

**NEW DIALOGUES**  
JULY 2021

Directors of  
**adass**  
adult social services

# Piecing together the technology puzzle

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# Piecing together the technology puzzle

Exploring how adult social care is using digital solutions to promote personalisation and community resilience, how it is engaging with emerging technologies – and what the sector needs to consider as it looks to the future

## A PARADIGM SHIFT

Adult social care departments are never short of challenges. The range of digital tools with which to tackle them is ever-growing. But matching problems and solutions to deliver plans can feel like trying to assemble a jigsaw using pieces from 20 different puzzles – and more so when completing the picture means working around, or replacing, legacy technology.

A round-table event jointly hosted by ADASS and OLM in May set out to explore ways in which new technologies can help adult social care departments achieve their objectives. It focused on how digital technology can help people remain in communities, how it can support developing social capital and community resilience, and what the future holds in terms of emerging technologies such as chatbots and artificial intelligence (AI).

Peter O'Hara, OLM's founder and chief executive, prefaced the debate by offering his perspective that the current moment is one in which technology is undergoing a paradigm shift – but that this is not being fully appreciated. "I think the sector needs to pause and ask what's happening to us,"

he said. "We are at a point in history that happens very occasionally, where the shift is profoundly different from anything we've experienced. History tells us people struggle between holding onto the old, making sense of the world they grew up in and are used to, and embracing new technologies."

A crucial point for today's generation of social care leaders, Mr O'Hara added, is to consider how to lay solid foundations that can enable their successors to exploit technology in ways yet to be imagined. He likened the changing environment to that of 30 years ago, when the NHS and Community Care Act's introduction brought changes some of that era's crop of older social care directors struggled to adapt to. "At the moment, I feel the sector isn't shaping the way technology is going to hit it – it should be taking more control," he said.

*“We are at a point in history that happens very occasionally, where the shift is profoundly different from anything we've experienced”*

## ON THE PANEL



**STEPHEN BEET**  
Director of adult social care, Bristol City Council



**DEBORAH GENT**  
Senior policy, information and commissioning manager, Lancashire County Council



**ALISON MCDOWELL**  
Director of adult social care and integrated services, Newcastle City Council



**STEPHEN CHANDLER**  
ADASS president and director of adult services and housing services, Oxfordshire County Council



**PHIL HOLMES**  
Director of adults, health and wellbeing, Doncaster Council



**SUE WALD**  
Corporate director of adult services, health and housing, Swindon Borough Council



**PETER FAIRLEY**  
Director for health and social care integration, Essex County Council



**IAIN MACBEATH**  
ADASS hon. treasurer and strategic director for health and wellbeing, Bradford Council



**RICHARD WEBB**  
Corporate director of health and adult services, North Yorkshire County Council

# 1 // Promoting personalisation

The discussion's first segment considered personalisation, against the backdrop of ongoing recovery from the coronavirus pandemic – which has itself radically reshaped social care's operating context, in significant part via technology's increased role.

A danger, warned Iain MacBeath, Bradford Council's strategic director for health and wellbeing, is that people accessing services, caregivers and staff may all be left dissatisfied if councils do not push on from the break with accepted practice forced by Covid-19. So how are local authorities working to enable people to stay more independent and healthier for longer, how can digital support that aim – and what changes are planned?

Phil Holmes, the director of adults, health and wellbeing in Doncaster, said his council's approach is to use technology to enhance lived experience on the terms of people being supported, and also on the terms of staff. Personalisation pathways need to feel intuitive, he said.

"There have been lots of advantages for professionals in using technology [during the pandemic]," said Sue Wald, Swindon Borough Council's corporate director of adult services, health and housing. "It has been much more challenging for the people who access our services." Her local authority's starting point is to have a conversation to discuss what options are possible within people's communities – including around tackling isolation and loneliness, which can be more challenging for those without a smartphone.

Swindon is exploring how a new socially assistive robot – which Dr Wald describes being as like a smart speaker "with a friendly face" – can support people at risk of social isolation to stay in touch with loved ones virtually. The aim is to use the technology, which can be used for video-calling, scheduled prompts, and entertainment, to help people keep connected and independent in their daily lives.

Others are thinking differently. Alison McDowell, director of adult social care and integrated services in Newcastle, said her council was "trying to challenge ourselves as to how we can use data differently, and



how we can collect it in a way that is non-intrusive". This work sits alongside the region-wide Great North Care Record project, an integrated repository holding 3.6 million people's patient records across the North East and North Cumbria, allowing different agencies to seamlessly access information.

Ms McDowell said one important lesson from the pandemic was that some people prefer contacting agencies virtually – and that such methods should be retained as part of a suite of options as Covid-19 recedes. She added that Newcastle would be drawing on post-coronavirus learning around communication when redesigning residential care services away from "institutional" 40- to 60-bedded units and towards smaller environments that make use of the Internet of Things.

## KEEPING THINGS HUMAN

These initial points of focus drew mostly approving responses from other round-table participants. Bristol City Council's director of adult social care Stephen Beet summarised them as sitting within three areas, which are key to consider when weighing the positive impact of technology on adult social care. These are how technology supports and enables practice, its direct application within tech-enabled care (TEC), and the possibilities opened up by data-sharing and integrated services.

Responding to Dr Wald's description of Swindon's upcoming assistive robots scheme, Richard Webb, corporate director

of health and adult services at North Yorkshire, noted that his authority had been trialling robotic cats as an aid to people with dementia. "It may sound ridiculous, but they've had a really good impact when we've tried them in partnership with a local charity, in terms of calming people who have quite difficult episodes in their experience of dementia," he said.

Mr Webb said he felt the foremost word to keep in mind when considering personalisation pathways was, appropriately, "human". On the one hand, he added, it is vital that organisations progress from seeing digital solutions as bolt-ons to viewing them as genuinely integral elements of practice. But, he said, the sector must keep in mind how "the technology, the kit, the capability, needs to be the servant to that practice, rather than the other way around".

Deborah Gent, senior policy, information and commissioning manager at Lancashire County Council, observed that ahead of 2025's digital switchover her employer had "14,000 bits of analogue kit all in need of an adaptor or changing".

"We're all tied into these big managed services," she added. "Because of that there's a lack of interoperability, and there's limited choice in what kit we can buy, restricting people's options."

In future, reflected ADASS president Stephen Chandler, there will be less reliance on traditional models of support – such as residential care – and a greater focus not just on keeping people in their

homes but making use of the technology already there. “Personalisation is advocating for as much control as possible, and therefore I probably won’t want somebody else’s kit in my house,” he said.

### **SEIZING THE AGENDA**

Social care remains for the moment a sector defined by the “thinking of the past”, agreed Mr O’Hara, pulling together some of the threads of the debate so far. One major advance it could be making is around making better use of the massive quantities of data it collects to inform and design services. Looking ahead, another important change of emphasis will be from the use of technology being process-driven towards it being conversation-led.

Expanding on Dr Wald’s comments, he pointed out that the popular Three Conversations approach to needs assessment and care planning tends to highlight tensions between traditional case management and less formal practice models. The international OpenNotes movement – in which records are open to people accessing services, who become part of the recording process – is an area being watched closely.

Wrapping up the first part of the discussion, Mr MacBeath noted that these problems effectively illustrated social care’s need to transition from reactively pushing bits of technology into people’s lives in response to a problem. Instead, it should be able to harness information already being collected in order to try to identify problems before they become crises.

### **KEY TAKEAWAYS**

- **The pandemic has underscored the importance of enabling people to communicate via as wide a range of means as possible.**
- **Digital solutions need to feel intuitive both for professionals and for the people being offered them – and increasingly this will mean making use of the technology individuals already have around them.**
- **More intelligent use of data can support a shift away from reactive, process-driven social care towards a proactive and conversation-based model.**



## **2 // The power of digital communities**

Mr MacBeath then shifted participants’ attention onto the second question of the day: how can digital technology help local authorities build social capital and community resilience?

Peter Fairley, director for health and social care integration in Essex, explained that his council has been harnessing the power of Facebook groups to reach community members it otherwise – in an area with a very dispersed population – would have struggled to contact. The approach has involved working directly with admins of local groups, enabling them to act as “conduits” to deliver trusted information advice on coronavirus as well as other areas such as mental health awareness.

“Communities see it as something they’re running, that their champions are leading – it has been a fantastic way of us connecting different communities, finding out about assets that we didn’t even know existed,” said Mr Fairley. “These kinds of

digital communities are something worth supporting and building on.”

Others concurred. Mr Holmes – whose council has attracted plenty of attention during the pandemic for its humorous and informative social media presence – endorsed Essex’s method as offering the means to build “authentic engagement” with communities.

Several Yorkshire authorities are entering a research partnership with a local university to build the evidence base for such interventions – which can sometimes be forgotten in the rush to pilot the next thing.

### **TACKLING LONELINESS**

Mr MacBeath, meanwhile, shared details of a project he had been involved in while working as Hertfordshire’s director of adult social services. The council conducted some research around the electoral roll to identify concentrations of people claiming a council tax discount due to living alone – and therefore potentially likelier to be

experiencing loneliness and isolation. It involved local businesses in identifying and talking to people who often seemed to be on their own and, again, used social media groups to link them up.

“It was about generating some local interest – once word of mouth got around, before you knew it people were being paired up, were sitting together in cafes, were talking in hairdressers, and were missed when they didn’t turn up,” he said.

Such approaches, observed Mr Webb and Ms McDowell, build on earlier schemes that have used local businesses such as hairdressers to help deliver public health messages within hard-to-reach communities. In some cases, participants agreed, information was actually more likely to have an impact if it wasn’t seen as directly coming from the council – underlining the importance of keeping local voluntary and community sector partners closely involved in co-producing digital innovation projects.

Dr Wald pointed out that in her area the role of parish councils, which tended to have closer community links, had also been extremely important in disseminating Covid-related information, mapping resources and promoting positive stories over the last year.

Shifting focus to the future, Mr O’Hara suggested authorities’ next moves could then be to consider how they could boost their local economies, using lessons learned from community-building initiatives and considering how new commissioning models could be developed.

#### KEY TAKEAWAYS

- Collaborating with third parties, including hyperlocal community networks, can provide effective ways of disseminating information and learning using existing digital tools such as social media.
- Making use of established social networks, or building new ones with the help of partners already trusted by communities, can improve not only the reach of information but how it is received.
- Local voluntary and community sector organisations should be closely involved in co-producing digital innovation projects.

## 3 // Emerging technologies

Mr MacBeath now moved the session onto its third discussion area – the extent to which councils are making use of technologies such as chatbots and AI in their social care operations.

On the former, the consensus around the table was that chatbots were being approached cautiously. In Swindon, Dr Wald said, they had not yet been trialled by social care services but had been used within education, around questions of free school meal entitlement and choosing school place preferences.

“It’s improved performance and reduced administrative burdens within the education setup very substantially,” she said. “It’s not without its difficulties, but is something we will definitely be exploring further as a council.”

Ms McDowell added that Newcastle had “dipped a tentative toe” into using chatbots at the council’s online front door, for instance by training them to spot queries around funeral expenses and directing people to information that could avoid the need for a direct conversation. The authority is now moving onwards with the technology, including by teaching it to pick up references to abuse, with social workers’ expertise being drawn on to write scripts.

Chatbots could certainly prove helpful in freeing up contact-centre capacity, agreed Mr Fairley. “But in times of crisis, I don’t think there will ever be a substitute for human handholding,” he said.

Mr O’Hara and his colleague Mark Denton, OLM’s chief product officer, explained that chatbots were not particularly new, having been developed in the private sector to relieve the kind of helpdesk pressures described by Mr Fairley. Younger and more web-savvy people were more likely to bypass them, they observed, because they tended to be aware of the speed at which a conversation with a chatbot would hit its limits, meaning they would know when to take their query directly to a human.

“There’s this natural distrust about them, but I’m also fairly certain that over time we will perfect them, and will get to the point where you can actually trust them and they will do what you want,” said Mr Denton. “I think one common thing about AI and chatbots that we tend to forget is that they need time to learn, and need data to learn from. The more you feed them, the better they are.” He noted that collaborations between local authority areas could deepen the pool of information from which chatbots could drink, enabling them to develop more quickly.

“*Integrated care record processing raises all sorts of questions about where automation might be possible in the future*”



**ENGAGING WITH  
NEW REALITIES**

Nonetheless, pointed out Mr O'Hara, chatbots are never likely to provide a panacea for people seeking answers – with the previous conversation around social media groups highlighting that there are many other useful methods that can be employed to enable people to get information they need.

On the other hand, he added, authorities' experiments with chatbots are leading them in other potentially fruitful directions – for instance by provoking them to consider how else they might be able to build automation into their processes.

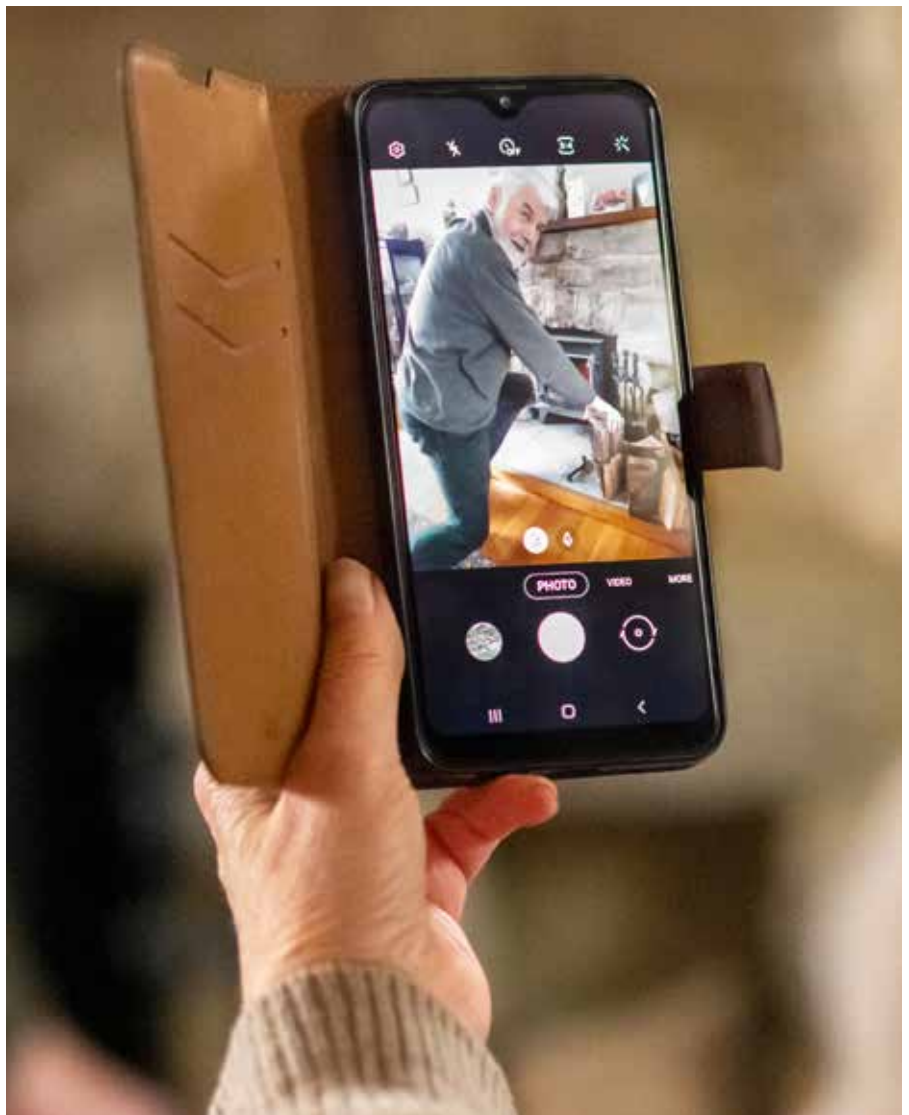
"I think this gets into the heart of some of the operational inefficiencies or blockages you may have – I think we haven't even started understanding where we can apply effective automation," he said. "Integrated care record processing raises all sorts of questions about where automation might be possible in the future in terms of triggering automatic referrals, or alerts."

The shifting information environment demands continual evaluation of ethics and governance, noted Mr Webb, who added that authorities must nonetheless engage with reality rather than taking a King Canute-like posture towards change.

"The tide is coming in, with lots of different ripples and waves – so we need to avoid mistakes of the past where we go all in on one product or approach," he said. "It means thinking about how we can make technology work positively in a liberating, not dehumanising way – it gives us a real ethical challenge."

**KEY TAKEAWAYS**

- Chatbots are an inherently limited technology but need to be given the opportunity to learn in order to be as effective as possible.
- Local authorities should consider how automating processes can help them overcome operational inefficiencies and make life easier for professionals.
- Emerging technologies necessitate a proactive approach to considering their impact on ethics and information governance, to ensure they support human decision-making rather than replacing it.



## 4 // Bringing the sector together

Commissioners too rarely get the breathing space for reflection, observed Mr MacBeath, emphasising that this was a key conclusion from the recent commission between ADASS and the TEC Services Association (TSA) of which he was part. As a result, they tend to pursue options that feel familiar – and deliver more of the same – rather than thinking creatively. How then can the sector come together, including through ADASS, to further its thinking around digital solutions?

"Our challenge is to ensure that conversations are happening in each and every forum – the technology sphere, the commissioning sphere, the regional sphere," responded Mr Chandler. "We've got to be a bit more adventurous."

That means keeping an open mind, both in terms of emerging forms of technology and the providers and companies offering them, Dr Wald noted. She said her council had been working closely both with care

providers and with health partners around innovation, to ensure that any new methods or products implemented are considered from a whole-system perspective.

"We are so early on in this process that we are going to have to try different solutions and different approaches for different individuals to be able to learn what will work," Dr Wald said. "Probably the technology will be quite individual, and it will be based on what people are used to in their own home – some will have technology, others won't, so we will need to be flexible."

**COLLABORATION  
AND COOPERATION**

Returning to the event's starting point – that commissioning digital technology is like attempting a particularly fiendish jigsaw – Mr MacBeath asked Mr O'Hara whether he had any advice for directors grappling with the puzzle.

“We see a future, within health and social care, of a fundamentally shared economy from a systems point of view – I should be able to subscribe as a supplier to a health information system to give you joint information straight away,” Mr O’Hara replied. He cited the example of specialist app-creators being enabled to simply “plug in” to broader ecosystems created by platform-sellers such as OLM.

“The evidence base remains a big gap in health and social care, about what technology actually works – particularly when it comes to AI,” he said. “The way I see the future is that we are more open – we have to play together in an ecosystem – and I would like to think we can help shape that proposition, because I think it’s about trust, about communities and collaboration and cooperation.”

When considering how digital solutions can best serve the needs of people accessing services, senior leaders must tap the expertise of younger staff members – who view technology very differently – as much as possible, Mr Chandler suggested. “If we harness the enthusiasm of our newly qualified social workers coming through, who probably

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know a lot more about this than we do, people would really grab this agenda and own it,” agreed Mr MacBeath.

In that spirit, Mr Webb suggested the principal social worker and occupational therapist networks could offer vital input. “There is something about how we spark debate and collate evidence,” he said.

Adult social care commissioners’ and providers’ inherent caution means they will not often be true early adopters of technology, acknowledged Mr Fairley. “The question is how can we look to shorten the pathways, hopefully meaning that we won’t fall too far behind – we can’t afford to lose the next decade,” he said.

#### **KEY TAKEAWAYS**

- Bringing partners and people accessing services on board can help commissioners move beyond ‘more of the same’ when designing services.
- The future will see a greater level of collaboration within open systems rather than competition between closed ones.
- Senior leaders should seek to draw on the expertise of younger staff members and their professional networks as they consider digital solutions.

## **Conclusion**

Closing the debate, Mr O’Hara encouraged the sector to remember that – as the experience of the past year has emphasised – it can be good at acting quickly when it needs to.

Commissioning approaches that draw together tech and care providers and other partners – including people with lived experience of accessing services – can provide significant avenues for progress, he and Mr MacBeath agreed.

“When we’re looking at tenders, there

tends to be very little forward thinking – it tends to be a replacement-type approach rather than, ‘We want to build community into our platform’,” Mr O’Hara said. “I don’t think you’re buying a case management system any more, I think

**“You can’t solve the problems and the challenges of the 21st century using 20th-century technology”**

you’re buying a platform capability.”

Embracing these shifts in thinking, he added, can help the health and social care sectors overcome an operating environment dominated by people labour-intensively trying to splice together obsolescent and incompatible solutions, and move towards genuine integration. “There’s always been complexity in your industry, but you can’t solve the problems and the challenges of the 21st century using 20th-century technology.”



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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 OLM but ADASS retained editorial control of the content.

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