

# Care Software Providers Association



2020/2021 Virtual Roundtable Series

*Maximising how software & systems  
can improve the quality of care*

**Session One, 17<sup>th</sup> September 2020**

**ROLES IN ADVANCING DIGITAL  
ADOPTION IN SOCIAL CARE  
AND OVERCOMING OBSTACLES  
THAT MAY LIE AHEAD**

ROUNDTABLE WRITE-UP

**The Care Software Providers Association (CASPA)**, is an independent association representing the views and interests of social care software providers across the U.K.

The objectives of CASPA are:

1. The promotion and continued growth of the use of digital technologies in the social care sector to improve the quality of care delivered
2. Promoting advances in the digital information flow across social care to provide openness and transparency of care being provided
3. Lobbying parties outside social care to improve the digital information flow between social care and others, in particular the NHS
4. Creating standards, such as those for electronic information transfer, where such standards do not currently exist
5. To create a framework to assist in providing service continuity for members customers

[www.caspa.care](http://www.caspa.care)

## Executive Summary – key points

This virtual roundtable event, the first in a series to be continued through 2021, was established to bring leaders from across the UK social care sector together; namely care providers, care representative organisations, regulators, technology suppliers and those from technical departments within the NHS, with the high level aim of maximising how software & systems can improve the quality of care.

The roundtable was structured as two parts; the first being an opportunity for each representative to state what digital social care means to them and their organisation, and the second being an open discussion around the question “How do you see your role in advancing digital adoption in social care and overcoming obstacles that may lie ahead?”

### *Part 1: What does digital social care mean to you?*

- Social care is not yet widely digital and therefore often missing the complete picture of a person’s needs
- Digital is an opportunity to improve the quality of care and care outcomes
- Care providers are dealing with increasingly complex care needs and should have access to all relevant care information
- Regulatory inspections have shown that digital can help people be more independent, reduce isolation and give people more control over their health, safety and wellbeing
- Data standards are required for digital to be most effective
- Known gaps exist in the care sector’s readiness to go fully digital. These need support to be addressed
- The care workforce is a key component to successful digital adoption

### *Part 2: Roles in advancing digital and overcoming obstacles to adoption:*

- Improving the depth and breadth of the digital skills of the care workforce
- Better management of information governance and data sharing hurdles, as highlighted by the need and current difficulty of data sharing between GPs and care providers
- The crucial role of the regulator in proactively supporting and showcasing this digital transformation

- Facilitating digital adoption also requires:
  - clear benefits messaging from the top
  - improving connectivity infrastructure
  - providing financial support for care providers

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## Roundtable Introduction

This virtual roundtable event, the first in a series to be continued through 2021, was established to bring leaders from across the UK social care sector together; namely care providers, care representative organisations, regulators, technology suppliers and the NHS, with the high level aim of maximising how software & systems can improve the quality of care.

This first event included three care companies delivering residential or domiciliary care, the industry regulator, several care software providers, a charity for workforce development and several independent social care associations representing home care, independent residential care and not-for-profit organisations in the care and support sector, as well as representatives from both digital and technology divisions of the NHS.

The roundtable was structured as two parts; the first being an opportunity for each representative to state what digital social care means to them and their organisation, and the second being an open discussion around the question “How do you see your role in advancing digital adoption in social care and overcoming obstacles that may lie ahead?”

The roundtable was held under **the Chatham House Rule**. As such participants are free to use the information received and best efforts have been made in the preparation of this write up to avoid revealing the identity, or the affiliation of the speaker or revealing the identity of any participant.

The term **digital** is used by speakers in reference to both the specific use of digital care management systems as opposed to paper based social care records, as well as being used in the broader sense to describe the shift to a more technology enabled social care system, for example using internet of things (IoT) devices to remotely monitor care receiver activity, safety or health.

## Part 1: What does digital social care mean to you?

**Several key themes emerged during the discussion:**

**Social care is not yet digital across the majority of the industry** and is often working in an environment where it doesn't have the tools in place to see a complete picture of a person's needs, or how a care business is operating and how it should plan for the future.

Digitising social care can enable better outcomes for the people we support with less opportunity for them to come to harm. This applies equally to care staff as well as those receiving care.

We have **an opportunity to improve the quality of care and care outcomes** via sharing information between Health & Social Care, using remote monitoring or IoT devices to support people to live in their preferred place with dignity. Being transparent and accountable is key and digital technology can play a significant part in achieving that. Digital isn't only care records and together with other items of technology we can assist people to live purposeful and happy lives.

Digital tools are fundamental to how we can improve and enhance the care people receive in their homes. **Care providers are now dealing with increasingly complex care needs** across all aspects of care and digital tools provide a speedier interface and exchange of information with clients, employees and other health professionals. This also allows supervisors to identify where good care is being practised and to quickly intervene when an issue or concern is raised.

**Inspections by the regulator** have shown that technology and digital can help people be more independent, reduce isolation and give people more control over their health, safety and wellbeing. If the data available from these digital tools is used properly it can help employees to prioritise and focus on those people in most need. Digital is a great aid in providing transparency for people being cared for, for their families, for care employees and for other professionals to share good practice.

Regulators would like to be more welcoming and able to accept data that is available from existing digital tools in the future. While not an end in itself, this data sharing

can ensure high-quality person-centred care, especially when technology and digital is designed with those receiving care to ensure it works well for them.

**Gaps exist in our readiness to go digital;** gaps in infrastructure to allow the easy use of digital, gaps in care staff familiarity with digital solutions, gaps in data standards and definitions and gaps in information being easily available to all those who need it. These gaps need to be addressed as it is important to take the opportunity now to get the basics of using digital tools right, to ensure consistent use of digital. Universal access through good connectivity, wifi and 4G for example, to make sure portable devices are readily obtainable and that training and support is provided with clear examples of what good looks like in different care settings.

**Data standards** are important if we are to capture information and use it most effectively. Care data needs to be defined so everyone can understand it, structured so it's consistent in its recording and needs to be readily available to all those who need it. This should happen at a very large, system-wide scale.

One care provider commented that having witnessed digital in other industries before managing care homes, **social care's future lies in a digital transformation** because live, effective data is needed to support better decision making and quality care delivery. Digital encourages proactive care vs reactive care that we previously found to be common when on paper care records. Live information keeps staff up to date and allows them to make better informed decisions to better meet the needs of the individual. Safe, effective, responsive, personalised care delivery made easier through digital care systems.

From a workforce perspective, it would be great to say that digital social care is business as usual, something in our every-day "tool kit", just another part of how we care well for people, but we are not there yet and it's our responsibility to think through and work through some of the barriers that remain and ensure it becomes business as usual. **One of the key "unlockers" to using the digital element of the care tool kit now available is the engagement of the care workforce.** We remain a long way from enabling staff to get involved and push forward the potential of technology and many organisations are only now taking their first step on this journey. That said, in two- or three-years' time we will be amazed at how much capacity our workforce has to engage with technology and drive its best use, but we are just at the start today.

## **Part 2: How do you see your role in advancing digital adoption in social care and overcoming obstacles that may lie ahead?**

The first obstacle identified related to the current **digital skills of our care workforce**. One care home participant's experience when implementing a digital care system across a small multi care home business, was that employees care skills are typically greater than their digital literacy and to ensure systems are used most effectively once live, work needs to begin three months ahead of implementation to guarantee the workforce is best able to manage the data workflows and care insights that arise. The key take-away for this provider's experience was the need to communicate across the business about the upcoming change and to have a comprehensive project framework showing the items to be done, how they will be implemented and their timeline. This may include providing e-learning English language courses and IT courses. As many providers do not have a dedicated in-house project resource or the aid of outside consultants, sharing a universal/generic project management framework could be of help to overcoming this obstacle. Digital tools involve doing things slightly differently but is not about asking employees to do more.

A recent survey around digital skills showed that the care workforce is not as reticent towards the use of digital as is often assumed for those deemed to be less digitally confident. Employees want to get better digital skills, see having them as part of their job and as a challenge they want to undertake. The two key barriers that employees did identify were more structural than relating to their capacity to learn; Firstly having the time to learn, one on one with someone taking them through the steps and for this to be paid time while on zero hours contracts. Secondly, the difference between existing digital skills developed from tech use outside of care and those needed to effectively operate digital care systems. Identifying the specific digital care skills needed was an area to investigate further.

A domiciliary care provider highlighted how their employees had become more active in the way they contributed ideas and their feeling towards the care they deliver once they began using a digital care management system. This had created a positive sense of ownership and the feeling that the job they do is valued by both their organisation and by the families of those receiving care. Employees could easily see that their care records and views were contributing to the person-centred care of their clients. This ownership is key to moving the professionalism within the industry further forward and this is needed given care givers have more responsibility than ever before, especially with increased medication provision and more complex and

end of life care being delivered at home. Digital can also be used to demonstrate best practice to other care professionals.

Care member organisations can take a role in inspiring care provider leaders by showcasing to their members the technology “art of the possible” and by supporting those leaders and those in Government with relevant information. This is essential given digital will impact every level of these organisations in the future.

Progress towards better social care through the use of technology is definitely being made and this is now moving quicker than ever, but as this progress is the cumulation of many smaller projects and ongoing conversations, each of these needs to remain a focus and to be individually successful. We are also encountering new barriers as we take these steps forward, for example overcoming the historic divide that exists between general practice and social care when it comes to professional trust and the necessary sharing with professionals across social care of the care receiver’s data held within GP systems.

This negative historic attitude should be raised at the highest levels very quickly if we are to continue to make the progress that is fundamentally needed. Such conversations need to be system wide to be most effective. As such, **Information Governance (IG) and Data Sharing** and the perception of how this is managed within social care were also identified as obstacles. Information governance should stop being frequently used as an excuse not to share data, but rather seen as an opportunity to find ways to share relevant information in a safe and useful way.

One care provider remarked that given how much daily contact they have with those in their care compared to other professionals, along with being a trusted social care provider of a Local Government Authority and having successfully implemented the Data Security and Protection Toolkit, their views should not be side-lined by other health practitioners as is too often the case today. When this occurs, it is very demoralising for social care staff. A care provider representative highlighted how many tasks were recently asked of care providers by GPs during the coronavirus pandemic, and that to then be side-lined by GPs on items such as data sharing is not appropriate.

The regulator commented that they were shocked but not surprised by this GP data sharing issue and stated that they have a role to play here in how they look across providers and their focus upon how effectively those providers are working together. Regulators take a dim view of poor practice and do want to use their existing powers to drive these kinds of improvement and to change negative behaviour. This example of politics around data sharing was described as the elephant in the room

by one software provider, but that a solution lies in clear guidance “from the top, via both the NHS and the regulator” as to the need to share data to achieve the best person centred care. Historically, such top down clarity has successfully stopped these divisional politics.

The **Role of the Regulator** and its approach to promoting the use of technology and associated data sharing within care was raised. The question asked was whether the regulator should be more prescriptive as to what is required? How much should these items be hardwired into the regulatory definition of quality? Does the regulator need to be more specific as to what is required to be good in care?

Given experience of inspectors occasionally being unwelcoming towards, or not understanding digital care records, a care provider representative suggested that a key role for regulators is to set out the future pathway by stating that digital is a core part of that future and explain why this will positively transform the care on offer. Possibly taking the approach of asking providers “why wouldn’t you have this given it really does make a positive impact to care outcomes?” It is important that the correct approach to encouraging the use of digital is taken, as experience suggested the further complication from local authorities imposing systems vs. care providers being able to choose those tools that best meet their care delivery needs.

In response the regulator suggested that where they are being a barrier to adoption, real or perceived, they need to get out of the way, demystify digital care records and amplify their findings of best practice. The regulator’s role is seen as being to:

1. get out of the way
2. inform and empower, share best practice
3. set standards and expectations
4. build effective partnerships
5. make use of benefits e.g. data is available for monitoring while assessing risk and quality
6. drive the agenda on a single view of quality, to support secondary use of data and reduce duplication of effort – with people at the centre of this definition

The need for Government and regulatory entities **to facilitate the adoption of technology** was made clear. This was expressed as three key areas of need; (1) clear messaging from the top as to the adoption of technology to assist care (as described above) (2) infrastructure for digital connectivity and (3) financial support for technology adoption.

Ensuring that the broadband or mobile signal infrastructure is appropriate for technology to be used within care is a necessary step. This has begun to be addressed for care homes through a recent NHS led internet deal programme.

Commenting that while technology brings business efficiencies along with better care outcomes, several participants highlighted that the investment in training, software and hardware required can be an initial hurdle given the underlying economics of the industry.

While the benefits of technology have been shown more than ever before during the pandemic, this financial deficit has been exacerbated by the additional costs of coronavirus-related PPE. Recognising the benefits to care receivers, care givers and also the broader UK care system that comes from the move to digital, should allow financial assistance to be provided to those taking this step.

Participants also highlighted that support programmes should be inclusive and available to community-based care providers as well as to those operating care homes.

## **Reflections and next steps from the roundtable discussion**

Throughout the round table it was clear that social care is currently undergoing a structural change for the better, as digital tools and technology transition from being used successfully by a minority of organisations, to becoming business as usual for social care providers, the regulator and local authorities. While this direction of travel was unanimously accepted by all groups participating, several enablers and barriers to widespread digital use were identified and reviewed.

Post event format changes suggested were to:

- invite participants from the health sector
- rotate the CASPA member software/technology suppliers present

Participants agreed to continue this discussion at the next roundtable, scheduled for December the 3<sup>rd</sup> 2020 at 10am-11.30am.

*CASPA has been established in the UK as an independent, not for profit, member-driven association. Membership is available to companies involved in the provision of software to the care sector. The association is currently led by a volunteer group of founding board members, each of whom manages a well-established software company that provides solutions for social care providers.*

*For further information regarding membership and CASPA activities, please contact [membership@caspa.care](mailto:membership@caspa.care)*

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