

Technology Enabled Care Roundtable

Session write-up

Held on 9th October 2020



Building a better
working world

directors of
adass
adult social services



Introduction

The COVID-19 pandemic has brought to public attention the difficulties faced in social care, particularly the issues surrounding human contact as necessitated by face-to-face care. The pandemic provided a huge drive for changing the way we provide adult social services. To explore the innovative approaches taken during the pandemic in adult social care, EY and ADASS set up a roundtable discussion of directors of adult social care and tech provider representatives in October 2020.

The discussion was extensive. This write-up aims to summarise the outcomes of the discussion, including the key issues discussed, experiences of the attendees and potential solutions. Although not a complete and entirely chronological account of the discussion, it is hoped that this write up will allow others in the social care sector to benefit from the thought-provoking conversation that was had.

Innovative solutions during the pandemic

EY began the roundtable by exploring the direct impact, indirect impact and advancements in social care as a result of the COVID-19 pandemic. They focussed on the breadth of technologies that are being used across the sector during COVID-19, from virtual interaction to interactive robots. EY introduced technology providers (everyLIFE and AutonoME) who emphasised the importance of ensuring that the right data is in the right hands at the right time.

The Chair, Stephen Chandler (Corporate Director of Adult and Housing Services, Oxfordshire County Council) then kicked off the roundtable discussion by posing a question – how can we learn from the successes to make improvements for the future? The response to the COVID-19 pandemic has largely been left to individual councils and authorities, and as such, the breadth of actions taken has been varied. Coming together in this roundtable enables lessons learnt from each authority to be shared and new solutions designed.

Care provision from a distance

Anne Clarke (Director of Adult Social Services and Housing, South Gloucestershire) initiated the discussion with a learning point – the pandemic busted the myth that a home visit is always necessary. There was a lot of angst and anxiety during the pandemic, with people questioning the ethics of providing care in person. The reluctance people showed due to COVID-19 initiated new ways of working.

In South Gloucestershire they supported staff by creating a tool for risk assessing contacts with new and existing customers to determine if the first response should be virtual or face to face. If the first conversation was virtual, a further decision would then be taken to determine if a meeting in person was needed too.

During the pandemic, when care homes were reluctant to have too many visitors, iPads were used to provide that communication virtually.

The important point here though, is that not everyone is technologically proficient and comfortable using tablets by themselves. In these instances, consent was required for a care worker to be in the room to provide assistance.

Different solutions for different situations

The pandemic provided a significant step forwards in seeing that different solutions to care problems do work and not everything has to be provided by a person within an individual's home, regardless of the care setting. In South Gloucestershire, they have now moved the team outside of the hospital where they were originally based and have different methods for remote care management – even the ability to use Microsoft Teams for meetings and strategy discussions has made day-to-day work much faster. The reason for all these advances in new ways of working was the COVID-19 pandemic.

Glen Garrod (Executive Director of Adult Care and Community Wellbeing, Lincolnshire) explained that the experience in Lincolnshire covered a number of different elements, both organisational, and in terms of how they engaged and supported local communities. Lincolnshire has one of the most dispersed sets of communities in the UK, which may have helped to reduce the spread of the virus at the time of writing.

The conversations in social care mirror those in the NHS – the move to online interaction. However, it is very important to retain the narrative that moving online is not for everyone. Online shouldn't be the only option – this would be likely to lead to resistance in society or in the profession. For some people, you still need to have face-to-face contact.

Mirroring Anne's initial point, Glen pointed out that risk profiling allows us to identify those that can be provided a virtual assessment and those that require face-to-face contact.

Data sharing and vulnerability

Another important use of technology is in the reduction of bureaucracy of systems and organisations, with care practitioners empowered to make decisions. An example of this is in direct payments via virtual wallets – this freed up a lot of time for individuals.

Data sharing and information exchange has also expanded exponentially. Within 3 weeks in Lincolnshire, 30,000 people were on the extremely clinically vulnerable list. This data was shared at a scale never seen before.

Glen raised awareness of the profile issue – we shouldn't reduce the awareness on social care. We need to be worried about the focus on care homes as well as other areas of concern - there are still many consequences from COVID-19 that we are yet to fully understand e.g. how it has affected people's mental health.

Becky Squires (Team Manager, Cumbria) then pointed out that technology shouldn't be an add-on. We have shifted away from the default position where social workers feel that they have to do a home visit. Since the pandemic, it has become more nuanced – what is the purpose of a face-to-face visit and why is that better than a virtual one?

Becky countered the earlier discussion around technology at the first stage of the care pathway. More conversation is needed around technology and its use in information gathering at the point of screening and assessment. We use technology a lot in the support planning stage, but when working with people at the first stage of proceedings, Becky stated that there is currently no substitute for being present.

An example, an observation and a challenge

Andy Begley (Chief Executive, Shropshire) gave one example, one observation and one challenge.

The example was what the Shropshire service area did differently. Day services provided technology-blended remote interaction with sending physical "happy boxes", which developed over months into human interaction again.

Andy's observation was on how information is shared. He noted that the accuracy of information was a real problem and the connectivity between central and local government was an issue. This drove the creation of localised solutions. For example, they created a vulnerability index to understand who the next cohort of vulnerable people are, who go beyond shielding.

Andy's final challenge was to check if we are concentrating effort in the right place to get the biggest results?

View from technology providers

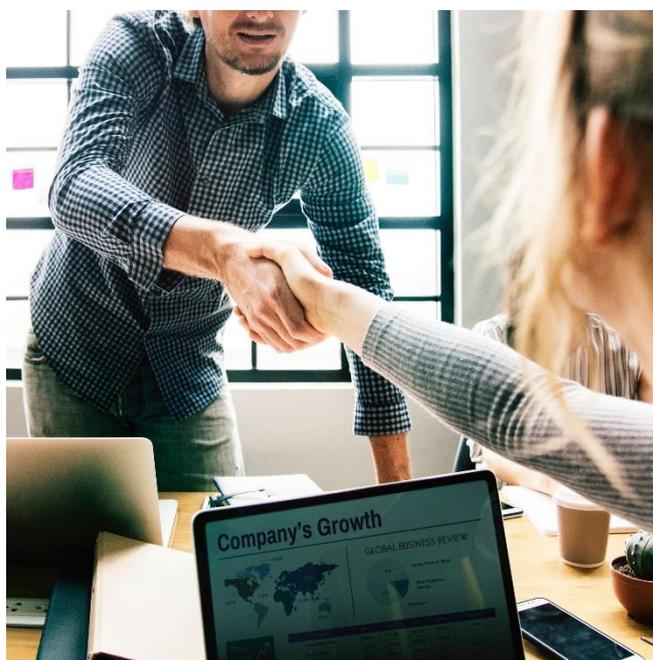
Will Britton (Founder and Managing Director, AutonoME) then gave his perspective as a technology-provider. He stated that 80% of the people that they support have learning disabilities. He has noticed big staffing issues with social care providers, as most people with learning disabilities are vulnerable to COVID-19. Staffing problems arise from people self-isolating or looking after families. With children at home, parents had to be there too to provide education.

Will added that using quality data can really help social care providers manage their staff and care safely. Will emphasised that technology can complement teams – rather than taking jobs away from people, it can provide added flexibility around the delivery model. The opportunity for the care community is to build on this moving forward to create care packages with technology as a core part of the offer.

Importance of relationships

Simon White (Executive Director for Adult Social Care, Surrey) pointed out that many younger people are much happier living with their families during lockdown. He acknowledged that multidisciplinary team working and information sharing is easier in a technology-focussed format than it was previously, but the worry is that there are limits.

For strengths-based working, focussed on people's aspirations for their own lives, Simon believes that you need to have a relationship with the person. This might not be impossible with technology, but takes time to develop.



The ‘new normal’ of the COVID-19 pandemic

During the pandemic, the emphasis on the shielded population potentially created a new client group. This additional demand presents a danger that we start to provide additional services that weren't forecasted, creating greater demand challenges.

Doreen Singleton (Principal Occupational Therapist, Cumbria) followed by stating that we haven't incorporated technology as a universal offer. It was pushed in through necessity, but some people in care homes (or their own homes) still don't have access to technology. For us to comprehensively use technology in social care, we need universal embedding, and this requires a huge educational aspect to inform people and develop skills, in addition to capital investment.

The unique impacts of the COVID-19 response enabled practitioners to take control of the situation and helped in terms of making practitioners come up with alternative ways to provide interventions. Doreen linked back to the points of Anne, Glen and Becky; fundamentally, we go back to the relationship aspect – it's about how you connect with the person initially.

Doreen also linked back to the question of technological aptitude. Where technology-enabled reviews have taken place, they have been embraced by those with a higher skill set. Doreen looked at this from the other perspective – that of the practitioner. This raises the question around learning and tools for those practitioners new into the role.

Glen then raised a by-product of the use of technology in social care. If staff work from home, productivity goes up and there is no need for office buildings. Is this the future direction? It generates opportunities for people to find new homes in city centres, aiding the green transformation through less transport.

On this point, Andy explained that in Shropshire, they created a map detailing where staff live in relation to the central office building. They now work on the principal that wherever you live, you are no further than 15 miles from an office hub of some description.

Duncan Campbell (Director, everyLIFE Technologies) noted the recognition of the professionalism of carers that was previously hidden, before the COVID-19 pandemic brought it to public attention. The pandemic gave an understanding of the circle of care – what are the roles of friends, families and neighbours?

Duncan then brought up the financial aspect of technology in social care. Rather than a deficiency view of budget, it is important to recognise the opportunity for investment. We have to take a degree of risk and try different things. Digital can make things better.

Duncan gave the example of a situation in which two people needed to have a difficult conversation. Although initially the two people were together in a room wearing masks, they preferred to have the conversation virtually in neighbouring rooms so they could remove their masks. They felt that this virtual method was in fact more personable.

Anne pointed out that we are still affirming our commitment to strength or asset-based care. We are focussed on sharing our learning. How do we innovate the principle of collaboration by using technology?

Anne also emphasised that working from home can cause a wellbeing issue for social workers, who for evident reasons, may not wish to bring their work home with them.

There is a degree of suspicion by some people that the use of technology is driven by cost and the inability to meet demand in any other way, so there is still some reluctance to embrace the principles of technology in social care.

Becky agreed with Anne's point. Although the concept of bringing your whole self to work is a positive one, you can't have the whole of work coming home with us too. This is a huge problem for social care in particular. Working from home, as required during the pandemic, makes maintaining a work-life balance extremely difficult. This is not necessarily possible in the long term for social care.



Building on the latest learnings to ensure continued success

Andy started by bringing up the NHS and by asking how we engage colleagues. The only way we can ensure success is to take a system-wide approach.

Duncan emphasised his point that the role of digital is about getting information in the right places, in the right hands at the right time. We need sensible data sharing standards and to get this important data in the hands of care managers, not just nurses.

Will mentioned the commissioning model and how we buy into technology. Technology companies want to be in the centre of care provision, not just pushed to the back. There is a huge opportunity in looking at a model where we adopt technology into the commissioning model rather than as an invest-to-save response.

Simon described his experience of trying to join together technology and demand management. In Surrey, they have technology that should be able to support staff to provide timely intervention which reduces the escalation of need or crises occurring, but they have found it very hard to find people willing to use this technology. So, the limitation of technology is about individual appetite for it, rather than the technology itself. Is the problem in ourselves? We are unable to envision impact with enough energy, vision and excitement to engage with everyone else and promote the use of technology in adult social care.

Conclusions

Stephen Chandler wrapped up the roundtable by emphasising the key points that arose during the discussion. He remarked on the individual responses to the COVID-19 pandemic in the different Councils and praised the efforts of all involved. Stephen then highlighted the fact that, whilst technology has huge potential in reimagining social care, it is not for everyone. We must be cognisant of individual needs and abilities and take these into account when designing care provision.

To conclude this summary, it is helpful to revisit a key point from the EY presentation: highlighting the importance of using COVID-19 as an opportunity to not simply 'tinker' with existing ways of working, but to transform the end-to-end care pathway – using innovative solutions, new ways of working and delivery at pace to create real change across the sector.

This publication contains information in summary form and is therefore intended for general guidance only. It is not intended to be a substitute for detailed research or the exercise of professional judgment.

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With thanks to the attendees of the roundtable:

- ▶ **Stephen Chandler**, Corporate Director of Adult and Housing Services, Oxfordshire County Council (Chair)
- ▶ **Becky Squires**, Team Manager, Cumbria County Council
- ▶ **Doreen Singleton**, Principal Occupational Therapist, Cumbria County Council
- ▶ **Glen Garrod**, Executive Director of Adult Care and Community Wellbeing, Lincolnshire County Council
- ▶ **Andy Begley**, Chief Executive, Shropshire Council
- ▶ **Anne Clarke**, Director of Adult Social Services and Housing, South Gloucestershire County Council
- ▶ **Simon White**, Executive Director for Adult Social Care, Surrey County Council
- ▶ **Helen Sunderland**, Director – National Lead for Vulnerable Citizens, EY
- ▶ **Hari Pillai**, Senior Manager – Social Care Lead, EY
- ▶ **Duncan Campbell**, Director, everyLIFE Technologies
- ▶ **William Britton**, Founder and Managing Director, AutoME

And to those additionally in attendance:

- ▶ Marie Rogers and Precious Akpoviro (ADASS)
- ▶ Amy Goodfellow (EY)