NEW DIALOGUES
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directors of adass adult social services

THE DATA DIMENSION

Making intelligent use of data to support sustainable and quality social care

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CM2000 CARE MANAGEMENT

The data dimension

How can data, analytics and technology contribute to raising the quality of care services for adults? To find out ADASS and CM2000 held a roundtable discussion at the ADASS Spring Seminar in Staffordshire.

Adult social care is under pressure – budgets are stretched and rising numbers of people need support. With neither increasing demand or tight finances likely to end soon, adult social care directors face the challenge of ensuring that these twin pressures do not lead to poorer quality services or unsustainable provider markets.

In light of this there is increasing interest in using data better to maintain and raise the quality of social care services. The promise is that by collecting and analysing data more intelligently and creatively, councils will be better able to pinpoint problems in service provision earlier, protect vulnerable adults and develop more robust care markets.

To explore how the potential of data can be unlocked and the challenges to accessing the opportunities it offers, ADASS and the care management software provider CM2000 brought together eight social care leaders for a roundtable discussion at this year's ADASS Spring Seminar.

"When there is a quality issue in one part of London, it has a knock-on effect on other boroughs"

Ms Liz Clegg, Lambeth Council and Lambeth CCG

The roundtable's chair Mrs Margaret Willcox, the director of adult social care at Gloucestershire County Council and immediate past president of ADASS, set the scene: "One thing that repeatedly comes up in recent discussions about best value practice is restricted and reducing budgets. Are we getting to the point in commissioning where quality gets lost or do we have examples where some quality has improved because people have thought more creatively about what a person requires and how their needs can be met?"

KNOCK-ON EFFECTS

Ms Kate Terroni, the director of adult social care at Oxfordshire County Council, said CQC inspections of services in her area show rising quality, despite the pressures. "We've taken the opportunity with some of the additional short-term adult social care money to fund home care at higher rates," she said. "As a result, we have seen fewer home care agencies exit the market and more stability. Obviously we have anxieties about what that means when the funding drops out, but from a sustainability perspective the additional money has supported our home care sector and that is reflected in our growing numbers of good and outstanding CQC-rated providers."

"We see a similar picture, although it is starting to feel more fragile," said Ms Liz Clegg, the assistant director of integrated commissioning at Lambeth Clinical Commissioning Group and the London Borough of Lambeth. She said her borough has two particular challenges, the first of which is down to the volume of providers in Lambeth: "I have an approved provider list that has almost 40 providers on it and being able to quality assure those with a decreasing number of members in my team is a challenge."

The second challenge is a side effect of the borough's stable nursing home market, which means neighbouring authorities send their service users to Lambeth. "A neighbouring borough has far fewer nursing homes in their borough and they place most of their people in Lambeth because we are much more stable," said Ms Clegg. "They are starting to develop their own market but that won't happen overnight. One of the issues for London is that when there is a quality issue in one part of London, it has a knock-on effect on other London boroughs that can be quite considerable."

Ms Hannah Doody, the director of community and housing at the London Borough of Merton, agreed: "The reality of the London care market is we're all in competition with each other. As the inner London market provision of care homes reduces, more placements are sought in the outer London boroughs. That brings with it a lot of challenges in terms of safeguarding and quality monitoring."

MARKET COMPETITION

Such challenges have led the London branch of ADASS to begin work to deepen its understanding of the capital's care home market. Ms Doody said the data shows London is fairly well stocked with basic residential nursing care but is short on homes for people with high-end challenging behaviour. This means many people with such needs are placed outside London. The data also highlighted how fragile London's home care market is.

Such insights are valuable Ms Doody added: "That work means we now know who is placing in different authorities and that's really helpful because local authorities can work with each other around placements."

Mrs Willcox asked how the fragility of London's small care homes reflected the CQC's findings that "on the whole small providers have better quality but aren't financially viable, but some of the bigger companies while more stable can't quite get to the quality mark".

It's down to numbers, replied Ms Doody: "If you are a smaller provider with just 20 cases on your books you are able to manage better and you know your client database. When you get to the big providers your numbers grow and it's harder to keep a hold on the workforce. We're also starting to see a lot of movement in the workforce – there is competition among big providers in terms of travel and their costs per hour, but the biggest challenge for us as London boroughs is supply and demand and that's where sometimes fragility comes in."

DEEPER UNDERSTANDING

London isn't the only place where ADASS members have been collaborating regionally to better understand the care market. Ms

Delyth Curtis, the director of people and deputy chief executive at Cheshire West and Chester Council, shared some of the work going on in the North West.

ADASS North West, she said, is investigating the sustainability of the region's domiciliary, residential and nursing care markets. It also identified what different authorities were paying providers, the size and type of care homes within each council area, workforce challenges and the region's CQC ratings. "The work used predictive modelling and provided us with some really good baseline information that we could then separate off to look at from both local and sub-regional levels," she said.

A standout finding was the differences in what local authorities pay providers. "At the very least we know now that at sub-regional level we are using the same providers but paying them different fees in different local authority areas," said Ms Curtis. "That leads to the question of how can we come together to manage that better than we do now."

Ms Julie Ogley, the director of social care, health and housing at Central Bedfordshire Council, said East of England councils have aligned themselves by adopting a quality assurance workbook. "My own council and Hertfordshire were the two that adopted the workbook very quickly and we're actually enhancing that now," she said.

Ms Ogley said the approach gave Central Bedfordshire better insights into how local services perform.

GOOD TO OUTSTANDING

One problem, said Ms Curtis, is that the focus is often on fixing problems rather than examining how to make services outstanding. "In my area we're finding that we work on a very good strengths-based but deficit-led model – always jumping in around disruption to offer support," she said. "But what are we doing in terms of getting good homes to outstanding? We are missing a bit of the puzzle there in our approach."

To find that missing piece of the puzzle, Cheshire West and Chester consulted providers on what it could do to help good homes become outstanding. "What the providers told us was they wanted help with training, help with recruitment and selection, an offer around safeguarding and maybe a bank of staff," said Ms Curtis. "So we've just gone out to commission what we're calling Partners in Care, which is based on a model from Shropshire and will be a quality hub for providers providing quality information, best practice advice, performance data – all that tick-box stuff they can do better if they come together. We've funded it for two years and hopefully it will run on a membership basis for two years post start-up."

Mr Ray James, the national director of learning disability at NHS England, said it is important not to see quality monitoring as the preserve of local authorities: "I interpret some of the premise behind this discussion as largely being about commissioners'

WHO'S WHO ON THE ROUNDTABLE?

MR PAUL BURSTOW, chair, Social Care Institute for Excellence

MS LIZ CLEGG, assistant director for integrated commissioning, London Borough of Lambeth and Lambeth Clinical Commissioning Group

MS DELYTH CURTIS, director of people and deputy chief executive, Cheshire West and Chester Council

MS HANNAH DOODY, director of community and housing, London Borough of Merton

MR RAY JAMES, national director of learning disability, NHS England

MR MARK KENNION, commercial director, CM2000

MS JULIE OGLEY, director of social care, health and housing, Central Bedfordshire Council

MR KEITH SKERMAN, ADASS associate

MS KATE TERRONI, director of adult social care, Oxfordshire County Council

MR MARK THOMAS, managing director, CM2000

MRS MARGARET WILLCOX, director of adult social care, Gloucestershire County Council (roundtable chair)

monitoring of quality. But I've always had a maxim that I would prefer to commission organisations who do quality for themselves and where the way they assure themselves about quality has a degree of independence and experts by experience and their families involved."

"Technology can be just as helpful to a provider as it can be to a commissioner," he added. "I want providers who are willing to share intelligence rather than providers who want to filter that information. If we want to promote a responsible and lasting relationship around quality rather than creating an additional burden for commissioners, there ought to be mileage in encouraging providers to use systems around their quality that they give commissioners open access to."

USER VOICES

Mr James said quality assurance data needs to go beyond measures of service users' safety – it also should record people's experience and satisfaction with their services. Mr Paul Burstow, chair of the Social Care Institute of Excellence, felt this point was worth exploring further especially given that the University of Birmingham has found no correlation between local authority spend and service user wellbeing.

"That research begs a whole load of questions about why," Mr Burstow said. "Is there a challenge in relation to transforming care around the aspirations and views that you as leaders and directors have for the care market and the day to day grind of purchasing that and how that purchasing plays out in practice?

"Is there a gap between providers meeting quality and CQC standards and what people want today and what people will want tomorrow? Are these providers meeting population wants as well as population needs?

"Thinking about risk stratification in terms of populations, I wonder to what extent that lens is then used to plan the market and think about the range of things that are needed in this marketplace."

Ms Terroni said listening to the voice of the service user is an essential part of answering those questions. "How do I know services are good?" she asked. "There's a variety of things – there's my visit monitoring data but there's also my quality checker service where service users and families go into services and inspect. That gives me a whole dashboard that tells me whether services are of good quality.

"But I think the challenge around whether people are just assessing against what is already expected rather than thinking about something different is interesting. Often innovation comes from the service users and the families posing questions to us as professionals by saying, 'Why are you doing it that way, have you thought of doing it another way?'"

Home activity monitoring services could play a role in this, Ms Terroni added. She gave the example of an adult with a learning disability who left his parents' home for supported living with a 24-hour care package. "Maybe he needs that package, maybe he doesn't," she explained. "With home monitoring technology the social worker can see there's a period of time when they aren't in the house and maybe using the data from technology like that can open the door to questions such as have we got the care levels right for you? Potentially, the consequence might be they access less care and become more independent, which is a big positive."

RATE MY PROVIDER

Mrs Willcox asked those present what other ways they could envisage using data analytics to improve safeguarding and quality in adult social care.

Mr James saw value in taking the information about social care market in a more consumer-led direction. "Most markets that function well enable consumers to make informed choices by providing information direct to consumers," he said. "Very often technology platforms are central to that. If we think about the next generation of baby boomers going through there is probably going to be a greater concentration of self-funders in many parts of the country. So if we did something like a TripAdvisor 'rate-my-care-provider' model that facilitates consensus among a sufficient body of consumers that, I think, has the potential to be a pretty helpful driver of quality and it would also speak to the transparency that technology offers."

Ms Clegg said Lambeth has worked with its local Healthwatch. "Healthwatch provides something completely removed from even what the clinical commissioning group and council does," she said. "That's been very positive and also brings a certain amount of holding us to account too on whether we are getting it right or not. That's been a very healthy and welcome challenge."

ADASS associate Mr Keith Skerman said workforce data could help identify providers that need closer monitoring. "Workforce is a key factor in the quality of care, so if there is data about, for example, an escalating turnover of staff as well as complaints and missed calls that could provide legitimate criteria for then taking a much closer look at what are the problems and solutions there," he said. "That data can also help the social work teams look at the whole care home rather than individual cases."

Ms Clegg agreed that connecting social workers with provider data is a useful approach: "We've used electronic call monitoring and encouraged a number of social workers to run their own reports on that to prompt some of the questions they might ask at review or to prioritise which people need reviewing. So if there is a significant difference in the amount of hours delivered compared to the amount of hours in the care plan that should prompt the question of why is that."

DATA INTELLIGENCE

Empowering the workforce in this way through technology has potential but there are hurdles said Mr Mark Thomas, the managing director of CM2000. "I don't think there's enough money in the system to fund the providers to adopt the mobile technology that could facilitate this. The solutions are available but we need to break down some of the barriers and empower those delivering the care – and that could be the family as well, not just the workforce – which would be a positive move," he said. "Doing that could really help quality and safeguarding. But one of the things we at CM2000 have found a challenge is trying to draw all the data from both health and social care together."

However, technology advances are making it easier to pull useful information from the data when it can be drawn together, added CM2000's commercial director Mr Mark Kennion. "Even five years ago we were collecting a lot of data that didn't give you a lot of intelligence," he said. "Now the technology allows us to combine the feedback from the full circle of support – including the service user, their family, commissioners and carers – and deliver intelligent analysis. There's a lot of data, the challenge is having the tools to turn that into

"Making a sustainable market by approaching it as 152 different sets of commissioners is a big challenge"

Ms Julie Ogley, Central Bedfordshire Council

actionable management information."

Ms Curtis said adult social care needs to get better at interpreting data. "We have lots of crude measures, lots of activity stuff but not a lot around outcomes, context and what's changing," she said. "We need to get ourselves to a place where we are responding to future need. We are always talking about today or this year but we don't talk about the future."

Councils that have had the same director for some time have an advantage here said Ms Ogley. "If you've been a director in an area for longer you tend to develop the relationships and have longer with your strategies," she said. "In Central Bedfordshire we've come to a view about the different accommodation requirements for older people and we're fixing that into our local plan. We've actually bought sites to stimulate the market but the challenge with that is it doesn't happen overnight – you have to spend a number of years understanding and building the relationships and shaping the market; understanding the evidence and the research."

Ms Ogley said regional co-operation on market sustainability is a good move: "The way we're constructed is that we make individual market position statements and commissioning strategies. Sometimes they are joined up with health, sometimes they are not. Making a sustainable market by approaching it as 152 different sets of commissioners is a big challenge."

ECONOMIC DEVELOPMENT

Mr Burstow wondered if the sector's embrace of technology is being held back because those responsible for business and economic development often overlook social care.

"One of my reflections from a lot of conversations over the years is just how for many in the provider community their use of technology isn't even around the use of smart technology – it is around the most basic use of technology in business," he said. "Given the economic development role local authorities have and that in some areas the sector is a big employer, I wonder whether enough is done – alongside the support given in commissioning – to help these businesses become as good a business as they can be in terms of their back office technology?"

It may be down to councils to pick up the baton, he added: "The relationship central government has with this sector is through the Department of Health and Social Care but it's not primarily a business-orientated department. But while this is a £40 billion sector, which is not insignificant, the business department doesn't particularly take any interest."

Mr Skerman said helping social care providers in this way was on the agenda when he was Walsall Council's director of social care. "Walsall has quite acute economic deprivation and the health and social care sector was certainly seen by local colleges as a key driver for getting people into employment and addressing health inequality in the population," he said. "That was the sort of thing the local authority and health service really needed but the colleges could do it far better than us. But the enablers on a macro level just weren't there. That's where both ADASS and the social care sector needs to be putting pressure through to government."

“This is a £40 billion sector but the business department doesn’t particularly take any interest”

Mr Paul Burstow, Social Care Institute for Excellence

KEEP IT SIMPLE

The sector really would benefit from more central government and other investment in adult social care technology, said Mr James: “Perhaps something of a similar nature to that provided for the NHS to helpfully prime and accelerate development.”

Such work is happening overseas, he added: “There’s a pilot in Portugal where they are using robots earlier in older people’s lives to do things like go and find the spectacles when they can’t remember where they are. Then a few years later the robot can have arms fitted and do more care duties. The idea is that it changes the cultural acceptance of the robot in care because they’ve done helpful, friendly tasks for the person earlier.”

But, said Mr Thomas, there are risks in being at the cutting edge of new technologies. “The investment funding would be lovely to try and stimulate the take up but then again the innovation is moving so quickly that one day a piece of tech will be quite good but the day after it is out of date and it won’t be supported,” he said. “So you think you’ve bought the latest thing and then you can’t get an upgrade for it and it’s out of sync with security standards. Keeping it simple is always the best thing.”

Mr Skerman said this is a potential issue within new housing developments for older people such as extra care schemes. He remembered a developer telling him sensor technology should never be hard wired. “They said it’s got to be wireless because then it can be flexible and upgraded,” said Mr Skerman. “So then it becomes a case of enabling Wi-Fi across the development.”

APP POWER

“So,” Mrs Willcox asked, “if there was a magic money tree what would you do differently with the money instead of more of the same?”

Ms Ogley felt there is untapped potential in allowing older people to use apps to manage their care. “Why is it that tenants of the council can use apps to order repairs, look at their rent accounts and make payments, yet my social care customers can’t?” she asked. “There is something in using technology to empower people to manage their own access and their own outcomes. This is the direction for us – using technology to help us make social care affordable and also a better, more accessible product – that would be a great leveller for self-funders and people who qualify for public support.”

No one on the roundtable felt older people’s ownership of mobile devices was a major barrier, but Mr James worried that they may not be open to using their smartphones or tablets for social care purposes. He recalled how the London Borough of Enfield provided self-assessment via mobile devices only to find that people did not engage with it despite 90 per cent of service users over 90 owning a mobile phone. “People didn’t find that helpful,” he said. “They knew what they thought they wanted and they didn’t want to be guided through our semi-structured process despite the fact we heavily co-produced it.”

Mrs Willcox said people can have very fixed ideas of how they use a device: “I recently had a conversation with a member of staff who hadn’t filled in an electronic feedback form and she said she didn’t use computers. I said, ‘Have you never bought anything online?’ She said, ‘I buy stuff all the week.’ For some people there is a difference between using something because it gains you some pleasure and using something because somebody’s replaced the old system that you knew.”

BEYOND SOCIAL CARE

The discussion moved onto prevention and technology’s role in improving quality of life while also better managing limited resources.

Ms Doody said adult social care could make more use of community spaces such as libraries: “So in terms of keeping people well before they reach social care, how is public health working with the local libraries and how are we feeding into local plans, regeneration and development?

“In Merton we are driving this work so

that local plans fit in with the health and wellbeing of borough residents and it's not just there's an available site for some affordable housing. We've really got to start to look outwards and drawn on other expertise and resources in order to change the narrative and enable people to live well and take back the responsibility for their care."

BEHAVIOUR MODIFICATION

Mr James agreed but said adult social care is not always the best vehicle for promoting technologies that help people stay well for longer. Technology that incentivises people to modify their behaviour – such as wearable activity trackers – could be helpful but are best introduced to people through others rather than adult social care. A better approach, he said, would be to work with fire brigades as they do fire safety tests in people's homes.

"That's a really good point," said Mr Burstow. "You in adult social care are not the shop window for people to find the technology that might enable them to have the lifestyle they want. And it is about lifestyle and how you frame it in those terms"

The converging interests of public health and social care are important too, he added: "The reason the public health piece is so critical is that prevention is about normalising conversations about later life. Most of us don't have those conversations until we're in the hospital talking about discharge."

Occupational therapists could encourage uptake of preventative technology too. "There are a number of recommenders who people trust and identifying who the trusted recommenders of some of this technology are is another key part of making more of this fly than happens currently," said Mr Burstow. "I think occupational therapists could be quite an important one of those."

DATA COLLECTION

CM2000's Mr Kennion noted that, as well as getting people to adopt such technology, the data collection process must be in place. "In Scotland we have around 200 service users using digital health devices including activity trackers and heart rate trackers, and it has really driven benefits," he said. "The challenge for remote devices is getting the data from the service users to the data centre in real time for analysis – ideally without the service users having to do anything."

Low-powered WiFi, which can provide wireless connections across entire towns, could help. "That's the way to do it because 5G is probably going to be too expensive," said Mr Kennion. "That is something that Scotland seems to be doing quite well at the moment; hooking on the back of low-powered WiFi to get the data from these devices out of homes and into data centres."

Mr Thomas noted the potential to tap into people's desire to share information with their families and others. "Using an activity tracker or WiFi-connected body mass scales not only increases an individual's own knowledge but it allows them to let others know what is going on in their world," he said. "Our experience is that once people start to understand indicators of muscle wastage, inactivity, heart rate or hydration, it seems to ignite an interest that can change behaviours and improve wellbeing."

VALUE FOR MONEY

Ultimately, the data from such devices helps build a clearer picture of how individuals are doing and when linked to better recording and analysis of data from services it can be a powerful way of demonstrating value for money.

"I was put on the spot – quite rightly – by elected members in Walsall who wanted to know what we were getting for the money we were spending on social care and I'm sure every director has had the same or similar question," said Mr Skerman.

"Because we had spent time using and mining the data we were able to show improvements of outcomes from the triangulation of the numbers coming out of reduced missed calls, flexible ways of working, lower turnover of staff and all those proxy indicators along with the user's voice. Because of that the members were then prepared to give a bigger priority to investment in the service.

"So using data well helps tie up the strategic political debate about resources as well as assuring us that service users are getting the quality services they deserve out of all this money."

SUMMARY

Improving the quality of commissioning and care delivery through data and analytics is a very broad topic. As such the roundtable could only touch the surface of the diverse ways data is being used.

Examples cited during the discussion demonstrate how data is helping to benchmark quality, spot problems and present new information across services.

Initiatives where councils share data to understand the big picture seem helpful and there is clearly an appetite for more feedback from service users in quality assessment.

Realising the full potential of data and analytics requires everyone involved in care delivery to embrace the latest technology – and that requires investment. This is still a limiting factor for many providers, despite evidence from the sector regarding return on investment.

Technology can contribute to the prevention agenda. Changes in the way people expect to use technology to manage their health and social care are needed to maximise its potential, but acceptance is likely to increase over time.

Returning to the over-arching question of whether quality has been lost in current commissioning practice – there is clearly a passion and desire to ensure quality is not compromised. The roundtable highlighted the positive contribution data and analytics can make with its varied applications.

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