



# Technology Enabled Care

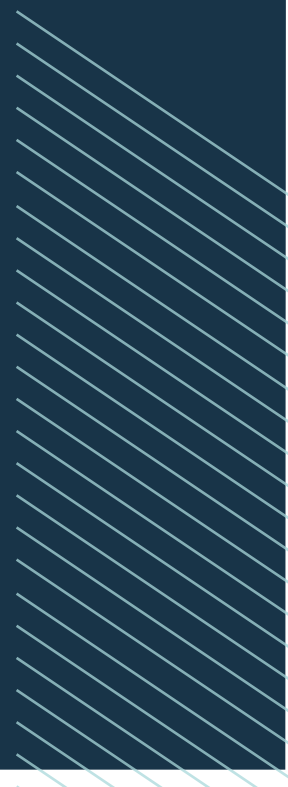
...but not the  
technology





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## Introduction

In 2019, we published the Care Technology Landscape Review with Essex County Council. It was our comprehensive view of the whole market including technology, suppliers, commissioning and operating models. In this report, we will be looking at the things that we've observed working with clients and partners since the time of publication. We are seeing common questions and observations emerging that are less about the technology and much more about how to integrate Technology Enabled Care more widely.

Technology and suppliers haven't really changed. The same big players are still the big players, and the same types of technology are still the types of technology largely commissioned by councils. However, what we have seen over the period, are very similar conversations about continuing challenges and next steps; and the keys to unlocking better services, evidence of value and a broader perspective outside the direct delivery of the service.

We use Technology Enabled Care (TEC) in the report to broadly describe the use of technology to support people, reflecting its common use within the sector.

In this report, we will be highlighting five key areas, why they matter and why we won't make progress without them. In addition, the questions and actions services should consider taking to start to tackle them. The five we'll look at are:

- Skills and training;
- Data and TEC effectiveness;
- Point of intervention and value;
- Service access; and
- Collaboration and best practice sharing.

All the areas we have highlighted in this report aren't tech trends, or about digital vs. analogue. They are about issues that are normally on the periphery but are actually integral to making it work.

The key is to think about the **whole picture** and ask difficult questions.





## The impact of Covid-19

Of course, we'd be hard-pressed to write a report about TEC and not mention Covid-19. It's had an impact on the sector in a number of ways:

- The level of attention and urgency to use TEC to support people has increased;
- Interest in the use of TEC to address social isolation and remote communication has increased;
- There has been additional funding available from the government to address the immediate need alongside support to deliver TEC at scale and quickly; and
- The use of apps to support co-ordination of volunteer networks has grown.

But, the fact that TEC has had more attention only increases the challenge to get ahead as we haven't addressed the barriers. We need interest and focus on the whole picture, not just siloed elements of it, otherwise TEC will remain in a cul-de-sac and out of the mainstream.





# 1 Skills and training

## The issue

**Without exception, any conversation around TEC within Adult Social Care brings up the challenge of a low level of knowledge and skills on the subject among professionals and how to change this so they can actively promote TEC to enable people to live the life they want.**

## The challenge

Establishing and maintaining an appropriate level of knowledge about TEC for practitioners and advisors so they can apply it effectively when engaging with vulnerable people and carers.

We also find support plan reviews often do not include TEC due to a lack of useful information about the TEC in place or it being a siloed service. How do we support practitioners to confidently engage in their support plan and review work?

We also hear that practitioners do not have time to develop their knowledge and it is more effective to hand-off to a dedicated TEC team. The dedicated team, however, often cites poor levels of information about what support the referred person needs. How do we get the balance right?

Covid-19 has accelerated an already growing interest in using TEC and has highlighted the value of remote communication to reduce the need for home visits and face-to-face contact. We have also seen an explosion in take-up of health and wellbeing apps, illustrating that TEC use is extending beyond current alarm and telecare services. How do we harness this accelerated use and enable practitioners and advisors to exploit it?

These technologies are used by practitioners and advisors in their personal lives so how can we enable and encourage that knowledge and experience to be actively applied at work?

Use of existing and newer TEC raises wider issues beyond its ability to support independence, such as:

- **Is the data created by TEC managed and shared securely and ethically?**
- **Will the use of certain devices, like cameras, impact rights and personal freedoms?**
- **Is connectivity available and affordable?**

These questions are important to the wider development of TEC knowledge among professionals and advisors, so how do we incorporate this?





## Where to start

- **Assess your current TEC skills and knowledge** among practitioners and advisors using a short online survey and include something around attitudes towards TEC. Use the insight from the survey to inform the development of an approach to develop TEC skills and knowledge.
- As part of realising the benefits of investing in TEC skills and knowledge, regularly assess progress across practitioners and advisors.
- **Align your approach with existing service and digital strategies** as well as your digital skills and workforce planning.
- Culture change will be a critical part of your approach. Use the survey information and your experience of other service improvements that required culture change to develop an approach that works best for your organisation.
- **Identify and learn from practitioners and advisors who are interested in TEC** and have a supported people to use it. Include self-funders or self-activated users of apps and communication tools like Zoom and WhatsApp on mobile phones or tablets. These TEC champions will be crucial to achieving the culture change needed to extend the use of TEC with vulnerable people.
- **Develop clear guidance for practitioners and advisors** about both the benefits and risks associated with TEC.
- The benefits include supporting greater independence, using a range of services and devices to personalise TEC support and engaging carers in using and supporting TEC in their role.
- The risks include data security, ethical use of devices and data, potential costs of connectivity and services, and impacts on personal rights and freedoms.
- **Encourage professionals to apply TEC creatively** in their support planning and review activities, not just tick a box to say it has been considered.





## Longer term

Some longer term activities will emerge from developing the TEC skills and knowledge of your practitioners and advisors, and some will come from external demands or wider organisational change. There are, however, four areas that are worth considering for the longer term:

- **Continuous Professional Development (CPD):** Develop TEC skills and knowledge and align with CPD to improve the effectiveness of professionals and advisors. TEC is not considered in current professional qualification courses.
- **Carers:** How do we engage with and support carers to use TEC in supporting a vulnerable person? They are an important part of someone's support network; TEC can benefit both the carer and the person they support.
- **Homecare Providers:** How can homecare providers be encouraged to actively engage with people about the TEC in their homes? Could homecare staff be trained and supported to enable them to both use TEC and support the vulnerable person's use of TEC as part of the delivered service? They can also provide feedback on what is working or needs to change. Could a homecare provider also supply and install services?
- **Partners:** TEC services are also provided by other partners like health and housing. Sharing of good practice and data across partner organisations should be encouraged both to develop TEC knowledge and skills across professionals and advisors, and awareness of the support partner services provide for a vulnerable person.



TEC provides a great opportunity to make a positive difference in people's lives enabling them to live the life they want, and it can't continue being missed.

Practitioners and advisors need to be encouraged and supported to use TEC creatively to support a person's independence without incurring unacceptable risk - TEC is not going away.

TEC is not always appropriate for everyone and should be used where it can be effective in supporting someone's independence and they are willing and able to use it.

As the range of services and devices grows a 'one size fits all' approach must be consigned to the past and a new approach focused on 'the art of the possible' adopted.

Specialist TEC teams may be effective while skills and knowledge are transferred and extended amongst practitioners and advisors, but they should have a limited shelf life and be dissolved over time with the specialists distributed into practice teams.





## 2 Data and TEC effectiveness

### The issue

**TEC is generating more and more data. How can we access the data and make better use of it to improve the effectiveness of TEC?**

### The challenge

TEC will continue to grow in supporting vulnerable people and the data it creates will grow exponentially. We need to harness this data to support individuals more effectively by using the data to be proactive and share it across a person's support network.

TEC creates data across a range of partner organisations, like health and housing. We need to use this data alongside other systems to innovate and support continuous service improvement.

Data is generated for all people who use TEC whether their support is commissioned by the council, health or self-funded. When we use this wider data we will need to maintain ethical data use and GDPR compliance.

The response to Covid-19 has clearly shown the value of data, but also exposes how scattered and non-standardised data is across the wider care and health sector. What lessons can we learn so far from this?

We hear that when practitioners are carrying out reviews, they often have little or no information about the TEC services someone is using. How do we share information from these services with case management?

TEC service providers rarely have access to Shared Care Record (ShCR) information. NHSx is leading work to improve the use of technology in residential provider space to enable them to access the ShCR. How do we bring TEC service providers along this same journey so they too know who's involved at a critical time?

### Where to start

- Find out from practitioners and managers what aggregated information would be useful for them in understanding and improving the TEC service and build dashboards to support this.
- Extend your reporting beyond SLA and traditional TEC reporting like install and response times, and develop data views that focus on outcomes.
- Use the aggregated information to explore trends in your data, identify anomalies and provide some narrative for managers.
- Look at collecting information from users of TEC around what works and relate that to how they use it to maintain their independence. This will build information to enable a more comprehensive self-service offer in this area.







- Assess your TEC monitoring system for its ability to share information with your case management system and/or ShCR; and does it offer an alert function to case management systems already?
- Start the preparation to enable your TEC service provider to access your ShCR.

## Longer term

Develop and improve the data skills among managers and planners to interpret and make use of information about the TEC service. This includes asking good questions, identifying trends and gaps, and applying this knowledge to continuously improve the service...**and don't forget to use the data to evidence the benefits you want to realise from TEC.** Look at using data from your key partners, like health and housing, to add richness to the data you use to support service improvement and insight; and share what you learn back to your partners.

Having done the preparation, get ahead and implement the ShCR for your TEC service provider. Once you have a good understanding of the data there will be an opportunity to explore cost avoidance approaches. This does not have a particularly good track record in TEC, but with better data, and intelligent use of it, there could be some value here. This understanding can also help you look at the wider impact it can have in supporting healthier communities.

Look at sharing your knowledge and data with other councils across your region and link it up with your TEC prototyping work (more on this later). Exploit your TEC infrastructure to push messages, prompts and reminders to people and carers whether directly about an action they need to take or just to confirm a visit from an OT.



There is a lot of data in TEC that has value, and it is growing fast. Make sure there is a business need for the information you derive from the data be that to manage your TEC service, improve outcomes or innovate. Self-service has the potential to increase take-up of TEC before someone needs wider social care support. It needs good information to help people make the right choices around TEC and that could just be an app.

Your TEC infrastructure is not a one-way street, use it to push information and reminders. If you want to use alerts to initiate an action from a response team or more widely to a practitioner, make sure they are proportionate - too frequent and they can get ignored.

The use of predictives is at best embryonic and although there is growing interest, there is a lot to put in place before it can begin to deliver some benefit. We have seen the development of standards across health and social care to support sharing of information - TEC is missing from this work - NHSx and Professional Record Standards Body (PRSB) are you listening?





### 3 Point of intervention and value

#### The issue

**The TEC landscape is wide and varied and TEC services can be accessed through a range of organisations both public and private. We need to understand the landscape and how to get the best value across the community to support independence and deflect or delay take-up of directly commissioned support.**

#### The challenge

**The who...** many retailers like Argos, Boots and Amazon supply TEC devices. Community health organisations and councils commission and supply TEC with some of their commissioned providers supplying the market directly as well. Have you mapped this landscape?

Do you have a tactical and strategic approach to working with these organisations and understand how these different organisations interact with your TEC service through front door, support planning, hospital discharge and transitions both now and in the future?

**The what...** there are a myriad of devices available to the market with some offering wrap around services. Do you have an approach for identifying, evaluating and prototyping devices and services to support a decision whether to adopt more widely?

Do you have an effective approach to commissioning the best value from your TEC investment? Is it based on a clear understanding of how the range of devices and services can be used across different points of intervention to support better outcomes for users and value for the council? Does your current contract and procurement approach support flexibility? As we have said already, technology changes quickly.

A lot of work has been done to explore whether TEC can support cost avoidance. Common sense says 'yes' but the evidence is more elusive. This has led to some scepticism around whether it is possible to build a robust repeatable model. Much of the focus has been on existing support packages and new support planning. Can this be successfully extended into early intervention?

The current financial climate encourages more focus on short-term cashable savings from extending the use of TEC, rather than longer term cost avoidance. Is the balance right?

The user and carer are almost silent in this conversation. Do you know how your community prefers to access TEC; do people know what benefits it can bring; and crucially, is it easy to access?





## Where to start

- Map your current relationships and intervention points for a user and carer across your community.
- Map your devices and services to your intervention points across your community.
- Confirm your mappings with partners.
- Develop user stories, based on direct engagement with users and carers, to articulate their journey and extend them to reflect a re-imagined and improved service.
- Explore what information you would need to build an evidence framework that could underpin a cost avoidance model for people who do not qualify for funded support.

## Longer term

- Develop a Future Operating Model based on your evidence which supports your strategy, better outcomes for a user and carer, easy access to TEC, and delivers value for the council.
- Apply a benefits realisation model to enhance your Future Operating Model, and you'll need lots of data to do this.
- Test whether subsidising access to TEC could increase take-up by self-funders based on firm evidence and a cost avoidance approach.
- Work closely with your key partners like health and housing to make sure your service developments and improvement continue to be aligned - ICS has the potential to make this tricky.



Once trusted evidence can be provided for the benefits of TEC, higher levels of investment could follow, not ignoring that a stable social care funding model is still to be agreed. Tactical improvements and short-term benefit realisation can still be achieved and may be more affordable and successful if done in partnership with other councils, partner organisations and providers.

Taking a joint approach across health and social care for TEC services and device interoperability could have significant benefits. You need to be an intelligent client in your relationship with your TEC service provider(s). Make full use of their skills and knowledge, and engage with them to actively address any perceived shortcomings. Your provider(s) want to do a good job too.





## 4 Service access

### The issue

**Trying to access TEC can be confusing with many options and choices, a lack of clarity around costs and charging, and who is offering and who is providing the service and/or devices.**

### The challenge

Trying to successfully navigate social care is a long-standing problem for people highlighted many times through reviews and reports, TEC in many cases is no different. How can we make it easier for potential TEC users to get accurate and useful information, whether online or through a conversation, to help them decide and activate a service?

We know that not everyone who might benefit from TEC is happy asking the council for help and would prefer to deal with it themselves.

Actively engaging users and carers in service design and improvement has proven challenging beyond basic surveys.

We know that some councils have tried to grow the numbers of TEC self-funders and have found it difficult to achieve. The benefits may be there but without a clear strategy they are unlikely to be realised. Is this a priority for you?

Services can be deployed quickly without the user fully understanding how to use it or feel confident that it will help. This can be the case where speedy discharge from hospital is required. What wrap around and support can be given to help someone adapt to using TEC?

Supporting young people to transition to independence, supported with TEC is a common area highlighted where support could be better organised. Is TEC a core part of your transition arrangement? Using TEC to support working age adults maintain their independence is also an area councils feel they could do a lot more. Is TEC primarily aimed at supporting older people in your organisation. Are you missing an opportunity here?

From a user and carer perspective, there are potentially other concerns around using TEC that are not directly about the service itself, but include:

- Willingness to “invite technology into my home”.
- “How will it really benefit me and/or my carer?”
- Being “clear about what happens to my data” e.g. case record and sensor/activity data; who is it shared with?
- “What do I need in my home to make it work and what will *all* the costs be?”





## Where to start

- Survey users, carers, practitioners, advisors and partner organisations to find out what they think about your service and how easy it is to access, understand and be clear about the costs.
- Use the findings to define user stories for the improvements you want to make and engage with stakeholders around the stories.
- Compare the size of your self-funder cohort with similar councils and decide whether growth is a priority. If it is, find out from successful councils how they did it.
- Review your service branding, messaging, online presence and brochures for clarity and consistency.

## Longer term

- Consider re-branding your service to encourage take-up of TEC support and deflect people from accessing directly commissioned support.
- Explore ways of reaching out across wider community organisations to promote the use of TEC and provide basic support for TEC users.
- Develop a TEC pathway to meet the needs of young people transitioning into independence.
- Look at ways to reduce or minimise the need for someone to go into a home to set up a service and, where possible, enable elements to be provided as an online self-service option - search, selection, payment, delivery, install and activation.



Making a service attractive, easy to access and with clearly laid out costs can help build wider take-up of TEC.

There are barriers to access you cannot control but making sure you don't create extra ones will have a positive impact.







## 5 Collaboration and best practice sharing

### The issue

Often, each council is doing its own horizon scanning, prototyping and testing of potential new devices and services. How can this be made more effective?

### The challenge

There are many new devices and services coming onto the market all the time and it is time consuming to keep up to speed.

Where councils use their TEC supplier(s) to do the horizon scanning for them, this remains a share between the supplier and the council.

There is only a relatively small and finite budget to prototype and test potential new services.

### Where to start

Work within your ADASS region to see if there is appetite to collaborate on looking for new TEC services. This could mean individual councils agreeing to prototype different services and share the learning and potential opportunities back to the group. This would enable sharing of limited resources, but also the risk, and result in more successful innovation.

### Longer term

Seek to engage your TEC service suppliers with a collaborative approach either with their other customers or perhaps different suppliers within a region.



**thinks...**

There is a lot of good work going on across TEC in councils, but the repetition around innovation and new services need to be addressed.

There is good evidence that ADASS can be effective at the regional level, and this should be exploited to improve TEC services and their take-up.



## Conclusion

In this report we've highlighted the importance of addressing the *whole* picture when thinking about Technology Enabled Care. It's all too easy to get lost in technology trends and products, but we'll only realise the full value and potential impact of TEC if we consider its use within the wider support and strategic context.

In this report we've discussed five of these contextual issues that we see as key, based on our experience of working in the sector. They are all significant and it can feel like it's hard to know where to start. Working on your own is not always efficient and there's a lot to gain from developing relationships with other councils, sharing the costs and risks of developing new services, and sharing the benefits.



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# Technology Enabled Care Landscape 2021

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