable children when engaging with families.

Our digital self-assessment indicated that many councils already offer secure and remote access to key care systems from offices outside of the estate (with over 90 per cent of respondents providing this functionality). Councils have traditionally had to obtain access to health networks (N3) to enable information sharing with health, rather than using the existing Public Sector Network (PSN) solution commonly used across local government. The introduction of the Health and Social Care Network (HSCN) programme offers an opportunity to more closely align infrastructure, reduce duplication across health and local government, support regional collaboration and deliver efficiencies.

Leeds is one area where the introduction of neighbourhood teams comprising of professionals from multiple care backgrounds, requires a need at present from both NHS and social care networks. To tackle these



Cross-organisational working: Leeds, Kent and London – Govroam

To support mobile and remote working, including accessing records from cross organisational locations and working in multidisciplinary co-located teams, the concept of 'govroam', a national unified approach, was developed in spring 2016. Its aim is to encourage free movement across sectors and geographical boundaries.

Originally promoted by the Joint Information Systems Committee (Jisc) the Yorkshire and Humber Public Services Network (YHPSN) has been involved more recently as an early adopter, promoting the approach and benefits regionally (including across Leeds City). Other early adopters also include Kent and London region.

Govroam will allow for practitioners from different organisations to connect to systems automatically and securely, e.g. using WiFi, with a single profile, across multiple organisations and sites, with authentication being controlled by the home organisation of each user.

All sensitive data will be encrypted and the aim is to have a wide target audience, including third parties, third and voluntary sectors. It aims to eventually provide a nationally available service which may not be confined to WiFi and may include access by a range of secure devices and mobile networks.

challenges, the city used shared buildings that had to be cabled twice so people could log-on to both networks. The new approach in Leeds will seek to use a common infrastructure, reducing costs and duplication across health and social care.

Less commonly used are seemingly simple collaboration tools such as shared email directories, shared calendars, service directories or instant messaging platforms that can be used across organisations. Less than 30 per cent of local areas in our digital maturity self-assessment said that they were providing such functionality at the time of submission. However, the use of video-conferencing across organisations showed greater usage including within Multi-Agency Safeguarding Hubs (MASH) where they are enabling secure online communications across multiple organisations, supporting shared working to safeguard vulnerable children and young people. These types of approaches are likely to become far more common as organisations look to further undertake place-based approaches to care, supporting interconnectivity between teams and across organisations.

Increasingly, local authorities have supported more mobile working for care professionals across social care functions – enabling access to care records external to council buildings through new online tools and secure digital devices such as tablets. In our digital maturity self-assessment, over 60 per cent of respondents agreed or strongly agreed that

social care professionals in adult social care (and a similar percentage for children's services) could access electronic care records when and where this access is needed – at the point of care. A similar number of councils were providing access to allow for the remote update of centrally held records. Single sign-on is also making access easier with almost half of councils responding to say that care professionals have single sign-on access to key systems they require.

However, there are ongoing pressures in rural areas where mobile reception and internet access may be limited. The LGA has been calling for the Government to re-affirm its commitment to a national minimum broadband speed (the Universal Service Obligation) and improved phone coverage in rural areas.

Access to faster and more reliable broadband is a key way of enabling residents who are housebound, to live independently and helps to reduce social isolation, particularly in rural areas. Good digital connectivity is a vital element of everyday life for residents. As services increasingly become 'digital by design' it will be all the more important for people to have faster and more reliable internet speeds.

Through the use of mobile devices, improved internet connections and remote access to systems, staff will be able to spend less time navigating organisational processes and systems, and more time delivering better connected and thus more efficient frontline care services.



Key enablers

a. Strategy and leadership engagement

The potential of information and technology to facilitate change is clear, and there are already many examples of innovative practice leading to better outcomes for people. But there is more to do, and leaders from across the social care system have a crucial role to play.

The case studies demonstrate the importance of elected members and directors in leading the transformation of social care – and considering how this will function in a digital age.

Our digital self-assessment found that there is already strong engagement in programmes with a digital emphasis. All councils that responded to the self-assessment confirmed senior-level engagement with current plans – with over 80 per cent also citing active member engagement and ownership.

Rotherham is one area leading change in this area, bringing together customer access and ICT services, given the positive inter-relationship between these two service areas.

Directors can use their influence to ensure the development of successful, coordinated digital solutions across the local and regional health and care landscape. The need to join up and align with partners is ever more critical.

There are no quick fixes – investment in time, money and energy is needed to make things happen – therefore it is important for directors to make best use of those individual members of staff with drive and enthusiasm to lead projects and keep things moving when faced with difficult challenges.

A key task for directors will be to positively promote information sharing and collaboration between partners and colleagues.

It is also important to recognise that it is not the technology itself that makes for success. An equally important aspect is working collaboratively as teams, departments, organisations and communities. Only the right local leadership can set the tone for this to happen.

Digital Strategy: Rotherham Metropolitan Borough Council

To deliver a joined up approach, Rotherham have developed an overarching digital strategy for the council for 2016-2019, which provides a coherent, holistic overview across the whole organisation.

An engagement programme conducted with staff from senior management teams through to practitioners elicited a vast amount of information about technology across the social care landscape. Consultation has given more nuance to the approach ie that solutions need to be both person and place centric, as well as needing to tackle more obvious and statutory requirements such as providing good online information and advice.

The digital strategy is, deliberately, a high-level “aspirational” document intended to set out the vision. It is fully resourced with a budget of just under £7 million over the three-year period.

Both directors for children’s and adults services are enthusiastic about the initiative and the resultant change that it will bring about.

“Directors in particular are hugely instrumental; their personal involvement, championing and engagement are crucial in achieving success.”

Richard Copley, Head of Digital Change, Rotherham Metropolitan Council

b. Collaboration with Citizens and Professionals

Whilst leadership is a crucial ingredient to successful delivery, so too is collaboration with citizens and care professionals. Client and / or practitioner-facing technology solutions will only be truly effective when they are designed, built and implemented with the input of those who are going to use them.

Over 80 per cent of councils in our digital maturity self-assessment said that they have active engagement by a lead social work practitioner in developing and implementing digital strategies.

Social care practitioners are pivotal, both in terms of their interactions with people, but also in their own use of technology in the workplace. Practitioners are uniquely placed to encourage people to use IT to help support themselves – for example, to assist with searches, to recommend particular websites or apps, or signpost to in-house or community-based IT training opportunities.

Over 90 per cent of respondents in our digital self-assessment felt that there was staff engagement as well as appropriate training on relevant social care technologies – although this, of course, is not necessarily the same as co-design.

Work in Leeds aims to develop digital practitioners, and concludes that workers “will take it up enthusiastically if they can see how it makes things better for their service users and themselves as practitioners”.

Digital approaches to managing care won't be for everyone – but research has shown that those citizens who are 'digitally aware' experience better outcomes. The Government Digital Inclusion Strategy (2014) found that over 80 per cent of people aged over 55 said that being online helps them to feel less lonely and more connected to society.

Technological approaches are no substitute for face-to-face delivery of care but they can support and assist with care delivery and maintain wellbeing. Care professionals have a critical role to play in this area.

Developing Digital Practitioners: Leeds City Council

The biggest challenge Leeds faces is helping health and care practitioners develop digital skills and confidence so they can make things better for people who access their services.

For Leeds, the aim is to make best use of staff resources to help citizens manage their own care and be socially active, thereby delaying or preventing the need for care. The reach is wide, including staff in care homes, and home care workers, as well as those in integrated teams and third sector.

The programme goal is for staff to become digital practitioners, having a clear understanding of the relevance of technology to their role and how to make best use of it to help the people they support and care for. The programme is being co-produced with clinicians and social workers and engagement is with providers, carers and people who use services.

“We are working to develop strengths-based approaches in Leeds, changing the conversation. We recognise that the application of digital to support people is important, as information and services are increasingly online and research shows there is a link between health literacy and health outcomes and mortality. We are looking to equip our whole workforce with skills and confidence to support people to engage with digital to help themselves in this new conversation.”

Cath Roff, Director of Adult Social Care, Leeds City Council.

Current challenges and recommendations

Challenges

Despite the successful progress that councils and their partners have been making, there remain significant challenges and barriers to wider adoption of some of the approaches outlined in this paper. We acknowledge that many of these are being tackled locally – or that national partners are seeking to address these through activity at a national level.

Our digital self-assessment drew attention to a number of these challenges. We have based these challenges around three themes.

People

The financial challenges experienced by the sector have been significant, with often limited resources available locally to implement many of the solutions highlighted within this paper. As part of the digital self-assessment councils have told us that the impact of austerity has had an impact on the ability to ensure delivery at pace. Only 32 per cent of councils strongly agreed that there were adequate resources for technology implementation and change management.

Process

Local areas frequently highlight challenges around information sharing – not always having clarity over what can and cannot be shared across partner organisations. Of course, not all of this is technical or about information governance. Approaches in this area can be significantly improved through strong leadership, a culture that identifies and recognises the benefits, and strong engagement with citizens and carers over how their information is used. There were examples of good practice from our self-assessment in this area, with councils and

their partners using innovative ways to engage with citizens, record citizen preferences for sharing and developing strong, local area wide information sharing protocols.

However, with increasingly new approaches to using information, as well as complex ways of working across multiple providers and organisations (including the voluntary and community sector as well as, for children's services, the police and other public bodies), it is understandable that local areas have highlighted a need for clarity in this area.

Technology

It is clear from this paper that much progress has been made in sharing information and developing an infrastructure which enables care professionals from multiple organisations to work collaboratively together.

However, as part of our self-assessment, councils continue to highlight challenges around system interoperability (systems being able to easily speak to each other). Approaches such as the Interoperability Charter developed by TechUK are now being signed up to by an increasing number of suppliers working in the care sector which is welcome, but there are opportunities to make this easier for councils and their partners to ensure information can be easily exchanged across care settings. Financial cost pressures and limited local resources were two of the constraints that councils highlighted. Our digital self-assessment suggested that only 41 per cent of councils felt that there were effective and usable open interfaces (APIs) within key adult and children systems enabling information sharing without the need for manual intervention.

Recommendations

As a result, this paper makes a number of recommendations for national organisations, for key decision makers at a local level, and for suppliers/industry.

For national organisations:

- National organisations should only deliver what is best delivered nationally. There needs to be a balance between national delivery (eg of tackling challenges which are common across local areas or of working with local areas to identify benefits) and local delivery. Where national activity does take place this should be based on a strong pull from local areas.
- Where national activity does take place this should be co-designed, developed and delivered with local health and care communities, drawing on learning and ensuring it can be effectively utilised or implemented.
- As a result, there should be a balance between nationally funded activity and funding for local areas to support the adoption of digital technologies. Such funding should emphasise shared learning and support wider adoption.

For suppliers and industry:

- There should be a commitment by suppliers to developing open interfaces which enable effective information sharing without the need for manual intervention. Suppliers and industry should consider adopting the TechUK Interoperability Charter commitments and should work closely with localities to support adoption and implementation.

For local organisations and key decision makers:

- There should be a commitment to shared learning with other local areas including challenges as well as benefits. Where technology based solutions are developed, local areas should consider approaches which allow re-use or re-development by other localities.

- The case for using information and technology to enable transformation should continue to be advocated by leaders and decision makers in local areas. This should include championing approaches that encourage active involvement from front-line care professionals as well as citizens, carers and elected members.
- Local partners should continue to take every opportunity to co-design approaches to the use of information around a place, rather than around organisational boundaries. As such, this will require collaboration at both strategic and operational levels. This should enable effective information sharing across a place and around an individual.



Appendix A – 10 key questions for decision makers

The following are 10 key questions intended to support decision makers in understanding how digital and information can enable transformation of care services.

Question	Answer	Comments
1.	Do you know what your citizens, carers or care professionals require? Have you identified priority areas with them?	<input type="checkbox"/> <input type="checkbox"/>
2.	Do you and your senior stakeholders have a clear vision for care across your local area and have you considered how these can be enabled through the use of digital technologies?	<input type="checkbox"/> <input type="checkbox"/>
3.	Has this vision been developed and co-designed with people who use services, citizens and carers and are they influencing approaches to digital services and technology?	<input type="checkbox"/> <input type="checkbox"/>
4.	Is there political engagement in this vision and the use of digital services and technology?	<input type="checkbox"/> <input type="checkbox"/>
5.	Have you considered what you can use, re-use or adapt learning or technical approaches from other local areas?	<input type="checkbox"/> <input type="checkbox"/>

Question	Answer	Comments
6.	<p>If the approach involves information sharing, are you actively engaging with citizens, carers and care professionals on how information will be shared and is there effective leadership in this area?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	
7.	<p>Have you considered how you will assess impact of the approach eg whether the approaches are supporting the delivery of improved outcomes for citizens, carers and professionals?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	
8.	<p>Are frontline care professionals actively championing and leading change – and are they engaging with citizens and their carers in promoting the use of digital technology offers?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	
9.	<p>Are you actively sharing your products and learning with others, so that they can re-use or learn from your approach?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	
10.	<p>Have you actively learnt from what you did, and will this learning inform future transformation plans across the local area?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	

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