RELEASING THE POWER OF PERSONALISATION

Using technology to improve the personalisation of adult social care
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INTRODUCTION

‘Personalisation’ is ensuring people with care and support needs can lead the lives they want and that social care services work with people as partners to make this happen, according to the Social Care Institute of Excellence (SCIE).

However, Sharon Houlden, ADASS lead for digital communications and technology and Corporate Director of Health, Housing and Adults Social Care in York, believes the true meaning and purpose of ‘personalisation’ has become blurred with over-use in the past decade.

Personalisation is often used as shorthand for the idea of ‘choice’, but Ms Houlden argues that even if a council offered a choice of 50 providers, a person’s care package could still fail to be personalised.

“In order for anything to be truly personal it should be bespoke. But when you are doing large scale commissioning of services on a limited budget then, by its very nature, it cannot be described as personalised.”

“What are the principles behind personalisation? What are we trying to achieve? How realistic are we being? We need to revisit and start trying to be a bit more authentic in what we, and our staff, are doing. Then we need to think about the systems, the tech and the tools that will get us there.”

THE ROLE OF TECHNOLOGY IN PERSONALISATION

Interestingly, ‘personalisation’ is not just a buzzword for adult social care. Other sectors have become obsessed with the idea and some face similar problems in adapting mass-produced systems to meet individual needs and wants.

In marketing, for example, personalisation has been proven to increase engagement and influence purchasing decisions. Yet most adverts and marketing emails are sent by automated systems to large numbers of people.

Marketers are turning to sophisticated data collection and artificial intelligence technology to identify behaviour patterns and insights to help them personalise offers and target messages.

A University of Bristol study found the spend on marketing technology doubled over the past two years and was worth approximately £51bn across the UK and US in 2019. To put that in perspective UK councils spent just over £22bn in total on adult social care in 2018/19 according to the National Audit Office.

The speed at which other sectors are adopting technology means social care is increasingly being left behind according to Anna Severwright, Co-chair of the Coalition for Collaborative Care who lives with multiple long-term conditions causing disability.

“My generation uses technology for everything. So, it seems sensible to us to use it to solve care problems in our lives. But it does feel as if the sector is behind the rest of the world on this which is really frustrating.”

Julie Ogley, ADASS president and Director of Social Care, Health and Housing at Central Bedfordshire Council, says the pressure on social care to catch up will increase rapidly.

“The system will change because the younger generation, who are all in their 30s and 40s now, will expect quite different things from us in terms of technology as they start to need services.”

KEY CHALLENGES

1: Cost and speed of change

The technology market evolves at a pace often alien to government decision making processes, according to David Watts, ADASS co-lead for standards, performance and informatics and Director of Adult Services at Wolverhampton Council.

“It’s difficult for us, either as an organisation or a sector, to nail down the areas to focus on with tech because the market and the technology moves on so quickly. I think the key is to try and work with people to give things a try so we can prove cases quickly, rather than waiting for the national agenda. It is difficult when you are constantly rationing funds though. This is one area that would benefit from more pump priming.”

Ian James, Care and Health Improvement Adviser for digital and leadership development at the Local Government Association (LGA), says while the government has committed money to digital transformation in health and social care, he is frustrated by the tendency to focus only on cost-cutting.

“We are often being challenged by the government to come up with proposals that will show if we invested X amount in tech it would lead to XX amount of savings in care costs. The LGA is working to build an evidence base around this, but my gut feeling is that we won’t be able to prove it that conclusively.

“Technology works best when it is allied with other things like workforce change or system change and so it becomes impossible to draw a line and say this tech definitely saved this much on care. We need to stop thinking about tech as an easy fix or something separate. It’s about how we weave it into the delivery of services. We need to focus on what is a truly asset-based approach to adults social care and then find the tech that will make it easier, more intuitive and increase the chances of success.”

Mr Duck, Managing Director for Social Care at technology firm adam HTT agrees. Eight years ago, he says, adam started purely as a digital tool to purchase care and interact with the provider market more effectively. A big driver was cost-savings. “Since then our solution has evolved to focus more on the quality and value of the care. When you really dig into it what commissioners wanted was better outcomes.

“That’s when we started creating the functionality for individuals to input their needs but also their aspirations. We try to help providers and commissioners become more aware of an individual’s changing needs so the care can be adapted.”

But the problem with putting those using care and support services at the centre of any new technology is that most council systems do not operate that way.

2: Mindset change

Mr Duck says problems implementing new technology often come down to legacy systems, an insistence on doing things in a certain way and general resistance to change.

“The needs of the person being supported and helped never even enters into those conversations. In some ways this will always be bigger than just social care departments.”

Will Britton, founder and chief executive of AutonoMe, an app to help those with learning disabilities live more independently, says they have had similar problems.

“We often find that decisions around things like contract length are taken with no thought as to the people using the service who have now incorporated the technology into their lives. These users often have communication difficulties, so they find it difficult to ask the council and they don’t understand the concept of a contract ending. There’s usually nothing in place to help them and that’s because those who buy the systems are not those who use it.”

Nev Wilkinson, Head of Commercial Services at Leicestershire County Council, is in the middle of adopting a digital system and says implementation has been challenging despite widespread agreement the previous system was not operating effectively.

“I think we probably all underestimate the amount of fear people have of change from systems they see as tried and tested even when they know it’s not achieving the desired outcomes.”

Ms Ogley suspects the bureaucracy surrounding the handing over of public money is behind the poor take-up of personal budgets and direct payments.

“Yet most of us do all our banking online now. There is a similarity there. Banks are large bureaucratic organisations, yet we still require paper receipts from people. If we could make direct payments less bureaucratic then perhaps we would see a bigger take-up and people would start to feel in more control of their own care.”

Ms Houlden says she gets frustrated by a tendency to polarise technology and social care.

“We all use technology in our daily lives, but we act as though technology couldn’t possibly help resolve care dilemmas. Yet it’s now a very small minority of people who don’t use any kind of technology in their lives – even if it’s just a remote control for the television or to close the curtains.”

Ms Ogley, agrees, pointing out that in her area the local population can report a missed bin collection online but not a missed care call online.

“I can book a holiday, including flights and hotels, from my sofa but I can’t book respite care for my Mum. Why should social care be somehow different and special to other areas?”

Mr Britton says he is often bewildered by an assumption within social care that people with learning difficulties do not own a smart device.

“National statistics show that 70% of them do. I used to teach people with learning disabilities in a college and every single one of them had a smart device, but we were teaching them to create posters on a PC. Why? These are outdated skills. We need to use the technology they have to help them achieve what they want in life.”

3: Technology vs humans

Mr Duck says people often assume technology cannot improve the personalisation agenda because they look at it as something that reduces the personal, human element and increases the impersonal.

“I would argue the opposite. Good technology should really just remove the
We’re going to find these carers given the scary. “I keep wondering where on earth...”

rate increases, then the shortfall could rise by issues such as Brexit. If the vacancy...”

needs to be debated.

issue within the sector, but she feels it prompting an interest in the use of robotics...”

looked at because there are not enough...”


make sure its quality time.”

professionals to spend with people and...”

internet connected devices into 50 people’s...”

resulted in the regular trial and adoption...”

has been putting smart speakers and other...”

people live as independently as possible.”

We’re trying to identify those people...”

PwC research suggests a current...”

leadership, adult social care.

CASE STUDY

HAMPshire County Council

Graham Allen, Director of Adults’ Health and Care for Hampshire, says they have been on a journey since 2012 to completely reset the way they use technology in care.

“We didn’t just want to layer devices on top of a care plan. We wanted to see if we could use technology instead of other types of care and, in the process, help people live as independently as possible.”

Hampshire formed a unique partnership with a consultancy firm, which in turn put together a diverse team of local government, healthcare and technology experts to explore new ways to care for people in their own homes.

The result was transformative and resulted in the regular trial and adoption of new approaches. Included within this has been putting smart speakers and other internet connected devices into 50 people’s homes as an LGA sponsored trial. The positive outcomes led to this approach becoming part of the toolkit routinely being used and supported a new approach based upon curating solutions, rather than simply installing devices.

Mr Allen says they have just renewed their contract for a potential further 10 years as Hampshire is taking a long-term view of technology enabled care.

“This is a partnership that is very important to us and we put a lot of work into nurturing it and this means we can have conversations focused on outcomes and what we can do next. Too often technology providers can be entirely focused on how many gizmos and gadgets have been installed and not about the outcomes that have actually been achieved.”

Mr Allen says the devices help people do a range of tasks from reminders on screens, help contacting family or adjusting the heating in their homes.

“We’re trying to identify those people who we can help lead the lives they want to but without us having to physically intervene and intrude.”

Challenges

Mr Allen admits the journey has required a cultural shift, not just amongst the workforce but also within the community.

“Families and other professionals can sometimes have very fixed ideas about what’s required and be firmly convinced that a care home is needed. Sometimes we as the social care sector will follow them down that path but that takes us to a deficit-based model not a strengths-based model of care.”

To combat this Mr Allen says they have created ‘tech champions’ in each team who advocate the advantages of tech enabled care to their colleagues.

Hampshire is also ‘showcasing’ and supporting staff to fully understand the capabilities of the technology and how it has helped people.

“One of our current challenges is the huge amount of data we are now getting and working out how to chunk up that data so it gives us real insight into how to find

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Graham Allen, Director of Adults’ Health and Care, Hampshire County Council

different solutions for people and be more proactive," he says.

The project has also helped shape the consumer technology itself. Hampshire worked with the global technology company that produced the smart devices for the pilot to develop new functionality. This connected the smart speakers with a television streaming device without the need to press any buttons. This smart speaker ‘skill’ is now available to all consumers straight out of the box, not just those in Hampshire with care and support needs.

OUTCOMES
Mr Allen says more than 11,000 people in Hampshire with eligible social care needs are now using tech enabled care and 50% of them do not require any further care support to live more independently.

He says the benefits are being felt by both those with care needs and their family carers. And it’s also enabled £12m of net savings – some of which are used to fund further preventative activity. A key success metric used is the results of user satisfaction surveys and self-assessments of improved independence. These are always consistently at, or above, 90%, he says.

Another advantage is the innovation it has unleashed within their workforce. “We want staff to feel they are working at an innovative council willing to try different things through being focused on outcomes. We now do a ‘Dragons Den’-style challenge where staff can pitch us ideas about how technology could be used to improve outcomes and we undertake to develop the successful pitches. We have people like the chief officer of Amazon web services, the council leader and the social care lead member on the judging panel so it feels really exciting for staff.”

Mr Watts says the level of blockage in the system should not be underestimated pointing out his own authority secured funding to try and combine different data sets from health and social care.

“We had a timescale of one year to get sharing agreements in place and that information still hasn’t been shared with us despite challenges from us at every point. We might get agreement for funding from one part of the NHS but another part is in charge of approving the information sharing agreements. It’s deeply frustrating.”

He believes councils and the health system would be able to move far more quickly on the issue if there was a national mandate in place around the safe and responsible use of data for improved interventions.

Commercial companies have, in the past few years, also had to face up to the privacy issues of harvesting large amounts of data through the enforcement of the General Data Protection Regulations (GDPR). Many are now having to use far more transparent models to secure data permissions.

However, a key difference between commercial companies and social care could be the relationship with those relying on the services.

Ms Severwright points out that she feels more comfortable sharing her data with huge technology companies than she does with her own local council.

“I think it’s because of the value I perceive I get in return. I’m aware I’m giving my personal data to these tech companies but I’m ok with it because it is helping me do things I couldn’t otherwise do, like turn on my lights with my voice.

“Yet with the council I feel like I’m under to be more successful.

For example, he says if this kind of data analysis was used to help take the pressure off carers then it would reduce the overall costs to the system.

“We are often too late to the party. We arrive when the stress of caring has reached crisis point and they don’t want to be a carer anymore.”

The challenge is, and has been for a long time, overcoming the privacy hurdle.

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a lot of scrutiny to always reduce my care and cut costs. So, I often feel like the information is being used for the council’s benefit rather than my own. If I had a different relationship with the council and felt they were genuinely trying to help improve my life then perhaps I’d feel better about giving them more information.”

POTENTIAL QUICK WINS

1 Consider becoming facilitators and signposters rather than providers of technology.

Ms Houlden points out that consumer technology is moving so fast and the options so numerous that councils should start looking to make better use of readily available technology.

“We always think we need to find something social care specific and that’s where it often doesn’t work because it becomes expensive and it doesn’t interact with other systems.

“I wonder if we shouldn’t just start helping people understand what tech is readily available and help them stitch it altogether themselves. If something is beyond their financial means, then we can have the conversation with them about helping pay for it provided they move it forward and maintain it.”

Ms Severwright agrees that the technology that has been most successful for her has been consumer technology.

“It usually looks nice, works well and isn’t massively expensive. Whereas the technology for disabled people is often clunky, looks terrible, costs a fortune and is 10 years behind consumer technology in functionality.”

2 Work with commercial companies

Some councils are already approaching global technology brands to try and find ways to adapt existing technology to help achieve better outcomes with existing systems and products (see Hampshire case study).

Ms Houlden says there is a natural resistance in the public sector to have anything to do with commercial companies, but this could be hindering progress in areas where there are shared agendas.

“In my area I’ve tried to work with commercial housing providers through an umbrella organisation group, and that’s helped us secure the types of placements and beds we really want to see more of in the market, despite the high proportion of self-funders we have. We should be looking at similar opportunities in the technology market.”

3 Work with universities

However, if the thought of working with commercial companies feels too difficult than Ms Houlden suggests universities as a useful intermediary.

“Universities do have access to huge amounts of grant funding for research and development. Often they just need us to do simple things like support grant applications by saying if they get the funding for a prototype then we’re happy to trial it with real populations.”

In highly complex and expensive areas such as robotics, Ms Houlden sees this as a key way to gain momentum and secure the products that will make a real difference in how people can live more independently.

4 National focus on data sharing

Ms Ogley believes ADASS and the government need to focus on finding solutions to the entrenched issues around sharing data between health and social care.

“At ADASS we have been trying to think through our approach on data and intelligence to help us plan for the future. That shared care record is really important, but we haven’t quite cracked it in terms of pace and speed. It’s a big drawback and it needs attention.”

Mr Watts agrees and says directors could help by starting to build an evidence base where information sharing has changed outcomes and lives.

“We have a tendency to focus on the cases where things went wrong but we need an equal focus on when things go right and what can be achieved.”

5 Keep it simple and co-produce

Mr James says councils are prone to complicating technology issues.

“We buy complicated bits of tech that don’t get used because it’s too difficult to use. I think we should always be looking for the simplest solution. It comes back to the idea of co-production. Work with the person to find a solution, don’t find the solution and do it to them.”

Ms Severwright agrees.

“I always feel frustrated when I’m given a set list of products that a professional is allowed to offer and I feel that none of them are suitable for me. I want that professional to feel they can be creative in working with me to find a solution.

“I feel like many staff have lost that

CASE STUDY

CUMBRIA COUNTY COUNCIL

Julie Baillie, Senior Manager for Strategic Commissioning at Cumbria County Council says a key challenge of being such a rural county has been the provision of home care services.

“We’d had a commissioning framework in place for four years, but it never really worked. We found we were constantly working around the framework and it didn’t provide an individual service for the people we were supporting.”

She says with six district teams also involved in the procurement process, she also struggled to ensure it was transparent and fair across the county.

Moving procurement to a digital, online system has meant they have been able to broaden the number of providers and, by using a fixed price system, shifted competition onto the quality of services provided. Those needing care and support are also able to highlight the outcomes they want to achieve.

CHALLENGES

Ms Baillie says they combined implementing the new technology with the renewal of the home care commissioning framework, but this placed a huge amount of
problem-solving approach because they are allowed such a narrow focus. Yet if they were empowered to ‘think outside the box’ and try new things then the solution might turn out to be even cheaper and would make a massive difference to me. Otherwise this is not a personalised approach.”

6 Do your research.
All councils are battling the same issues and many have found different solutions that could be adapted or used by others and are happy to share their experiences.

Mr James says while he would like to see the LGA and ADASS getting better at sharing case studies and examples, he also says individual directors need to be seeking out information themselves.

“I think the sector likes to wait for national direction on issues that are as big and complicated as this. But the government has a habit of taking something that has worked well somewhere and thinking it can simply replicate it 151 times which is never going to work. I think locally we should be being more curious, asking questions, seeking out places that are doing things differently and finding out what could work for us rather than waiting for the email from on-high.”

7 Challenge the status quo
Mr James believe directors should be challenging their workforces on what they believe personalisation means and how they are achieving it.

“We need to reexamine what we are trying to achieve for local people and use that as our framework for any tech agenda.”

Ian James, Local Government Association

pressure on the technology implementation. “It meant we didn’t have enough time to make sure everyone understood the need for the changes and was confident using the technology which was a significant piece of work in itself.”

There were also problems with some legacy processes and systems meaning some information had to be entered twice.

“I underestimated how much time that would take and with hindsight I think asking people to do that as part of their day job caused delays. If I were to do it again, I would have a dedicated team focused on it. We are now looking at work to improve the interfaces between the systems.”

OUTCOMES
Ms Baillie says while the technology has only just gone live, she feels a key advantage has been the superior data and information she now has access to.

“I also think there’s a much better focus on outcomes in the system now. So, instead of just saying we need an 8.30am visit, the person, or their family can say what they want to achieve at that 8.30am visit – so it might be help with getting dressed for example. It’s not the care plan but it sits alongside the care plan and complements it.”

The technology is also helping improve their risk management such as around sending automatic notifications when insurance policies on the system are nearing expiry, she says.
This think piece report is designed to stimulate debate and discussion and as such it does not necessarily reflect the views of ADASS. The report is sponsored by Adam HTT but ADASS retained editorial control of the content.

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