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Innovating for independence: better value, better outcomes in social care

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Policy roundtable summary

Innovating for independence: better value, better outcomes in social care

Reform was delighted to host a policy roundtable with sector leaders, as part of a series with Lilli, which explored the opportunities of, and barriers to, scaling innovative technology in social care. The discussion was introduced by Michelle Dyson, Director General, Adult Social Care, Department of Health and Social Care; and Lauren Macready, Partnerships and Communications Manager, Lilli.

The characteristics of the UK's demographic are undergoing a significant shift: the population is ageing, and people are living with multiple conditions. This challenging backdrop is placing increasing strain on the resources of the NHS which, as the recent Darzi Investigation found, is alerady in a "critical condition". But perhaps even more worryingly, there is acute strain on the adult social care sector. Yet within this, significant resource is being wasted in the form of untailored care packages, poor risk detection and delays to hospital discharge – with big, negative impacts on outcomes, peoples' indepdence and experience of care.

However, this also means there are significant opportunities for improvement, and reasons for cautious optimism. Technological innovations which are smartly deployed offer a double dividend: of better outcomes for those receiving care, and better value for taxpayers. Participants at the roundtable engaged in a lively and optimistic discussion of the most significant opportunities and challenges to transform care through the deployment of such technologies.

Opportunities

The Government has focused its aims in health and social care on three key shifts: "hospital to community", "analogue to digital", and "sickness to prevention". Attendees agreed that the innovation agenda for social care can help realise each of these ambitions. They noted that there is huge potential to achieve better outcomes for patients, better value for taxpayers, and better efficiencies for providers through the widespread scaling and adoption of innovative technologies.

Throughout the discussion, participants gave examples of numerous technologies that are transforming the way care is delivered and received. One participant talked of the ways AI can analyse data from care homes and be used to generate more personalised care plans in a quicker, more effective and more accurate way. Other participants drew attention to discrete telecare tools, such as automatic lights, discrete cameras, and movement sensors which can detect irregular activities. Additionally, 'Virtual Wards' were discussed as an effective use of technology which helps to provide a safe and personalised alternative to inpatient hospital care.

These tools can help achieve all three shifts and enable independent living. For example, an automatic light and camera might prevent a fall from happening in the first place, or if a fall has taken place, allow someone to see what the potential injuries might be, and so make an advance judgement about how to respond. In turn this enables a shift to prevention, digital and community; and also reduces hospital admissions and frees up secondary care capacity.

Another example that was raised was lifestyle monitoring solutions that can learn patterns of behaviour to help people live more independently with smaller packages of care and detect, for instance, more frequent bathroom activity which in turn might indicate a health condition such as a UTI. This in turn, impacts not just social care but the health system too.

Ensuring these technologies are scaled and widely used in adult social care is not only important for providing better outcomes and value for money, but given system pressures, technologies which can drive efficiencies and improve outcomes are all the more important. However, there are barriers to achieving these goals, which participants in the roundtable carefully considered.

Challenges

Culture

Participants commented on a technological "fear factor" present in the adult social care workforce. Indeed, risk aversion towards new technologies, along with digital skills gaps and lack of confidence in using technology can inhibit the scaling of technology in the sector.

This fear factor is also compounded by lack of time and ability of practitioners to apply innovative practices. For instance, participants noted that local authorities and practitioners often don't have the capacity to leverage innovative technologies as they are too busy "firefighting" immediate issues, and so are not able to have a more long-term, innovative approach.

This in turn exacerbates the reticence of commissioners, who are reluctant to spend money on new technologies. This can be partially explained by the tight fiscal constraints on local authorities, but there is also work to do to ensure that the workforce is equipped with the necessary skills to take full advantage of new technologies.

Evidence Base

This apprehension is exacerbated by the fact that some innovation might not have a large evidence base. Participants also noted that the lack of coherent information on new technologies is something that prevents effective scaling and adoption.

For instance, one participant drew attention to the "ever changing scene of technology" and that it is "practically impossible" to allow practitioners to keep up to date and on top of new technologies and innovations.

Funding

Funding, or lack thereof, is another barrier to achieving the double dividend that innovative technologies offer. Firstly, many attendees noted that there is simply not enough money to adopt and drive through technological innovation change. They also called for more seed funding to get innovation off the ground and help to generate savings.

When there is money, it is often unknown to commissioners where and what money is available to spend on technology in adult social care. For instance, one attendee noted that there are significant challenges in "learning where the money is rooted". And in particular, in a fragmented landscape, there is often a lack of communication between local authorities, social care commissioners, ICBs and ICSs – yet all would benefit from the deployment of these technologies.

Lack of cooperation between relevant stakeholders

The lack of communication and cooperation between these institutions also further limits the

ability for technology to scale and deliver benefits. For instance, it was noted that the cost savings from the use of technology are not always accruing to local authorities', but rather benefitting an NHS Trust's bottom line. Likewise, cost avoidance - such as avoiding referrals to other services - is often not considered a direct saving. Therefore, it is difficult for local authorities to prove cost savings and advocate for more money for the adoption of technology, especially in the context of a communication deficit.

What next?

Whilst the sector is moving in the right direction in terms of ensuring the scaling and adopting of of new technologies, there is still much to be done. One thing participants all agreed on was the urgent need to be bold and brave. Being courageous, experimenting, and embracing different ways of working is vital to ensuring that different technologies can be tried, applied and when found to be successful, scaled and adopted across the board.

Not everything that the sector might try will succeed, but it is nonetheless important to cultivate a culture of openness. Indeed, given that local government operates at a scale that can facilitate more experimentation and can be responsive to emergent evidence of what works, this is all the more important. Participants recognised that more needs to be done to ensure pilots have to be designed in the right way to facilitate learning, and that people should be upskilled in capabilities needed to run effective pilots. This is key to ensure they are able to suceed.

Additionally, it is also important that providers collaborate with regulators and other adjacent institutions such as the CQC, MHRA, ADASS and their relevant ICBs. Part of this collaboration must focus on demystifying AI and new technologies so that practitioners feel more confident in their abilities to use them rather than something to be feared. For instance, participants suggested it would be good for practitioners, providers and academics to co-produce something resembling an AI Ethics Guideline.

Similarly, working with regulators would help to move forward the scaling and adoption of innovative technologies. One attendee noted that here could be a 'sandbox for getting things wrong'. This would relieve pressure and help to shift the culture so that new technology is embraced, rather than something to be feared.

And finally, it is imperative that social care providers find good ways to work and join up with their relevant ICBs in order to deliver benefits for themselves and patients. Participants emphasised that, "ICBs are not going anywhere" and therefore, to achieve the double dividend that technology promises, joined-up working and decision-making must be a priority.

The transformative benefits promised by the implementation of these technologies was clear throughout the discussion. But only by overcoming the barriers to change - and investing in and scaling technolgoies -can the benefits for patients, practitioners, providers and the taxpayer be realised.

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