



Transforming adult social care through digitalisation — a landscape review



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Adult Social Care is in crisis. Social care is a complex sector with many care options and a large workforce. In recent years, funding cuts have had a significant impact. Requests for social care support have increased over the past decade, but fewer people are receiving support. The cost of buying care for local authorities continues to rise faster than the rate of inflation (1).

Adult social care is a problem that is seemingly too complex to solve.

The sector needs innovative solutions. We believe digitalisation and the data generated through it have a significant role in helping the sector meet the needs of staff and service users.

We have an opportunity to improve how data and information are accessed, shared, analysed, and used at an individual and organisational level. This landscape review aims to explore sector pinch points when it comes to digitalisation and data, offering solutions and recommendations framed within a person-centred approach to technology.

Our goals are:

- to understand what is happening today with digital and data in adult social care;
- to motivate discussion amongst different adult social care organisations, professional bodies, and governmental bodies in England around opportunities for digital adult social care;
- to build a community of practice from individuals interested in digital adult social care;
- to engage relevant professional bodies around the next steps towards digital adult social care at the organisational level.

Executive summary

Digital transformation is happening across most industries, such as banking, healthcare, retail, and manufacturing, and these sectors are realising tangible benefits (2). Adult social care could also benefit from digitalisation, directly within the sector and indirectly through a transformed digital healthcare system.

Digital transformation in the context of adult social care could involve:

1. Digitising social care records and processes to assist in data sharing to improve care outcomes.
2. Using data analytics to make social care more efficient, saving money and improving care delivery.
3. Applying existing technology and digital innovations in care settings, such as wearable devices.

Digitisation could mean people can live more independent lives with better care outcomes. Cross-organisational data sharing would allow different organisation to develop a more holistic view of a person's needs and help with the longer-term planning of services.



Care sector views

We asked social case leaders about digitalisation in care settings. Their feedback was that:

- the adult social care workforce sometimes sees technology as a negative asset to the workplace;
- there are feelings that it reduces face-to-face interaction and creates a lack of connection because it enables more remote interactions;
- digitalisation can be a distraction because staff constantly engage with technology to fill in digital data capture forms or documents rather than being able to focus on care provision.

Any digital transformation across adult social care needs to address the workforce's concerns. Moreover, **the workforce and people receiving care should be the ones to experience the benefits.**

Implementing digitisation in care settings presents many challenges. On pages *, we outline these and possible mitigations.

Recommendations — six steps to improve the digital maturity of adult social care

One: National policy needs to commit to digitalisation and provide the funding to deliver it.

Successive governments have long neglected adult social care as a problem too complex to solve. The current government must commit to a sustainable vision for digitalising social care. We need a long-term plan for the digital transformation of health and social care.

Two: The social care sector leadership needs dedicated national roles to deliver digitalisation and local leadership to implement the digital vision.

Leadership is needed to ensure digitalisation is led by the sector, with the responsibility to reassure the industry and hold technology to account. There is room to place digitally-minded social care leaders in each of the 42 integrated care systems (ICSs) to promote digital adult social care.

Three: Communicate the benefits of digitalisation to staff and care delivery more effectively and collaboratively.

Work with staff to implement digital solutions in care settings and better communicate their benefits.

Four: Ensure the sector has the skills to deliver and use digital technologies.

Studies show that the sector could embrace the digital care agenda if given the time and space to learn new skills.



Five: Ensure that the focus of digitalisation remains person-centred.

The provision of care should be the primary objective of digitalisation.

Six: The sector needs clear and commonly agreed protocols to manage the legal and ethical issues around information sharing.

Data needs to be high-quality and accurate. There needs to be consistency in the storage, structure and processing of data, and we need national interoperability standards.

Introduction to digital adult social care

Adult social care exists to provide support to people who need help in day-to-day activities so they can live independent, fulfilling lives. The kinds of support available include home care, residential or nursing care homes, reablement, supported living, day centres, community support, homelessness support, drug misuse support, and support with transitions from child to adult social care.

Not only are there a plethora of different types of care, but the sector also has a mixture of public and private funding options, and a large workforce mainly involved in front-line care, and it's suffered a decade of tight budgets.

Can digitalisation help the sector manage its operational processes and deliver better care?

The Conservative government promised a £50 million investment to improve data quality and data insights, and over £100 million for digital social care records in 2023 and 2024 in addition to the £50 million spent in 2022 (3). This is compared to the £8.2 million in funding provided for the same purposes by NHSX in previous years, demonstrating the recognition of the investment required to undergo digitisation activities (4). However at the time of writing the initial response of the Labour government to tackling this issue is not encouraging. Soon after coming to power, the chancellor announced the cancellation of the Dilnot reforms, which proposed a cap on social care costs. In addition it dropped the Adult Social Care and Training Development Fund. It would have allowed adult social care employers to reimburse care skills funding and revalidation funding for this financial year at a cost of up £2,035 per individual.

A key concern for the workforce is digital skills. There have been attempts to provide centralised digital skills for the workforce through the Skills for Care digital leadership programme and the digital skills framework, but much more needs to be done in this area (5).

Social care staff have heavy workloads and thought is needed as to how to release time for them to improve their digital capabilities.

Digitalisation is being implemented across social care in three areas: within homes and care settings, through social care records, and through 'informatics'.

Digitalisation within care settings

Existing or innovative technologies can be implemented in people's homes and care settings.



Some technologies can be implemented immediately — examples are making sure wi-fi is available in all care settings and wearable devices such as smartwatches and sensors are used (6).

To ensure the successful integration of these technologies, providers need to **collaboratively engage** the care workforce and those receiving care along with any **upskilling**. A collaborative approach will enable a more open culture and acceptance of digitalisation, shifting the narrative to technology as an enabler of greater independence and care.

Digitalisation of social care records

Social care record digitisation is the first step to enabling **cross-organisational integration and data sharing** in the future, which will **significantly enhance care**.

The Care Quality Commission (CQC) is an independent regulatory body overseeing the regulation of health and social care services in England. It is a legal requirement under the Health and Social Care Act 2008 for all adult social care providers in England to be registered with the CQC and requires providers to meet a certain standard of care.

A government target is that 80% of CQC registered providers would have digitalised their social records by 2024 (7) (8).

Questioning the informatics narrative

The final part of the digital transformation is what social care can do with the data and information once it is digitised. The term used to describe this is 'informatics' — which is how data is collected and used to generate insights to support the work of the sector (9).

A challenge for the term 'social care informatics' is that it **does not resonate with the social care workforce**. Many of the key opinion leaders interviewed for this review shared this sentiment, with the term informatics frequently being described as **misleading or misinterpreted**.

We argue that the term 'informatics' is not fit for purpose in the context of adult social care. Instead, we shall use the term 'digital adult social care' from now on to describe the application of technology in the adult social care setting, the digitisation of records and processes to enable data integration and sharing, and the analytics and insights that can be generated from data once it is in a digital form.

By simplifying the language around digital adult social care, we hope to encourage discussions around its challenges and opportunities, irrespective of whether someone comes from a social care or a technology background.

The aspiration is that:

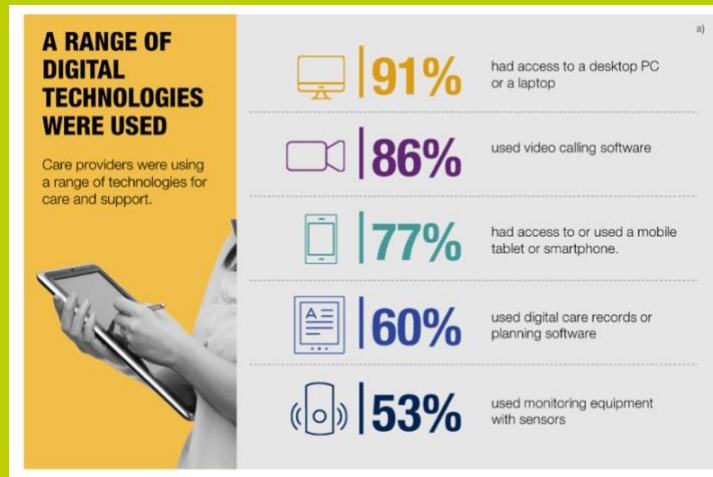
- **people in the social care workforce who have existing digital skills or interests have a community with which to share ideas;**
- **those with a technology background see an opportunity to bring their skills to adult social care;**



- staff who currently feel resistance are allowed to contribute and be included in the digital transformation journey.

How care settings use technology and aspirations for the future

A study commissioned by NHSX on digital technologies in adult social care revealed the top five digital technologies currently used and the top five plans for future digital investment (10).



How can digital technology and services support adult social care?

The digitisation of adult care is often discussed in relation to health services. Despite clearly defined and documented potential benefits to healthcare, such as lowering hospital readmissions (11), the impact on adult social care services is often overlooked.

For example, social care organisations often provide technology for virtual wards. However, the importance of using virtual wards and the benefits realisation is healthcare-centric (12) (13), with social care having to reframe benefits to prove their value beyond health.

Health and social care are intrinsically linked. Efforts to improve the digital maturity of adult social care are mutually supportive of health and social care. Healthcare services can often be acute, aiming to diagnose and treat patients reactively. In contrast, adult social care services can provide support for individuals' day-to-day independence and quality of life. They are often involved in both the overall wellbeing of an individual and supporting them through their interaction with healthcare services.

Use cases documenting the outcome and benefits gained from digitisation activities within adult social care are not readily available from a single resource. Successful activities in one area of England could be scalable to another location. However, communication of best practice is often limited.

In other scenarios, some use cases may only be relevant to specific organisations in particular geographical regions.

There are opportunities to learn from digitisation successes. What follows aims to highlight these cases, providing inspiration and promoting discussion around the impact and opportunities of digital adult social care.

Thinking wider than the care setting — shared care records

Data can improve care services, but isolated data confined to a single organisation that offers a narrow spectrum of care services can only go so far. **Data, much like care services, is more powerful when combined to provide a holistic view of the services and the people being cared for.**

Information sharing is a critical aspect of adult social care. Professionals within and across organisations must have timely access to information when needed. Information sharing is one of the biggest challenges in the sector. Social care has multiple organisations and a lack of one governing body for all elements and organisations within it. An added complication is people's ability to procure their own care through a wide range of private organisations that have limited interaction with the government or local authorities.

Health and social care services can mutually benefit from digital transformations within each sector. **To realise the benefits and the common goal of improving care outcomes, service providers must become more open to and capable of sharing data.**

Enabling authorised professionals to access relevant data from an individual's care record can provide additional contextual information that can better inform an individual's care journey.



Furthermore, information sharing reduces an individual's reliance on remembering and sharing relevant care details or different services.

These advantages were explored in a case study analysing the work of the Canterbury (New Zealand) integrated care approach (14). The study argues that meaningful change was brought about primarily by clinicians and others being prepared to take responsibility for changing the way things work. The study found that there were prerequisites that increased the likelihood of success in the implementation of shared care records:

- A system, combination of systems, or data-sharing protocols are only as good as the data stored within. High-quality and accurate data are a cornerstone of enabling better care outcomes through digitisation.
- The ability to easily embed shared care records requires a level of cross-system and cross-care consistency in data storage, structure, and processing.
- Interoperability standards — the operations process underpinning data sharing — should be considered for new care systems. They would help create an ecosystem of information that can be easily integrated to unlock the potential of shared care records.

Aside from technical factors, the driving factors for success in the Canterbury (New Zealand) integrated care transformation were that the social care and healthcare workforce agreed to their use, alongside engagement and leadership spanning different sectors and organisations (14).

Well-articulated and tangible benefits in improving care outcomes, as well as trust in technology and protocols, can help with the acceptance of data sharing of sensitive information. If there is trust, people will opt to share health data via phones, fitness trackers, and smartwatches with providers, and may consent to share data that providers hold on them with other providers.

Research has shown that those who experience higher health self-efficacy, physical activity, and trust in providers were more willing to share personally captured health data, demonstrating that increased willingness to share data is often associated with an increase in the number of individuals receiving a benefit in return (15).

Since shared care records are in their infancy in many places, more needs to be done to build public knowledge and confidence in the benefits of their technology and processes.



Shared care records in action

Several isolated examples of shared care records have already emerged, giving insight into some of the benefits and challenges of their implementation.

The Great North Care Record covers over 3.2 million individuals (16), enabling their health information to be shared with health providers, including A&E, ambulance, mental health and 111-services access to GP records. It is currently working to increase this scope and allow individuals to access and interact with their care records.

The Care and Health Information Exchange (CHIE) is a Hampshire and Isle of Wight system that shares health and social care information from GP surgeries, hospitals, community and mental health, social services, and others (17). CHIE gives healthcare professionals a holistic view of a person's health and social care record and circumstances to help make informed and confident decisions (18). The system has helped to reduce treatment delays, increase knowledge of individual health records for those involved in that person's care, and identify an increased risk of disease early.

To increase the reach of this programme, CHIE also makes anonymised information available under data sharing agreements to contribute towards research programmes (17).

Common key learnings from this work point to the need to build a culture of trust and collaboration and ensure different sectors, agencies and leaders can see tangible benefits. Building trust in data sharing can contribute to a shared vision for integrated health and care records.



Digital adult social care — tackling pinch points and improving care

Despite the benefits of digital adult social care, many challenges remain. Below (table 2), we outline some key dilemmas and how care organisations might mitigate them.

Technical

Challenge area	Challenges	Potential mitigations
Structured vs unstructured data	<p>Care records have a high volume of unstructured data</p> <p>Unstructured datasets are not always standardised, which makes it harder to analyse them across different records</p> <p>Data is often structured differently in diverse parts of health and social care, making it difficult to get a view of what data are available in each setting and what could be reused or shared</p>	<p>Natural language processing (NLP) to derive insights, computable knowledge, and actions from unstructured information</p>
Data quality	<p>The quality of data available is often poor due to the limited uptake of digital technology in the sector and an often-siloed approach to selecting and implementing solutions</p> <p>Some data quality challenges include:</p> <p>Accuracy — human error and lack of controls over information inputted</p> <p>Timelines — paper-based records limit timely cross-organisational access to data</p> <p>Completeness — incomplete care records or the whole picture distributed across different organisations' care records.</p> <p>Inconsistent systems and processes for gathering and storing standardised data, including different naming conventions.</p> <p>Uniqueness — difficulty matching records due to a lack of a common identifier, e.g. person ID</p> <p>Validity — lack of data validation upon input to ensure valid and meaningful data are captured</p>	<p>Data governance, controls, and security to aid high data quality</p> <p>Focus on interoperability of systems for cross-system integrations and data sharing</p> <p>The NHS Transformation Directorate hosts an Assured Supplier List for Care Planning Software, helping to baseline quality standards for care providers (21)</p>



Organisational

Challenge Area	Challenges	Potential mitigations
Digitally available data	<p>50-55% of social care records are still paper-based (7) (8), making it a challenge to access, view or share information remotely</p> <p>Not all care homes have access to wi-fi, which is a barrier to the use of digital technology</p> <p>Different types of data come with differing levels of sensitivity</p>	<p>Incentivise and invest in the digital collection of data</p> <p>Invest to ensure facilities have the infrastructure to onboard digital solutions</p> <p>Ensure governance frameworks support data capture</p> <p>Educate about the value of data capture</p> <p>Build knowledge around the different levels of data collection and use for organisations vs data for individuals receiving care</p>
Data sharing	<p>Care records contain highly sensitive personal information</p> <p>Individualised data would be necessary for meaningful cross-care interventions, and there can be resistance to sharing it</p> <p>Where there is a willingness to share data, there is often a lack of interoperability between health and social care systems</p> <p>Data sharing is used to critique care providers on performance, creating a hesitancy to share data</p> <p>Lack of common identifiers in existing systems that would enable consistent and accurate data joins between systems, e.g. person ID</p>	<p>System design and development should focus on interoperability standards and data security</p> <p>Advocate for the benefits that data sharing can provide to improve care outcomes</p> <p>Create tiered access that restricts view access to only those who need access and have had privacy training</p> <p>Common identifiers for the linking of an individual's care records</p>
Adult social care role profiles	<p>There are no established norms for digital-based roles in the adult social care sector, particularly at a national leadership level, resulting in a localised approach to digital social care</p>	<p>Introduction of senior roles, such as chief information officer (CIO) focused on:</p> <ul style="list-style-type: none"> ~ driving digital initiatives and skills within the sector's national-level roles ~ implementing a standardised approach to the adoption of digital technologies in social care



People

Challenge area	Challenges	Potential mitigations
Adoption of digital technologies	<p>Technology can be seen as taking away valuable time from delivering high-quality face-to-face care</p> <p>The Care Quality Commission (CQC) do not currently mandate digital recordkeeping</p> <p>Implementation of digital tools can often be deprioritised due to resource constraints and upfront costs</p> <p>Lack of digital skills can be a barrier to adopting digital technologies — 28% of England's adult social care workforce are aged 55 or over. The average age is 45 (19)</p> <p>Digital technology is often branded as IT, which then mentally disconnects it from front-line social care</p>	<p>Focus on technology as an enabler to improve care outcomes</p> <p>Comprehensive training and ongoing support to aid the transition to digital technologies</p> <p>Leverage an advocacy or superuser model — training the trainer to dissipate knowledge. Introduction of policies to incentivise the adoption of digital technologies</p>
Training and development	<p>Digital skills training is sparsely available to the adult social care workforce</p> <p>High throughput and low retention of individuals means knowledge gained from digital training can be lost</p> <p>The high intensity of the industry restricts the ability of individuals to take the time for training and development</p>	<p>Structured and continuous learning focused on improving digital skills</p> <p>Create capacity that allows individuals to take time for training and development</p>

Structural

Challenge area	Challenges	Potential mitigations
Health benefits focus	<p>Failure to acknowledge the interconnectedness and systemic nature of the health and social care sectors</p> <p>Digital transformation is discussed in relation to business performance and less about those receiving care</p> <p>The benefits of digital advances impact health and social care and need to be advancing at a similar rate in each sector to get the full benefits</p>	<p>Framing of digital social care benefits in relation to health and social care, and how it improves care for the service user</p> <p>Measure the digital maturity of both sectors</p> <p>Ensure investments are made in health and social care</p>
Investment	<p>Government investment in adult social care has typically been low despite solid returns on investment (for example, in the case of the social care programme in England (20))</p> <p>Reforms to the sector have often been delayed</p>	<p>Continued investment and support to encourage and enable the digitisation of adult social care</p> <p>Investment made with the acknowledgement of long-term benefit realisation</p>
Adult social care sector landscape	<p>The adult social care sector comprises a vast number of organisations, public and private, often with differing priorities and business plans, leading to a siloed approach to the use and advocacy of digital technologies</p>	<p>A centre-of-excellence, or hub that would enable a broader community of the adult social care workforce interested in the adoption of digital technologies, encouraging knowledge sharing</p>

Table 1: Challenges and mitigations of adult social care data



Overcoming the barriers — a digital way forward

What foundations are needed to enable those working in adult social care to leverage data and analytics for decision-making, improved care provision, and enhanced quality of life for people receiving care?

The four foundations for effective digitally enabled care

<p>Funding and investment</p> <p>Adult social care data strategy is a long-term commitment that requires a significant investment of time and money</p>	<p>Governance</p> <p>The correct data-sharing and information management frameworks need to be in place</p>
<p>Technology infrastructure</p> <p>Leverage existing technology with the right skill set to implement and maintain it and collaborate with technology partners</p>	<p>Workforce</p> <p>The social care workforce needs to recognise the potential of digital adult social care and be willing to create change</p>

At an individual level, those working in adult social care can start to explore ideas for areas for digital transformation and data capabilities.

Process	Actions for the organisation	Actions for the individual
Data collection	<ul style="list-style-type: none"> Invest in digitising current data capture processes to enable digital data collection and digitise existing data Upskill the existing workforce around system usage and information/data capture 	<ul style="list-style-type: none"> Use the data/information that already exists and has been collected digitally, which could be in a structured form such as in tables, or unstructured in the form of text in documents, images, or media Create platforms such as apps or forms to collect 'new' data/insights, preferably in a structured format
Data management	<p>For large organisations</p> <ul style="list-style-type: none"> Introduce a chief data officer Create new roles for data and information management <p>For small and medium organisations:</p> <ul style="list-style-type: none"> Consider outsourcing data management capabilities to 'assured' consultants 	<ul style="list-style-type: none"> Consider where data is stored and how access is managed — ensure everyone who should have access to it does, and explore how information sharing could be improved where needed Add descriptors to the data and document tacet knowledge to help others understand what data are available
Data analysis	<ul style="list-style-type: none"> Bring data analytics capabilities to adult social care by showing new talent that digital, data and analytics jobs exist and have a place within adult social care 	<ul style="list-style-type: none"> Use data to tell a story — who is the audience, and what key messages would you like the data to tell

Data insights	<ul style="list-style-type: none"> • Upskill the existing workforce • Build partnerships with external data agencies to co-develop data analytics tools, capabilities or insights that then deliver value to each organisation 	<ul style="list-style-type: none"> • Use data as evidence to improve care — set up studies and test hypotheses to see what signals start to appear amongst the noise of data • Use data/information as evidence for value delivered by specific improvement projects, whether that is financial value or quality of care value
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Table 2: Actions for organisations and individuals

Case studies: Enhancing care through technology

[Use case: Newcastle City Council Fall Prevention in Reablement (22)

Data collection: Data gathered from a research project to understand frequent causes of falls and possible interventions

Data analysis: Common causes of falls were identified as hypertension, low light or unsafe home environments, and an overestimation of physical capabilities.

These findings informed the implementation of smart lighting (e.g. motion-activated lighting) and smart speakers (e.g. audio reminders of food and drink schedules) to mitigate these causes.

The work has improved independent living through the reduction in occurrences of falls and standardised methods of data capture for falls. It also encouraged individuals, unpaid carers, and frontline council staff to improve their digital skills.]

[Use case: Friends of the Elderly Acoustic Monitoring with Electronic Care Planning (23)

Data collection: Acoustic information was used to determine an individual's activity profile, classifying sounds into normal and abnormal based on usual activity. The data are integrated with a care management system, which captures an individual's medical history, health and wellbeing trends, and levels of data-to-day engagement.

Data analysis: Unusual sounds, identified automatically, alert care staff to check on an individual, reducing the frequency with which routine checks disturb individuals. Data from the care management system provides more context on why sleep was disturbed.

Night-time falls and hospital admissions were reduced by 55% and 20%, respectively. Staff time was freed up for care planning and support activities.]



[Use Case: The University of Edinburgh Smart Meters for Independent Living (24)

Data collection: Energy usage from residents' smart meters to build up a view of daily routines

Data analysis: Machine learning is used to detect anomalies in an individual's daily routine identified through their energy usage. This can alert a caregiver when support is required, aiding independent living with more targeted intervention. It also has the potential to be used for decision support to identify any changes in care required.]

Case studies: Improving information sharing and transparency

[Use Case: London Borough of Sutton Person Centred Software eRed Bag (25)

Data collection: Digital sheet that captures the handover information for a patient coming from a care home into hospital and vice versa so that people come home with their correct teeth, correct glasses, and a proper handover sheet.

Data analysis: It could be improved further if information was standardised and structured. This would allow it to be coded and further analysed. It is currently used for primary use in direct care.]

[Use Case: Wales Hospital Status Flag

Data collection: Capture the hospital status of patients with a social care record

Data analysis: Involved an overnight script running to match health records with social care records using name, address and date of birth. The matched data was then held in a repository. Each social care database could then make a query request to that repository.

It gave social care provisioning teams visibility of the hospital status of clients with a care package.]

Case study: Data analysis and data visualisation to benefit the workforce

[Use Case: Torbay Council Home Care Logistics (26) (27)

Data collection: Data on routes travelled by carers from two local care providers.

Data analysis: Visualised the data to see how many overlaps there were in journeys and how many hours were spent on travel time. Conducted route optimisation algorithms to better allocate carers to people, which reduced miles travelled and lowered carbon emissions. It also increased the amount of time that carers could spend with people.]



Six steps to improve the digital maturity of adult social care

The complexity of the adult social care domain provides unique obstacles when considering the introduction and advancement of digital capabilities. The large number of services and providers, both public and private, present a complex web of organisations, caregivers and individuals requiring care, making it challenging to deliver widespread change to the industry.

One: National policy needs to commit to digitalisation and provide the funding to deliver it.

We need a long-term plan from government for the digital transformation of adult social care. Long-term investment in social care is not straightforward. The Conservative government's manifesto pledge in the 2019 election to seek a cross-party consensus on long-term reform for social care did not materialise (28). Equally, the commitment to fund £1 billion more every year for social care staff, technology, and facilities has only been partially met (28). Although the 'People at the Heart of Care (1)' whitepaper laid out a 10-year vision, its impact is limited.

This lack is partly due to the absence of a national workforce strategy for social care following the delay of earlier reform pledges. Therefore, defining good digital practice will largely fall to individual organisations until this is addressed.

However, this paper has illustrated that the workforce is key to person-centred technology being part of people's experiences of care. **Without increased funding to stabilise the sector and invest in skills training, it will remain challenging for organisations to attract, retrain, and train staff to meet the increasing demands for care (29).**

Two: The social care sector leadership needs dedicated national roles to deliver digitalisation and local leadership to implement the digital vision.

Embedding good digital practice across all forms of adult social care requires leaders who are increasingly confident in using, commissioning, purchasing and critiquing technology.

Digitally-minded leaders who reassure, build confidence, and hold technology to account are vital for high-quality care. This input is essential given that adult social care is a complex mix of diverse independent and statutory organisations. **There is a very real risk that without good digital leadership, an increase in digital transformation across adult social care is done to the sector rather than led by the sector.**

In England, there are now 42 integrated care systems (ICSs), which are legal entities. **There is scope for a wider discussion around the strategic placement of social care-minded digital leaders within each of the 42 ICSs to advance the digital adult social care agenda.**

Three: Communicate the benefits of digitalisation to staff and care delivery more effectively and collaboratively.

Updating skills and learning new processes and care delivery involve considerable time and commitment from staff and those receiving care.



Involving these groups in discussions on introducing digital technologies, from wearable technologies to digital record systems, can only succeed with the buy-in from all those involved in its use.

Ensuring representation from everyone that a change would impact can help to identify unforeseen barriers to a successful implementation and accommodations to ensure benefits are realised.

Four: Ensure the sector has the skills to deliver and use digital technologies.

Using digital technologies effectively is vital for digital adult social care.

A review of digital skills in adult social care for NHSX found that only 40% of staff were securely confident in their digital skills. Staff who were most confident were in managerial roles, already in digital roles or were younger. Most of those surveyed said they were keen to learn digital skills, however (30).

Care settings also don't always use the digital skills of care staff. Research by Skills for Care found that 74% of care staff had a smartphone, but only 20% used it for work. 45% had a home tablet, but only 8% had a work tablet (31).

Upskilling staff not only has the benefit of ensuring the uptake and effectiveness of digitalisation, but it also has other impacts on staff wellbeing. A report by the Nuffield Trust, for example, pointed to benefits such as a sense of status and professional credibility and the development of further career goals (32).

Care settings must **offer staff digital training and the space and time** needed to learn new skills.

Five: Ensure that the focus of digitalisation remains person-centred.

It is easy to lose sight of the purpose of introducing digital technologies. **Improving the provision of care that an individual receives must remain central to digitalisation.**

Ensuring digitalisation remains person-centred includes language. The term 'informatics', despite being widely used across research and within healthcare, does not resonate with the social care workforce.

Simplifying the terminology of digital adult social care so that it is more recognisable to the workforce can help to encourage a wider audience to invest in change. Some terminology work has begun in England to address this (33), but more work and focus is needed.

Six: The sector needs clear and commonly agreed protocols to manage the legal and ethical issues around information sharing.

Due to the vast number of organisations and interactions that occur between social care and healthcare services, unlocking the potential of a truly integrated care system can only be achieved if there is a provision for safely sharing and accessing information.



The Department of Health and Social Care (DHSC) publication of the What Good Looks Like framework for adult social care shows a focus on clear success measures for good digital working (34).

Data needs to be high-quality and accurate. There needs to be consistency in the storage, structure and processing of data, and we need national interoperability standards.

BCS has set up a Community of Practice for Adult Social Care. It's for BCS members, and organisations and individuals external to BCS. It aims to bring together a broader, collaborative community to discuss issues and propose solutions in the adult social care sector.

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