



social care
institute for excellence

SCIE roundtable discussions:
New perspectives on the future of care and support

Technology changing lives:

how technology can support the goals of the Care Act



The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works.

We are a leading improvement support agency and an independent charity working with adults', families' and children's care and support services across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- Informing, influencing and inspiring the direction of future practice and policy.

First published in Great Britain in June 2015
by the Social Care Institute for Excellence

© SCIE
All rights reserved

This report is available online
www.scie.org.uk

Social Care Institute for Excellence
Kinnaird House
London SW1Y 6BP
tel 020 7766 7400
www.scie.org.uk

Contents

| | |
|---------------------------------------------------------|----|
| Technology changing lives | 1 |
| Introduction by Lord Michael Bichard, Chair, SCIE | 2 |
| Key messages..... | 3 |
| Presentations | 6 |
| Jon Rouse..... | 6 |
| Keith Spink..... | 9 |
| Baroness Martha Lane-Fox CBE | 12 |
| Jim Thomas | 15 |
| Madeline Starr MBE..... | 17 |
| Charlotte Black | 19 |
| Appendix 1 – National Information Board..... | 24 |
| Appendix 2 - Speakers and invitees | 25 |

Technology changing lives

Report from SCIE roundtable discussion held on 26 March 2015

‘Can technology help? Yes, it can have a massive impact and mass market technology can be the answer. You don’t have to get specialist stuff. You just have to look at the problems, think logically, and experiment to find the solutions.’

Keith Spink, carer and Senior Digital Developer, SCIE



SCIE roundtable discussions

In early 2015, SCIE arranged a series of roundtable discussions exploring how to improve care and support at a time of growing demand, demographic change and financial constraint.

These sessions covered:

- Community-led care and support
- Leading the Care Act
- Health and wellbeing boards (jointly with The King's Fund)
- Social care and technology (jointly with the Department of Health)

This is the report from the social care and technology discussion which was organised jointly with the Department of Health. This roundtable has also helped inform the thinking of the **National Information Board** (see Appendix 1).

Introduction by Lord Michael Bichard, Chair, SCIE



'Eighty-four per cent of adults use the internet, but only two per cent of the population report any digitally enabled transaction with the NHS. That is an absolutely astonishing figure and one which we should be spending a lot of time looking at.'

**Lord Michael Bichard
Chair, SCIE**

Twenty years ago the only piece of technology I carried was a beeper that I had to keep on me at all times. Things have changed dramatically in the intervening time. What we want to do today is look further into the future and the potential for technology to improve things for people who use services, for carers, providers and commissioners.

Technology can support individuals to make the right choices for the care that they have. It can help professionals to see that people are accessing the right care and those professionals can have quicker access to records and histories.

I worry that when we talk about technology in government we always want to talk about information, data and organisations when this has the potential to transform people's lives, keep them independent for longer and give better value for money for the taxpayer.

The question is how do we turn all of that potential into a reality? We haven't always been very good at capitalising on that potential. In fact, I think we have been quite slow on some of these issues though good practice increasingly exists. Some of the high-profile failures in large-scale technology have dented confidence but there are other barriers too so how are we going to overcome those barriers?

I recently discovered a quite shocking statistic: 84 per cent of adults use the internet, but only two per cent of the population report any digitally enabled transaction with the NHS. That is an absolutely astonishing figure and one which we should be spending a lot of time looking at.

So how do we overcome those barriers and turn the ambition into reality? The fact is health and social care has fallen behind but I worry that in trying to make up ground we fall into the trap of being seduced by 'off-the-shelf' solutions that may not actually meet the needs of individual users. We need to be more considered, informed and selective about the technology that we employ. My other concern is that the big providers think that they know best and then invest large amounts of scarce money in products which then don't deliver the outcomes.

The potential of technology to transform how we deliver health and social care really is immense and also to provide the integrated, personalised and supported care that is envisaged in the Care Act.

Key messages

A number of key messages emerged from the roundtable presentations and table discussions.

Establishing a vision and case for change

1. We need a national and local vision for what we are trying to achieve with technological solutions – otherwise we risk being pulled in different directions by different policies.
2. We should seek to work with the **Government Digital Service** and the Department for Communities and Local Government to consider how to support the social care system in bringing together developers, designers and others working together as a driver for change.
3. There is need for us to develop a strong business case for investment in technology, and educate commissioners about technology through, for example, the use of independent technology advisors or a website of examples of technology in action.

Think ‘problem – solution’

4. Start by thinking about the problem you are trying to solve, not about a specific form of technology. Then think through logically how you are going to solve the problem, using an experimental process with technology to find the solution that works for you. Do not get caught up in thinking about the technology itself.
5. You do not need to invest in expensive, specialist technology. Simple equipment and technology can make a difference.

Personalisation

6. Technology can complement – not replace – personal care. It has the potential to transform people’s lives, keep them independent for longer and achieve better value for money.
7. Technology is cheaper, more accessible and easier to use than ever before (e.g. it is increasingly possible to access free wifi in many areas).
8. Everyday digital technology can bring communities of carers together (e.g. Jointly is an app that works as a central place for carers to store and share information about the person they are looking after).
9. Assisted technology could be built into new homes as a matter of course in order to support people to live independently in their homes for longer.

Co-production

10. Technological and digital solutions should be tested and co-produced with people who use services and carers, using an agile and experimental approach.
11. The sector should utilise the skills of people, users, their carers and families to build community capability and spread knowledge and skills. We need to build an army of ‘people with lived experience to ‘curate’ useful information.
12. Performance data could be used to bust the myths about the value of co-production and co-design by demonstrating the added value this approach takes.
13. We need to help build a powerful movement of people who use services and carers to demand demanding online services for health and care.
14. Frontline staff should be involved in identifying and developing solutions, including solutions to effective information-sharing.

Promoting innovation

15. We should support experimentation – test out and use technology more, which includes allowing experiments to fail.
16. We should encourage technology experts to work in and develop innovative solutions for the care and support sector.
17. We should recruit young people with technical and digital knowledge into social care and encourage them to train up and support existing staff.
18. We need to ensure that simple solutions are not overlooked, they often provide a cost-effective solution. Mass market technology can be as useful as specialist technology.
19. Leaders and commissioners need to articulate more clearly what is needed from the market – including the technology market.

Knowledge and skills

20. Local authorities need to work together to develop shared solutions – otherwise there will be duplication of effort. For example, they could work together to develop self-assessment packages that take a holistic approach beyond health and social care.
21. Establish digital curators to help people understand and access technology and to support the use of good quality information (e.g. information prescriptions).
22. There is a low level of awareness of the range of effective technology solutions available amongst people who commission and use services.
23. Too many policy-makers do not understand technology or the opportunities presented by digital technology.
24. Leaders within the sector need to understand technology and the benefits it can bring, in order to increase their confidence to experiment.
25. Commissioners need to understand the technology that they are commissioning. There is a risk that they are dependent on technology suppliers to explain the offer.
26. Managers and workforce development leads need to know how to decide when digital technology is the right approach to learning and development (e.g. it is difficult to explain moving and handling through e-learning).
27. Care staff are often confident about using digital technology but they do not know how to make decisions based on the wide range of options. A 'curation' service may help them to understand what they are looking at. A curation service could collect, manage and present information about digital technology in a way that helps to assess the potential relevance of different options to a range of audiences and situation.
28. Workforce training and engagement is critical if progress is to be made in using technology more widely.

Digital and social inclusion

29. Digital inclusion is essential in order to give access to information and to support training and skills development.
30. Technology can reduce loneliness and isolation by, for example, enabling people to engage online via online forums or Skype.
31. Use community facilities (e.g. libraries) – as hubs for groups and clubs where those isolated can meet and be supported to access technology.
32. Increased access to wifi in care homes would be a big leap forward.

Data-sharing and decision-making

33. Technology can support decision-making by people who use services, carers, providers and commissioners – for example, through providing access to records and histories.
34. Digital services can drive improvement by giving access to a range of data to compare services and performance.
35. There is huge sensitivity about information-sharing. There is a need for a single set of standards and principles by which information is shared. If information can be brought together, it will promote the integration of health and care, and ensure that we become better at identifying when someone has an increased need for support, which in turn could prevent an escalation in need.
36. Giving people access to their own care accounts – including the ability to update it themselves – would drive cultural change amongst professionals and within the system. It would support people's ability to say what they want to achieve and what they want from the overall system of care and support.
37. Access to information can tackle deep cultural issues that the professional knows best. Professionals have to learn to relinquish power.
38. National government can take away the barriers to the effective use of technology – for example, through improving information governance and by disseminating what works in information-sharing.

Integration

39. Local authorities are ahead in terms of using digital information and technology. This learning could be used more effectively to drive the integration of health and social care.
40. The application of technology in the management of a long-term condition is important, not just for the health of the individual, but for health and care budgets as well.

Presentations

Jon Rouse

Director General, Social Care, Local Government and Care Partnerships, Department of Health



'My message to every provider and local authority is that you have got to take every opportunity to think about turning your services digital and how you are going to use that as an opportunity to get more people online and confident in terms of their digital access.'

Jon Rouse was appointed Director General, Social Care, Local Government and Care Partnerships in March 2013. He was Chief Executive of the London Borough of Croydon. He has also held a wide range of non-executive positions with organisations including English Partnerships and Homelessness International.

The idea at the heart of the Care Act is promoting and protecting somebody's wellbeing. It is about prioritising early intervention and prevention and when they do have needs, ensuring those needs are met by taking a personalised, strengths- and asset-based approach. That includes enabling the individual to actually hold their own budget, receive direct payments and be supported to make their own commissioning choices. It is a very different worldview.

As I go around the country, I see 152 authorities that are going to be technically ready on 1 April to implement the Care Act. But they do vary in terms of their appreciation of the cultural change this is going to require. Places like South Tyneside have grasped this and are working with their professionals to help them almost learn a new language that is about people's strengths and avoiding unnecessary dependency. It is about enabling people to have maximum wellbeing and to live independently for as long as possible, while supporting carers in that process as well.

When we talk about technology there is a danger of de-personalising support. What we are actually talking about is the use of technology to help to develop the relationship between the client, the carer, the care providers and the local authority.

The financial context is incredibly difficult. Technology can help us to an extent but there is a trap. That trap is that we start to believe that technology is a substitute for personal care; that is not the case. Technology is a complement to personal care. It can still create efficiencies but we must not get into a false mind-set that somehow technology is going to drive very large costs out of the system in terms of reducing labour costs. I don't believe that is the case in the social care sector.

Technology is becoming cheaper and more accessible but only 38 per cent of local authorities currently use digital transactions. But local government is doing better with digital than the health sector at this time. The health sector now has a good plan and

leadership in terms of the **National Information Board**. I think that it has a better chance than it has had previously to make rapid progress in development of digital solutions.

Local government has got a head start. Firstly, because local authorities have achieved digital breakthroughs in other sectorial areas and therefore gained confidence that they can bring these across into the care setting. Secondly, due to necessity. That is partly about driving efficiencies and productivity, but it is also because personal budgets meant that the care sector had to enable people to easily access services. We have also seen local government leap ahead in terms of seeing the potential of remote sensors and monitoring, and how to use that alongside more traditional care services. Local government and the social care sector have a lot to bring, and health has a lot that it can learn from the social care sector.

Within adult social care, digital services can be used in a number of different ways but to just list what is available can be very technocratic and does not convey the richness of how digital technology can be used to unlock someone's potential and assets. Digital access can provide things like digital care accounts and personal budgets; but ultimately what it is really about is a bespoke application to that individual's needs and enabling them to have a fuller, richer life. Local authorities and social care providers are using online services to increase choice and control in a variety of ways.

I don't want to suggest that this is just about social care. If we are serious about integration then we should also be interested in the application of digital at the interface of health and care. For example in areas such as mental health. Only this week we have launched an **app store for mental health** in partnership with NHS England. All of the products are accredited, you can use them with one-to-one counselling and it allows you ready access to a tool for mental health treatment and recovery. It can tackle loneliness either through national services such as **Silverline** which provides people with a helpline and somebody to speak to, right the way through to local connections using Skype to allow families to keep in touch.

There is huge potential for digital in the field of dementia. For those who have with dementia and their carers there are a variety of applications. For instance Kent Schools where young people in the schools are training people with dementia and their carers how to use online services. The young people then help the people with dementia to build a life story book and in return the young people learn about dementia from the people with first-hand experience.

Technology is supporting people to live more independently in terms of smarter home design, smart TVs and monitoring in the home. There are lots of different examples of this type of technology and it can be really unobtrusive and easy to use. Technology for managing long-term conditions is important for a number of reasons. One being that people think that age is the best predictor of rising cost in terms of health and care. All the evidence suggests that the best predictor is actually the number of long-term conditions. The more long-term conditions someone has, the higher the cost. Using the example of one county, they found that 18 per cent of costs in a typical local health economy can be explained by the driver of number of long-term conditions. The application of technology in the management of long-term conditions is important, not just for the health of the individual, but for health and care budgets as well.

Among my many roles I am the digital inclusion champion for Whitehall, working across all government departments and it is something I am very passionate about. I am passionate because I feel that digital exclusion is the biggest barrier to us fully exploiting digital technology in terms of public services in the next 10 to 15 years. At present, 20 per cent of people either cannot, or are choosing not to, access digital services. When this is the current situation, it is much more difficult to then start switching off your paper-based systems.

I spoke to a local Healthwatch in Worcestershire and I asked what the number one issue was that they were anxious and campaigning about. They said digital inclusion due to the rural area and the ageing population. There are supportability and internet access issues, plus skills and confidence gaps that need to be addressed. There is a lot of work going on across the health and care sector to try and support people to go digital. My message to every provider and local authority is that you have got to take every opportunity, in terms of your roll-out of the care reforms, to think about not only turning your services digital but also how you are going to use that as an opportunity to get more people online and confident in terms of their digital access.

Digital can be used for driving performance. The opportunity here is to provide openness and transparency. Putting data in the public domain in a way that people can really use to compare services, to compare the performance against different commissioners and providers. There are many different ways in which we can use data. On [My NHS](#) there are around 666,000 separate pieces of data that you can use for comparison purposes across care and the NHS.

I went to Japan in November and technology, like robots and electronic avatars, that you may think are 10 or 20 years in the future are in fact here today and being used in the Japanese care system. This is partly out of necessity as they don't have enough informal carers in terms of population, and because they have one of the highest longevity rates in the world leading to an increased older population in need of support. Part of the way they are dealing with that is embracing the use of robots and avatars within the care process. My favourite of which is Pepper which I met while in Tokyo. Pepper is a remarkable robot for a number of reasons. It is relatively cheap, it can read emotions and remind you to take medicine or that it is time to eat. It has a monitor on its belly that can be used as a Skype screen so that Pepper can be used to communicate with professionals and family members. Again, this is not about replacing personal care. As a complement and a support to personal care I believe they have a huge potential.

There are barriers we need to overcome. A big one is the informatics challenge, then there are the barriers to sensible information-sharing, the need for a single set of standards and principles by which information is shared. We need to keep people's data safe, but we also don't want people being harmed or even dying because we are not able to share data properly between the professionals responsible for their care. Working with the National Data Guardian, we must strive to find the right balance.

In summary, the potential is for technology to enhance health and care in the next 10 years in a way that far exceeds most people's expectations. This will occur through thousands of innovations at the personal and community level. What we in government have to do is create the environment in which that innovation and creativity is unleashed.



Keith Spink

Senior Digital Developer at SCIE

'Can technology help? Yes, it can have a massive impact and mass market technology can be the answer. You don't have to get specialist stuff. You just have to look at the problems, think logically and experiment to find the solutions.'

Keith has the rare genetic eye disorder Aniridia, and has been visually impaired since birth. Keith has been the main carer for his father since February 2013 when dementia was suspected. Keith has worked at SCIE since

August 2006, technically developing and managing SCIE's web services. Keith has a degree in computing and is passionate about using technology to its full potential.

I work for the Social Care Institute for Excellence but I am here today as a carer. I want to tell you the story of me and my Dad. Around two years ago I got the worst phone call of my life when my Dad called me and said "Keith, help, I can't find the toilet."

This started the journey down the long road that led to my dad being diagnosed with mild to moderate vascular dementia. I'll give some background to me and my family and then explain what I did to try and help the situation. My whole family are visually impaired from birth and my dad went completely blind in the 1970s. My family have never seen visual impairment as a barrier to life. My mum passed away in 2010. When my dad was diagnosed with dementia, I didn't want to see that as a barrier to life either. To summarise, my dad is now totally blind, partially deaf, is a type two diabetic and has dementia.

My dad's support network is me. I'm a geek with a degree in computing and I work as a website developer. I'm a believer in technology who doesn't believe that disability is a barrier to life. I use technology in every aspect of my life to solve my problems.

When I found out that my dad had dementia I needed to know what the options were. In order to find that out, like any self-respecting geek, I went to Google. I entered 'total blindness and dementia' and I found one main reference that said 'care home' but I didn't think that was the right solution. I wanted my dad to live at home where I could help him get a care package. We have arranged three care visits a day and implemented a micro environment. I felt that I could do a better job than a care home but there were still problems. This was in 2013 and as someone who has worked with technology his whole life I found myself asking if technology could help improve this situation. So I decided to try and find out.

I began by browsing the shops of the usual organisations, such as the RNIB, RNID and the Alzheimer's Society, to see what products were out there that could solve my issues. What I quickly discovered was that nothing jumped out at me as a way to solve those issues. Unperturbed I thought to myself where do I normally go when I want to buy something. As a man who doesn't enjoy shopping, I go to Amazon. So I went to Amazon and searched under dementia and I was staggered by the number of results that I got.

What hit home was that I wasn't shopping in the right way. I was searching for solutions to problems that I hadn't actually identified yet. So I needed to identify the problems that I was trying to solve in order to search for a solution. I could use Google, Amazon and other online tools in order to find those solutions. So that is what I did and these are some of the solutions that I came up with.

The biggest problem that my dad had was that he couldn't find the toilet. Due to his blindness and dementia he can't remember the route. To solve this I bought talking motion sensors on which I recorded personalised messages to guide dad to the toilet, his armchair or the front door. It gives him awareness of where he is in the house and when he moves across the beam it will call to him. As with all technology there were many products that do the same job. I went through four different kinds of motion sensor until I found the one that worked well which was pretty cheap from Amazon.

My next problem was that my dad's sleep patterns were all over the place because he has no light perception so he can't tell if it is day or night. I solved this by getting another talking motion sensor connected to the mains via a timer plug. This would play a personalised message telling my dad to go back to bed if he walked around at night.

Another problem that I encountered was that my dad would call me saying that he was lost or that there was a problem in the house. I needed to be able to see where he was and what he was doing. I bought four webcams and set them up at various points in the house and these can be viewed on my phone or computer. Now when my dad calls me I can log into the cameras and see what the problem is. One example of this in action was when I was in Dawlish, I got a call from my dad in London saying that he could hear an alarm and asking if he should call the fire brigade. I checked the cameras and could hear an alarm too. I worked out that it was coming from the freezer. This meant that I could reassure my dad remotely then contact the carer and ask them to look at the freezer when they next visited.

Then there was the problem of my dad telling me that someone, such as a nurse, had said something to him but that he couldn't remember what it was. For this I needed another solution which was motion sensor cameras. They record over seven days and if there is anything that I need to look back on I can review the footage. I don't have to do this very often but it is there if I need it.

My dad's blindness coupled with his dementia meant that he was often hitting his head on things in the house. While the solution wasn't a technical one I used technology to find it by asking myself who else often hits their head on things: toddlers. I found some rubber table edge guard usually used for toddlers and put it on corners, walls, edges and anything else my dad might hurt himself on. I solved a major health and safety issue for less than £10.

Dad was getting bored of just listening to the radio and was looking for something more to do. I bought him an internet audio player from the British Wireless for the Blind Fund which he loves. He can now listen to a wide range of podcasts and radio from around the world. He was depressed due to his deafness so I looked into getting new hearing aids as the technology has advanced and it has made such a difference to his general happiness.

Some technology isn't as successful, but the only way to find that out is by trying it. I thought that it might be good to give my dad a memory pendant to give him general information through the day of what he should be doing when. The pendant plays a different recording depending on the day and time. While this was a good idea in theory the only product that I could find on the market had terrible audio quality and programming ability. I also tried to solve the problem of my dad either not hearing the doorbell or not getting to the door in time. I looked into long-distance entry systems that could be linked to a mobile but in the end a key safe proved to be more effective. Currently I am looking into getting a phone-controlled central heating system such as Nest or Hive in case someone leaves the heating on.

Can technology help? Yes, it can have a massive impact and mass market technology can be the answer. You don't have to get specialist stuff that costs a fortune. You just have to look at the problems, think logically and experiment to find the solutions. If one thing doesn't work try something else. Technology is a vehicle to improved wellbeing and independence. Use it.



Baroness Martha Lane-Fox CBE

Cross-bench Peer and co-founder of Lastminute.com

'To quote Aaron Swartz, the computer engineer who created Reddit, "It's not okay not to understand the internet anymore." I think that is absolutely true of our leaders and legislators. I am trying to think of interesting and imaginative ways that we can encourage them all to understand it. Understanding it is not taking an iPad to meetings.'

Martha Lane Fox co-founded Europe's largest travel and leisure website lastminute.com in 1998, then took it public in 2000 and sold it in 2005. Martha was appointed a crossbench peer in the House of Lords in March 2013. She is currently chair of Go On UK, a coalition of public and private sector partners that is helping millions more people and organisations online. In 2007 she founded her own charitable foundation Antigone.org.uk and also serves as a Patron of AbilityNet, Reprieve, Camfed and Just for Kids Law.

I have just come from another event that is relevant to this discussion – the launch of an index measuring the country's digital capability. I founded and chair a charity called **Go On UK**. One of the things we have tried to do is put much more deep, considered and replicable data around the subject of our digital capability. Earlier on today, we were looking particularly at businesses and charities, but as I was traveling from that event to this one, I was thinking that it is absolutely and directly relevant to the discussion taking place here.

My experience of technology has been quite strange. It started off in the crazy dotcom boom literally selling people the idea that the web wasn't going to blow up. It seems strange now, but in 1998 the main thing we were doing was saying that people would put their credit card into the internet, they would buy stuff and that it is going to become part of people's daily lives. We would have people look at us with a variety of reactions ranging from 'You're actually insane' through to 'I'm just not interested'.

Then I came full circle. After a prolonged period in hospital I was asked to look at the issue of digital inclusion in the UK. At that point in 2009 there were around 12 million adults who had never used the internet. That number has fallen quite dramatically over the last few years and is now down to about 6 million. The broad numbers are still quite shocking, there are still around 10 million adults who are unable to get the basic benefits of doing stuff on the internet. We measure those benefits as being safe, transacting, searching, communicating and completing some kind of transaction. Of those 10 million adults, over half are still of working age, a million of them are between 16 and 24 and overall they do index into more disadvantaged communities that people here are looking to serve.

I don't think we are ever going to be able to properly transform this country unless we put an absolutely relentless focus on universality and inclusion. I think that it is as important for skills as it is for infrastructure. I have had a lot of conversations with government saying that there is going to be some kind of broadband for 95 per cent of the country, but I think that isn't good enough. It isn't close to being good enough. What would be good enough would be to say every single person in this country will have access to super-fast broadband by such a date and every single person will have the education and training in order to get the benefits. Then I believe you can unlock a huge number of the things that I imagine you have been talking about already.

I often think back to a woman I met in Newcastle called Mary. She was one of the first people I encountered on my journey as a digital champion. She looked me dead in the eyes and said 'The internet saved my life'. I was doubtful so I challenged her on that. She walked with the aid of two sticks and she was a carer who looked after her disabled husband. It was very difficult for Mary to get out of her home. She said to me that until she was taught how to use the internet she felt that her world was shrinking on a daily basis. Each day she woke up and it had got a little smaller, less manageable and she was more unable to cope. She had some clear signs of depression but what was astonishing was that, rather than drugs or endless visits to the doctor, someone suggested that she should learn to use the internet. She was sceptical at first and it took some time. Eventually she found out that by using the internet she could talk to other people that were going through the same thing as her or she could go on holiday by using Google Earth to see anywhere in the world. She said that all of these things helped to expand her world again and that had saved her life.

Obviously I am not suggesting that the whole social care provision be replaced by the internet, but I do think that it forms a big backdrop to the way that we think about the country and how we solve problems. To me one of the most fundamental pieces of housekeeping is to enable every single citizen to receive the benefits of being online.

The second thing that I wanted to say is that if you look at the other end of the spectrum in Parliament you will find another big chunk of the problem. Very few people really understand the internet in that building which is making legislation and setting the frameworks for social care. It's not that nobody understands the internet, it's that not enough people do and it can be incredibly difficult. As someone who reads the tech press all the time and who gets access to a lot of new things, I can get confused, so it can be very hard trying to legislate and get good policies out there. I do think something very major has to give very quickly. When I look at the challenges that we face across all sectors I would argue that we need to put a radical redesign of how we do things at the heart of it. That would be very often enabled by technology.

I just don't see enough parliamentarians, legislators or even leaders who understand technology and I think that we have to be much more imaginative and bold in how we address that challenge. To quote Aaron Swartz, the computer engineer who created Reddit, 'It's not okay not to understand the internet anymore'. and I think that is absolutely true of our leaders and legislators. I am trying to think of interesting and imaginative ways that we can encourage them all to understand it. Understanding it is not taking an iPad to meetings.

I think we have problems at the universal and leadership levels, but I am an optimist and I think there is an enormous potential for change here. I would like to talk about the Werzog community in the Netherlands. They took the administrative parts of their community nursing and they flipped it around so that all the resources that had been in administration were put into nursing and dramatically redesigned how they administered their systems. They went from around 6,000 people in the back office and a few nurses to 7,000 nurses and 30 people in the back office. This led to, not only a reduction in absenteeism, but also to a dramatic rise in the quality of care that was being reported by patients. People have looked at this model and how it could be applied to the UK. Academics have suggested that it could save the country £6 billion just in community nursing. That is an incredibly important number and even if you think it could only be one tenth of that number, you should still take it seriously.

We should be testing a lot more of these things and using the models of the digital world, such as rapid integration which enables you to, if required, fail quickly and for very little money. It's about the co-creation with your end user to try and build much more interesting and innovative models of care. I really believe that we won't be able to serve the people if we don't think about it in a much more bold and interesting way. I appreciate that it is hard and we need some new structures in order to do it.

I would like to end with an anecdote. My grandfather went into a care home last weekend. He's 96 and it is probably the right place for him to be. Knowing that I was coming here this week I thought that it would be interesting to talk to the nursing staff there. They were such an awesome group of people dealing with dementia patients every day with an incredible amount of patience. What they all said was that the most important thing to them was to be able to deliver the best possible care to those patients and that is why I love the internet and the possibilities of radical redesign. It flips that switch back to be able to put the emphasis, not on the policy-maker or the process, but on the individual, the care and the person administering it. That's why I love the Werzog example, that's why I loved starting Lastminute.com because we took the power away from the travel industry and gave it to the customer. I think we are only at the beginning of the journey but I think it is immensely exciting. I really urge you to be as bold as you can in your thinking because we need it.



Jim Thomas

Programme Head for Workforce Innovation Skills for Care

'It isn't necessarily about giving people more confidence around how they use technology, but giving them the confidence to explore how they might use it differently.'

Jim Thomas has worked at a senior level in adult social care workforce development since 2000. Nationally he has led the development of the common core principles for end of life care, the principles of workforce redesign and the principles of workforce integration. He has also led work on skills-led approaches to community development, workforce commissioning and workforce outcome measurement. Previously he was the expert advisor on workforce development to the Valuing People support team and held a number of learning and development roles at Cambridgeshire County Council.

I'm here today to talk about how we support the workforce to use technology and in that context I am going to talk about some other work that Skills for Care have done. Alongside working for Skills for Care I also own and run a record label. My son is a musician and about 10 years ago he was offered a management contract that was so awful I said that I could do better. My reason for bringing this up is that during the time I have worked in the music industry the whole process of digitalisation has gone from vinyl, to CD, to pirated downloads, to streaming and now vinyl is making a comeback and the biggest buyers of vinyl are the under 25s. One of the questions that I go back to to my team at my day job is that we need to think about what our digital offer is and how we enable digital working and learning, but we also need to be clear about what the vinyl offer is. What is the offer, that isn't about digital? How do we make sure that our workers have the skills, knowledge and expertise to use digital technology in the right way?

I think the really important questions for workforce development when it comes to technology and digital solutions is how do you use it in a productive way? How do you use it to help people to make better decisions? How do you use it to enable people to become more independent?

While doing some workforce capacity work, one local authority came to me and said that they loved the workforce capacity plan but they had a problem. When I asked what the problem was they said that they had done very detailed analysis of using the capacity plan and they had identified that their staff only spend 21 per cent of their time directly working with people. They spent 79 per cent of their time dealing with their technology. I think we have that the wrong way around. The technology exists to help the workforce, not to prevent them from doing their jobs. That's the key issue about capacity. It isn't necessarily about needing more people, but instead using the technology in a more sensible way.

Skills for Care did some work looking at digital capacity including the myths surrounding digital working and learning, compared to the reality of how people actually work. Looking at perception of skills, 90 per cent of staff had confidence in their own basic online skills, but 52 per cent of managers felt that staff didn't have the basic skills in that area. When you look at that figure in more detail and ask the managers about it, a definition of not being good at using digital technology for the workforce is that their grammar and spelling wasn't very good in emails. Is that actually a workforce issue or is it more how the workforce uses technology to make decisions? I'd argue that quite a lot of those frontline workers that are using technology will not necessarily have good literacy or numeracy, but they will know how to use technology effectively to help people. One of the examples I was given was that staff were encouraged to take photographs of what they see because their written language isn't very good. If they have a concern about something, and they ask permission to take a photo which they can then email to their manager, who can then decide what action, if any, needs to be taken. That's using technology differently.

Commissioners also need to understand what they are commissioning. They know how to commission, but they are often dependent on the honesty of technology providers to explain what they are offering. Commissioners need to understand technology in order to purchase it.

Digital technology is regularly used to support staff's learning and development. But how do you make the decision about when digital is or isn't the right solution? For example, I'm not convinced that you can do moving and handling training through an e-learning tool, yet I have seen some organisations think that is a useful way of doing it. I'd argue that moving and handling is something that needs to stay a part of the vinyl offer. How can you learn through an e-learning tool that if you move someone in a certain way you will hurt your back? You need that frontline experience to be able to make sure you have done that in an accurate way.

We have started a programme of **Digital Champions**, in partnership with **Digital Unite**. Part of the reason we are doing it in partnership with them is that they have developed a very successful digital champions' model with housing and there is a lot that we can learn from the way in which they have done that. It isn't necessarily about giving people more confidence about how they use technology, but confidence to explore how they might use it differently. That includes giving them the confidence to know when not to use technology and confidence to create solutions through technology that they didn't think were possible.

The other part about using technology is that it is really hard to know what you ought to be looking at. I have met with a number of the large internet search engines in relation to the other things that I do, and what they will say quite openly is that it is not in their interests to find what you are looking for straight away. They need you to click on things in order for them to make money. What you actually need is some sort of 'curation' in order to understand what it is you are looking at. Care staff are often confident in using digital technology – but they don't know how to make decisions on the basis of the myriad search findings that are in front of them. What is going to be the best solution for that particular person they are working with at that moment in time?



Madeline Starr MBE

Director of Business Development and Innovation

Carers UK

'We did a recent survey of local authorities asking them what were the opportunities from the Care Act and 80 per cent of those that responded said that technology would play a key role. It really is a no brainer, but it has to be technology used by you and me.'

Madeline Starr is Director of Business Development and Innovation at Carers UK, a not-for-profit organisation with nearly 50 years' experience of working to improve the lives of unpaid carers, through campaigning and lobbying at local, national and international level. Madeline joined Carers UK in 2000 to lead its work on carers and employment. She is currently leading Carers UK's work on care and technologies, and new mechanisms for growing the care market.

I'm not going to tell anyone here about the Care Act as you are already experts, instead what I would like to talk about is what I think is a big part of the Care Act that we don't acknowledge, which is that it is about you and me.

When we think about care and support we always think of other people 'over there' and yet we will all, almost certainly at some stage, either look after someone or be looked after ourselves. This whole agenda is resolutely about us so when we talk about care and support we are talking about our own experience and our own everyday lives – which includes our everyday experiences of technologies.

So what does that mean for care? There are 6.5 million carers in the UK today, 3 million of those carers combine paid work with care and that is you and me. This is not a discrete group 'over there' it is an enormous number of people and it is us. By the same token, caring has an impact on all of us. Forty-five per cent of us have given up work to care, which in a modern economy is completely unacceptable. Many people are stretched to breaking point trying to juggle work and family life. Sixty-one per cent of us face depression because of our caring role and 49 per cent will struggle financially. Many people care around the clock – we've just published a report on care and isolation and an extraordinary 54 per cent of respondents were people in work and largely full time, and caring 50 hours a week. That could be care at a distance, but they are delivering that support for 50 hours or more. That is you and me. These are widely experienced impacts of something that is a fact of the human condition: we age, develop illnesses or disabilities, we look after the people we love and care about. It's what we do. It's a part of our lives.

So can technology help? Well of course it can or we wouldn't be here in this room. We did a recent survey of local authorities asking them what were the opportunities from the Care Act and 80 per cent of those that responded said that technology would play a key

role. It really is a no brainer, but it has to be technology used by you and me. I loved Keith's presentation because it brought to mind a word that I learned recently, *bricolage*, which is the cobbling together of everyday technologies that really work for you into a curated solution. This is exactly what Keith has done.

We have worked very hard at Carers UK to come up with something that felt like everyday technology that we would use and that would be really useful for families. What I like to think is that this is a bit of digital glue in what Jim would call a vinyl solution. Nothing takes away from what people do when they care, informally or in a care setting, but it can be easier if that care is shared. If you can create communities and use digital technology to help you do that it can be an enormous support. This is what we tried to do with Jointly.

Jointly is an app that is designed to make sharing care with others less stressful and more organised. Working across different devices, it works as a central place for carers to store and share important information about the person they are looking after. Jointly allows the user to set up a circle of care and can invite anyone that is involved in that care to join. Using Jointly they can send private messages to anyone they have invited into the circle, allowing them to organise and share information straight away. They can set up to-do lists allowing everyone to see what needs to be done and who is doing it, plus it has a calendar to schedule time-specific tasks for things like appointments. It has a profile page which allows all the information about the person being cared for to be kept in one place. Things like contacts, current medication and medication history can all be easily accessed and edited if required.

Jointly started simple and we fought hard to keep it simple and now we are beginning to explore what other devices or platforms it can communicate with to help extend the information the circle has access to. Many people have found it useful and I am one of them. The design was driven by me as a working mum with both parents needing a significant amount of care and five siblings who are all in different parts of the country. We used Jointly and it did make our lives easier, it did help us communicate. It meant that when we called each other we could actually chat and not just work out who was available to visit on which weekend. It was great for us and I hope other people will find it useful. Most importantly it made sense to us because it felt familiar. It is a WhatsApp for caring that you can buy directly.

Jointly is paid for by you and me but it can also be made available by local authorities and GPs. It is available online and a lot of employers in our forum are using Jointly for their employees who have care responsibilities. It's an everyday technology that makes sense for the situation and you can find it where you would expect to find any other technology that's useful.



Charlotte Black

Service Director for Older People's
Services and Mental Health

Cambridgeshire County Council

'There is huge sensitivity about information sharing. Having one health and social care system that the voluntary sector, independent care providers and people who receive our services could all contribute to and share information is such an obvious thing we should have in place. It is very ambitious and I don't know if it will ever be achieved, but we have to aim high.'

Charlotte Black is Service Director for Older People's Services and Mental Health at Cambridgeshire County Council and has been in post since October 2013, when the Directorate was established. Charlotte's role is to work with all key partners that commission and provide services for older people and those with mental health needs on the improvement of outcomes and the design and development of integrated working.

Charlotte has worked in the County Council for the last eight years. Prior to her appointment as Service Director for Older People and Mental Health, Charlotte worked as Service Director in Children and Young People's Services, with a lead responsibility for prevention, early intervention and targeted support. Before joining the County Council, Charlotte worked in the NHS and was responsible for public health, health improvement and service integration.

This morning I met a group of carers caring for people with dementia and I took the opportunity to ask them what they thought I should be saying this afternoon. They were talking about the many challenges they face and I asked how many of them thought that there was a technical solution for some of the problems that they were facing. They looked a bit puzzled so I gave an example of what a technical solution might be. For instance, I said would you look online for information. I suggested that another example of technology is something that our Assistive Technology Services in Cambridgeshire does which is a rubber duck on the end of a bath plug chain. A lot of older people have accidents when they try to reach down to pull the plug out of the bath and they fall. I asked if they would use that and they all said they would and it sounded brilliant. I thought that there was something there about the language that we use. While we are using language that everyone in this room might be comfortable with, for some of the people that we are concerned about, it may be a bit scary.

I would like to tell you a bit about the work we are doing in Cambridgeshire to try and really change the way that we deliver social care. My background is in health and local government. I have spent most of my recent time working in children's services. When I came to work in older people's services I was really surprised by how focused the service was on what we would call care management.

What we plan to do in Cambridgeshire is to almost completely change the focus of the way in which we are working. The traditional way in which adult services are provided is

ongoing support, with less of a focus on helping people to help themselves or providing short-term help when it is needed. We are trying to flip that around so we are redesigning all of our social care services so that we have much more focus on tier 1 – being helped to help yourself, tier 2 is help when you need it and then tier 3 is ongoing support.

The key assumption that underpins what we are trying to do is that when someone hits crisis they don't automatically go into a permanent care setting. This means that, when it comes to tier 3 services, the focus is more on how we put that in place and how we improve the quality of that care. That is a major cultural change for a group of staff who are used to working in a particular way, but want to work in a different way and we are going to have to take them on that journey with us. We see technology as being absolutely key to the way in which we do that.

I'll briefly mention what we have described as the key aspects to an integrated system. For the people that we are talking about today, often their main source of support is the health service and the support they get from local authorities is often going on in the background. Many of those people don't want to come near a local authority social care service because they think that we will either look into their bank accounts, put them in a care home or do things that they really don't want to happen.

For that reason we are very keen on getting to the point where we have a way of delivering support for all vulnerable adults in a way that is much more integrated between health and social care.

Our experience is that if you have a shared assessment process that will make a whole lot of other things fall into place. You can identify that what will make a difference to someone is not necessarily a certain number of homecare visits a day or being put in a residential home. It may be something much simpler which might concern their loneliness, isolation or fear of going outside. I won't dwell on those today but I think they are quite key when we talk about using technology to implement the Care Act which is across health and social care.

I wanted to give some very practical examples of how we think technology could help us as a local authority as we start to implement the Care Act. Some of these we are doing already, and some are things that we really want to do, but don't yet have the tools available to us. It would also be useful if we could work together with other local authorities rather than each authority doing their own thing. We all need to understand what is out there in the technology market, and what is being done at national level. But if we have to do it on our own, we will because we think it is really critical to move forward.

We have talked a lot about sharing information – but we need to think more broadly than online information. We have been talking to people about where they go when they are feeling lonely, isolated or anxious. What they want isn't necessarily an online solution. What they want is a place that they can go such as garden centres, hairdressers, libraries – places where they can go which doesn't have a particular label attached to it, but where they can meet other people in a similar position. Most importantly they can talk to someone who can give them not just the information, advice and support but the human contact that they need.

We are really interested in doing some work across health and social care – and particularly primary care – and asking can we do better in terms of how we use the data and intelligence available to tell us when someone has increased vulnerability. There is lots of research which suggests that there are key points, such as bereavement, where people's vulnerability increases exponentially – but we don't do anything with that data. It is held somewhere else and is never really used to prevent an escalation of that person's needs.

Recently we did a survey of social care in Cambridgeshire and loneliness was a big factor. We heard some moving anecdotes from people who really didn't leave their homes. We are interested in finding out who is lonely or isolated and where they are, what are their skills and how they can use them? How can we enable them to meet and make contact? My question to you is how can we use technology in a really effective way in order to do that?

We have got a very good Assistive Technology and Telecare Service in Cambridgeshire which is joint-funded across health and social care. They are trying very hard at the moment to get assistive technology built in to new homes. Not just something for older people but for people with physical disabilities as well. That is something that needs to be in houses as a matter of course.

Once people do actually need some help, we want to get to the point where they can start their own assessment online. This is a classic example where there seems little point in one local authority doing this on their own. Many people say that they go through the assessment process and at the end of it they don't necessarily get the support that they were looking for. What they want is a tool to help them think through the options for themselves or for a relative, friend, or partner. They want to consider how their needs are increasing, how they can prepare for what is ahead and what is available.

We are interested in developing a tool that could work across professional groups to assess need prior to a statutory assessment. The word 'assessment' has a particular connotation in social care which isn't very helpful. We are thinking about something similar to the current assessment framework for children's services but for adults. Something that doesn't necessarily lead to a statutory assessment but is a way to get a much more holistic picture and to find out what would make a difference to a person's situation. At the moment, your pathway through care and support depends on where you present – be it social care, the voluntary sector or the health service. We want to move beyond that and have a common language and system to find out what will prevent an escalation of needs.

There can be challenges in developing mobile working for professionals. It is a workforce development and cultural issue but I am convinced that when people have the right tools and systems they will realise it is a good way forward. It will free up resources as long as we can get the right support in place for staff.

Often the way in which local authorities will think about what technology they need will be based on where they need to collect money, working out what someone's financial position is or assessing someone's eligibility. What they don't often start by asking is: if

they were someone using the service what would they be looking for and how would they get involved with the process? We need tools and systems that are interactive so people can actually access their care account themselves, make changes to it and look at it with their carers or support network. Across health and social care that would make a huge difference and I think that in itself would drive behaviour change amongst professionals and within the system. If patients and users of our services say 'This is how we want things to be' then the system will have to respond. I think that the will is there, but it is a big jump in the current environment.

In Cambridgeshire we have one CCG (clinical commissioning group) across two local authorities, we have five district councils, five local commissioning groups, four acute hospitals and around 200 GP practices. That is not unusual for a county and it is a good place to work with a good track record in joint working, but it makes implementing some of these things very challenging. There has to be a huge amount of sign-up in order to implement them but it is very much where we want to get to.

I'd like to conclude with a few of the challenges. I spoke to colleagues in my own local authority who know more about technology than I do, and I asked them what messages they wanted me to share today. One point was: are we clear about the local and national ambition? What are we aiming for and what would good look like? Can we articulate that in a clear way that actually provides some meaning and direction?

I do a lot of work across health and social care and there is a lot of talk about the different agendas and language that is used. For instance the **Digital Maturity Programme** is an initiative by the NHS, within social care we have the Care Act and the **Better Care Fund**. Sometimes we find ourselves in the middle of different government initiatives that are related but also appear to pull you in a slightly different direction. At a local level that can be really challenging.

There is huge sensitivity about information-sharing. Having one health and social care system that the voluntary sector, independent care providers and people who receive our services could all contribute to and share information is such an obvious thing we should have in place. It is very ambitious and I don't know if it will ever be achieved but we have to aim high. I have had lots of debates with professionals about who they can share information with and who they have in the room when they talk about their patients. One of the ways around this is consent. If you talk to the people receiving services they would say would happily give consent for their information to be shared. You don't meet many people who don't expect us to share their information.

There is an issue around public service networks for health and local authorities and working out how you use those together. It is about closing the gap between technology development and operational delivery. It would be really good to have a few frontline staff in the room to say what would make a real difference to them. Most people who do this work want to do a really good job, so getting them involved in the discussion would be really useful.

There is a need to make a case for investment even though local authorities are in a challenging financial position but it is easier to get funding if you can make a business case. We need to be able to do that with technology, but often you are doing that with people who aren't particularly comfortable with it themselves. There is an education job

to be done. We struggle sometimes, not so much to find the products as we are in contracts with key providers, but to get the system to do the things that we bought it to do without investing further money with developers.

The system is under pressure but I think we are very keen to think and work differently because there is no alternative. Technology could be absolutely key to this. I have worked in the public sector all my life and I think that social care is the most challenging agenda I have ever worked on. I think technology could be the key that will help us unlock some of the really big issues that we are facing.

Appendix 1 – National Information Board

The National Information Board (NIB) sets the strategy and direction for the health and care system on information technology and information. It is overseen by the Department of Health.

The purpose of the NIB is to:

- provide leadership across health and care organisations on information technology and information
- design and develop the vision, strategy and direction for the health and care system through engagement with partners and stakeholders, including industry
- ensure that priorities for investment and delivery are clear
- provide the annual commissioning priorities for the Health and Social Care Information Centre (HSCIC) and turn these into an agreed delivery plan

Cross-cutting priorities were agreed by the Government and the National Information Board in **Personalised Health and Care 2020: A Framework for Action**.

In this document, the National Information Board for the first time agreed the strategic priorities for data and technology in health and care given the need to work together to improve health and care for patients, carers, service users and citizen.

The detailed work on implementation is being taken forward with the same shared leadership, and it was agreed that to take forward Personalised Health and Care 2020, a number of cross-cutting work streams would be set up, to report back with roadmaps by June 2015.

The work streams are:

1. **providing patients and the public with digital access to health and care information and transactions**
2. **providing citizens with access to an endorsed set of NHS and social care apps**
3. **setting the commissioning and regulatory roadmap for implementation of digital data standards by 2018/19**
4. **roadmap for comprehensive data on outcomes and value of service now – ensuring the business intelligence requirements of health and care are met now**
5. **making the quality of care transparent: roadmap for publication of comparative information**
6. **build and sustain public trust: deliver roadmap to consent based information sharing and assurance of safeguards**
7. **bring forward life-saving treatments and support innovation and growth**
8. **support care professionals to make the best use of data and technology**
9. **assure best value for taxpayers and open up existing infrastructure**
10. **enabling information standards (to be published later)**

More on the **National Information Board**

Appendix 2 - Speakers and invitees

Chair – Lord Michael Bichard, Chair, Social Care Institute for Excellence

Speakers

Jon Rouse, Director General, Social Care, Local Government and Care Partnership, Department of Health

Keith Spink, carer and Senior Digital Developer, Social Care Institute for Excellence

Martha Lane Fox, Cross-bench Peer, House of Lords

Jim Thomas, Programme Head for Workforce Innovation, Skills for Care

Madeleine Starr, Director of Business Development and Innovation, Carers UK

Charlotte Black, Director of Older People's Services, Cambridgeshire County Council

| | | | |
|-----------|------------|-----------------------------------------------------------|-------------------------------------------|
| Ben | Allen | Chief Executive | Oomph! Wellness |
| Dave | Anderson | Head of Digital | Social Care Institute for Excellence |
| Natalie | Bateman | Head Of Health, Social Care, and Local Government | TechUK |
| Laura | Bimpson | Partnerships Manager | Shop4Support |
| Matthew | Birkenshaw | Head of Adult Social Care Technology and Systems Policy | Department of Health |
| Sinead | Brophy | Chief Executive | My Support Broker |
| Charlotte | Buckley | Deputy Director, People, Communities and Local Government | Department of Health |
| Dominic | Campbell | Founder and Director | FutureGov |
| Andrew | Cockayne | Managing Director | Captive Health |
| Peter | Counter | Chief Technology Officer | Health and Social Care Information Centre |
| Terry | Dafter | Corporate Director of Adults and Communities | Stockport Metropolitan Borough Council |
| Mark | Davies | Director, Informatics and Digital Strategy | Department of Health |
| Andrew | Fenton | Informatics Strategy | Department of Health |
| Martin | Ferguson | Director of Policy & Research | Socitm |
| Kelly | Gaddes | Global Solutions Director (Care) | CloudBUY |

| | | | |
|------------|-----------|---------------------------------------------------|------------------------------------------------------|
| Stephen | Goulder | Director of Operations | Social Care Institute for Excellence |
| Hazel | Harper | Assisted Living Innovation Platform Leader | Innovate UK |
| Sally | Higham | Chief Executive | RunAClub |
| Jeremy | Hughes | Chief Executive | Alzheimer's Society |
| Tony | Hunter | Chief Executive | Social Care Institute for Excellence |
| Pete | Jackson | Head of Adult Social Care at West Midlands ADASS | West Midlands Improvement and Efficiency Partnership |
| Abigail | Lock | Head of Communications | Mears Group PLC |
| Glen | Mason | Director for Social Care Leadership & Performance | Department of Health |
| Kevin John | Minier | Carer | SCIE Co-production Network |
| Dave | Probert | Personal Assistant | Social Care Institute for Excellence |
| Paul | Rice | Head of Technology | NHS England |
| Helen | Rowntree | Head of Strategy & Digital Media | NHS England |
| Alyson | Scurfield | Chief Executive | Telecare Services Association |
| Mark | Sinclair | Chief Executive | Quickheart |
| Iris | Steen | Head of Communications | Social Care Institute for Excellence |
| Martin | Tod | Chief Executive | Men's Health Forum |
| Paul | Webster | Technology Advisor | Lasa |
| Annie | Whelan | Development Lead | Mental Health Providers Forum |
| Jenny | Wood | Head of Social Care and Support | Warwickshire County Council |

Technology changing lives: how technology can support the goals of the Care Act

In early 2015, SCIE arranged a series of roundtable discussions exploring how to improve care and support at a time of growing demand, demographic change and financial constraint.

These sessions covered:

- Community-led care and support
- Leading the Care Act
- Health and wellbeing boards (jointly with The King's Fund)
- Social care and technology (jointly with the Department of Health)

This is the report from the social care and technology discussion which was organised jointly with the Department of Health. This roundtable has also helped inform the thinking of the **National Information Board**.