



Thought  
**Leadership**

**Technology is changing the way we live.  
Can it also transform the way we  
deliver adult social care?**



***Digital technology presents perhaps the greatest threat to today's civil society. But it is also its greatest opportunity, ready to be harnessed by the leaders of tomorrow***<sup>1</sup>

**We are all increasingly using digital technology to live and work smarter, access and review products and services, find and share information and hold organisations to account.**

Following an earlier report<sup>2</sup>, members of the Voluntary Organisations Disability Group (VODG) are exploring ways in which technology can increase efficiency and enhance the lives of the people they support. This thought leadership paper

draws together themes and perspectives from across VODG's professional networks. It has also been supplemented with interviews and case studies.

Technology is making a significant difference to people's wellbeing and autonomy, reducing their reliance on paid staff and enabling organisations to deliver more for less. Social care organisations that are not engaging with the digital future run the risk of being outpaced by change. Meanwhile providers that are stepping up to the technology challenge risk doing so

in isolation from their peers. This paper illustrates how providers are maximising the benefits of technology – for organisations and the people they support as well as thinking beyond their own organisational boundaries to work collectively.

Collaboration will enable VODG members to:

- Tackle shared concerns relating to technology.
- Generate efficiencies.
- Develop shared intelligence about suppliers.
- Share knowledge, learning and best practice on how to lever the benefits of technology in a time of austerity.

---

<sup>1</sup>*Voluntary Organisations Disability Group and National Care Forum (2013) Using assistive technology to support personalisation in social care. London: VODG.*

<sup>2</sup>*New Philanthropy Capital (2015) Tech for common good. The case for a collective approach to digital transformation in the social sector. Available: <http://www.thinknpc.org/publications/tech-for-common-good/>*



## Improving the lives of disabled people

VODG members support disabled people to access and use a wide range of personalised technology such as telecare, environmental controls, communication aids, and prompting devices. Technology can be used to promote independence and enable people to make best use of their personal budget. Examples include both mainstream and specialist solutions such as:

- Movement sensors to monitor activity within someone's home; data gathered in this way can be used to evidence the need to adjust support packages and to inform risk assessments. In certain circumstances, monitoring equipment may be used to reduce staff support.
- A GPS system to define an area within which a person can move about; if the person moves outside the defined area, then staff are alerted.
- Tablet or other touch-screen technology to aid communication.
- Apps, such as one that enables people with learning disabilities to communicate about their health and wellbeing.
- A wide range of gadgets from automated medication dispensers to talking microwaves.



# case study

Nottingham Community Housing Association (NCHA) has recently developed a TV set-top box communication system called SMaRT Messenger which allows support staff, friends and family to send text, image and video messages directly to a service user's TV without interfering with their normal TV viewing. The system is now moving beyond pilot phase and is being prepared to launch to market. SMaRT Messenger allows support staff to communicate more efficiently and effectively with users of services as part of a personalised support plan. In addition, friends and family can download a free app and deliver their own messages directly.





# Improving the lives of disabled people

## What else can inclusive technology do?

### Look out for:

- Extended use of telehealth (technology to support a person's health needs in the home).
- More flexible communication aids that are easier to use.
- Apps using near field communication technology, such as an app that launches an instructional video when it is placed near an appliance such as a kettle or a microwave.
- Interactive computerized therapies such as cognitive behaviour therapy.
- Remote personal trainers, such as smart phones and watches.
- Nutritional content scanning; i.e. scanning supermarket food items into a mobile phone to receive nutritional information.
- Use of fingerprint recognition, for instance for door entry systems.
- Nutritional content scanning; i.e. scanning supermarket food items into a mobile phone to receive nutritional information.
- Use of fingerprint recognition, for instance for door entry systems.



## Back office functions and staff support

VODG members are also harnessing the benefits of digital technology to improve back office functions and support frontline staff. Examples include:



- Improved management information, such as through the introduction of key performance indicator dashboards, to guide decision making.
- Increased use of video conferencing.
- The introduction of “self-service” HR systems.
- Improved engagement with stakeholders through the web and social media.
- Using social media to recruit the right people with the right skills into the sector.
- The provision of e-learning modules.
- Supplying frontline staff with secure mobile equipment to enable smarter working. This means staff have instant access to support plans and can update records when working remotely; this reduces the opportunity for error and minimises the amount of support time which is directed to record-keeping.

## Back office functions and staff support

### What else can technology do?

- Digital market places geared to personal budget holders.
- Digital platforms which support integrating services, sharing resources and information.
- Greater use of data in CQC regulation and inspection.
- Large scale research using smart technology.
- Technologies to reduce energy use.
- Improving information flows between services.



#### Secure email toolkit

In collaboration with the Care Provider Alliance an online toolkit has been developed for providers wishing to use secure NHSmail. The toolkit uses the lessons learnt from an earlier pilot to show how services can email resident information securely, with other partners also using secure email.

---

*Find out more here: <http://systems.hscic.gov.uk/nhsmail/carehomes>*



## Drivers for embracing technology

### What else can technology do?

VODG members find that the main drivers for embracing technology are:

**Strategic direction:** Leadership is seen as key to investing in technology. Organisations that include technology as an integral part of their strategy are also likely to be developing and implementing personalised technology solutions for people they support.

**Service delivery:** Providers that are applying technology to service delivery are finding that it can increase the choice, dignity, control, independence and safety of the people they support. Technology may form part of an individual's core service package or may be "added value". Early adopters are searching for or developing new or innovative ways to use technology to improve outcomes for the people supported, whilst reducing the burden on staff.

Meanwhile, in the home care sector, many providers are required by commissioners to use electronic call monitoring to evidence the delivery of contracted hours and drive billing systems. In some areas tele-monitoring is also used to monitor quality.

### Quality and regulatory compliance:

Providers are using IT systems to assist them in reporting on quality and regulatory compliance. Organisations which are growing find they need improved processes and increased more internal controls, as delivery moves further away from the centre; they may use systems rather than increasing management capacity so that overhead costs do not rise in line with operational growth and they can then benefit from economies of scale.

**Cost savings/efficiency:** Austerity has generated substantial pressure to deliver savings and make processes as efficient as possible. VODG members have found technology can provide information faster, reduce paper-based activity and help staff work efficiently. However, cost savings should not be the only driver.

*But technology should not be used simply to save money; cost efficiency should be regarded as the knock-on effect of supporting people's independence, not the impetus for adopting technological advances*

**VODG member**





## Barriers to embracing technology

Rogan<sup>3</sup> argues that the primary barriers to the adoption of technology are:

- **Culture:** silo working, a fear of change, worries about safeguarding and a lack of leadership.
- **Awareness:** if we don't know what is out there, how can we change?
- **Budgets:** underdevelopment in specialist housing and uncertainty concerning revenue funding.
- **Commissioning and procurement:** the challenge of moving to outcome-focused care planning and individualised commissioning.

Furthermore, there are ethical issues that arise in the use of technology, such as the surveillance of people who use services which must be done with full consent, as CQC guidance illustrates<sup>4</sup>.

These findings are reflected in the following experiences of VODG members:

**Culture:** Traditional approaches to the delivery of care are based on high level of personal contact with the person supported. Some of the technological solutions available challenge this approach and may result in staff resistance to change.

**Staff skills and capacity** are key issues alongside culture. Many staff do not have the necessary skills or the capacity within their role to engage with IT. This means that additional resources may be needed to train staff in new systems and/or extra administration time required for staff to use them.



*Overall our IT and learning resources are small so we have to be selective on what projects we undertake. Limited resources mean there are only so many projects we can deliver in a given year, and limits to the support and training we can offer*

**VODG member**

<sup>3</sup>Rogan A (2015) *Unleashing the power of digital communications: revolutionising housing with care with life enhancing technologies*. Accessed: <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/OlderPeopleHousingProvision/Telecare/?parent=987&child=9467>

<sup>4</sup>Care Quality Commission (2015) *Using surveillance: information for providers of health and social care on using surveillance to monitor services*. Available: [www.cqc.org.uk/sites/default/files/20150617\\_provider\\_surveillance\\_information.pdf](http://www.cqc.org.uk/sites/default/files/20150617_provider_surveillance_information.pdf)

## Barriers to embracing technology

**Awareness:** There are many technology options in the market and the evaluation of new systems and products is a time consuming process.

**Technical issues:** VODG members have raised a number of technical barriers to the introduction of technology. The most fundamental of these is poor internet connectivity which is still an issue not just in rural areas, but also urban areas<sup>5</sup>. If the functionality of the organisation and the safety and wellbeing of the people it supports are to be reliant on internet-based solutions, then consistent internet connectivity with an adequate broadband speed is essential.

VODG members have found that few systems are tailored to the needs of care and support organisations, so IT solutions are not always fit for purpose and can be costly to change to meet requirements or integrate with existing systems. Members have also experienced difficulties with inadequate support from suppliers, poor instruction manuals or the technology becoming out of date before it has been deployed.

**Cost:** Purchase and set up costs can represent a significant investment for providers and short fixed-term local authority contracts introduce a level of uncertainty which discourages investment.

### **Commissioning and procurement:**

The King's Fund found that cultural and cost barriers to introducing technology are compounded by a tendency of commissioners "to focus on 'least cost' rather than 'best value'<sup>6</sup>." A procurement

framework based on hourly rates is a paradigm which fails to accommodate delivery through investment in smart technology. An approach which is based solely on the number of hours of support a person needs introduces a perverse incentive to maintain the need for those hours; if a provider is able to reduce that level of dependency through the use of technology, it will immediately receive less fee income because it is delivering fewer hours' care. This introduces a disincentive as providers make the financial investment but may not necessarily reap the reward.



---

<sup>5</sup>Oostveen AM (2105) *Access Denied: A qualitative study of inadequate broadband access in rural Britain*. Accessed: <http://rural.oii.ox.ac.uk/>

<sup>6</sup>Liddell A et al (2008) *Technology in the NHS: transforming the patient's experience* [http://www.kingsfund.org.uk/sites/files/kf/Technology-in-the-NHS-Transforming-patients-experience-of-care-Liddell-Adshead-and-Burgess-Kings-Fund-October-2008\\_0.pdf](http://www.kingsfund.org.uk/sites/files/kf/Technology-in-the-NHS-Transforming-patients-experience-of-care-Liddell-Adshead-and-Burgess-Kings-Fund-October-2008_0.pdf)

## Barriers to embracing technology

■ ■ ■ ■

**Telecare is a technology which can be delivered at local level but has not been widely adopted due to the following barriers:**

- A lack of resources to deal with the changes in service delivery which the introduction of telecare may necessitate, such as developing a call monitoring centre and developing a team of staff to respond to callouts.
- Silo budgeting: for example social services may commission telecare but NHS services may realise the financial benefits.



# moving forwards

To make significant investments in technology to support people to maximise their independence, providers need commissioners to:

- Apply an outcomes-based approach to commissioning, including sharing savings made through the introduction of technology.
- Recognise the wider investment such as research and organizational expertise, alongside software and equipment, which make technological solutions possible.
- Demonstrate a long-term commitment to services which gives providers the confidence to invest.

## Fostering greater collaboration

How do we harness the potential of digital technology to transform services? One theme throughout has been to identify organisations that have similar issues and bringing them together to design and deliver shared technological solutions. Savings could also be made through collective purchasing power to reduce costs.

Addressing key barriers through collaboration was another strong theme. This includes finding ways to improve relationships with commissioners to properly address how risks and rewards are shared when investments are made in technology.



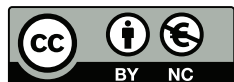


# moving forwards




**With the rapid pace of technological change a number of key questions remain.**


- How do we build an evidence-based approach so that we can target resources at technologies that offer the greatest benefit to people using services?
- How can we build models of support that maximise technology?
- How do we scale up the use of technology?
- How do we ensure that greater use of smart technology does not leave behind those people who are currently digitally excluded?
- How can we ensure that we use technology to connect people to each other and avoid increasing their isolation through reduced contact with staff?

Working collaboratively to resolve these questions and address the barriers to wider implementation will enable VODG members to adopt technologies in a way that maximizes people's choices and supports organisational efficiency and effectiveness.



Published 2016

 [info@vodg.org.uk](mailto:info@vodg.org.uk)  
 [@VODGmembership](https://twitter.com/VODGmembership)  
 [www.vodg.org.uk](http://www.vodg.org.uk)

 New Bridge Street House  
30-34 New Bridge Street  
London EC4V 6BJ

