

Innovating for independence: a win-win for health and social care

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Interviewees

We would like to thank all seven interviewees for giving their time and candid insights to support this research paper:

- Helena Zaum, Chair, techUK's Social Care Working Group
- Su Irving, Head of Adults Partnership Commissioning, Medway Council
- Steve Hughes, Director, Policy Points
- Helen Whatley MP, Former Minister for Care
- Rob Kennedy, Head of Sales & Business Development, Kyndi

And two others who wished to remain anonymous.

The arguments and any errors that remain are the authors' and the authors' alone.

ACTIONS TO SCALE TECHNOLOGICAL INNOVATION IN SOCIAL CARE

Action 1: An umbrella organisation should hold a repository of evidence on technologies in adult social care and should distribute bi-yearly summaries to local authorities and ICBs.

Action 2: Guidance on the role and use of data in technologies should be co-produced by practitioners, commissioners, the technology industry, charities and academic organisations.

Action 3: Central Government should establish a more substantial grant fund for the adoption of technology, building on the Accelerating Reform Fund.

Action 4: A simplified procurement process for new technologies should accompany the new Fund.

Action 5: Local authorities and NHS Trusts should collaborate in the procurement process through the use of joint bids, ensuring both the costs and benefits are shared.

Action 6: Local authorities should support their workforce to improve their digital skills and enhance their capabilities, allocating appropriate time to training.

Action 7: Leaders and senior employees should demonstrate enthusiasm and desire to use technological innovations and enhance their own and their workforce's digital skills capabilities.

1. Introduction

The adult social care system is in crisis. An ageing population, with people living longer in poor health, combined with a local government system at financial breaking point, means that without innovation and reform, this crisis will only worsen.¹

By 2035, 67.8 per cent of people aged 65 and over are likely to have two or more conditions, compared to 54 per cent in 2015.² This places strain on all aspects of healthcare, but it is a particular concern for the delivery of adult social care services, which currently cost local authorities £28.4 billion a year (accounting for more than 40 per cent of all local authority spending).³ At the same time, Age UK estimates that two million older people in England have an unmet need, with staff capacity issues being one contributing factor;⁴ alongside up to 1.5 million disabled, working-age adults with unmet social care needs.⁵

Such stretched services, and significant unmet need, is also having a knock-on impact on NHS services – both in terms of increasing the likelihood of older people requiring hospital care (for example due to preventable falls or failing to identify a deteriorating condition) and in delaying their discharge back into the community.⁶ That means beds taken up unnecessarily, which in turn delays care for other patients on already long waitlists.

Addressing the system level social care crisis will require fundamental reform. But emerging innovative technologies have the potential to significantly improve the delivery of social care in the short-term. This can be done via monitoring an individual's health and wellbeing, enabling earlier intervention, personalising care packages and in turn, boosting capacity.

Realising these benefits would be a 'win-win-win' for those receiving care, local authorities and the NHS, and at a time when the need is urgent.

There is already evidence of such technologies being used to increase the quality of care, provide better choice and control for patients and practitioners, and in doing so generate substantial efficiencies.⁷ These technologies are enabling people with social care needs to continue living safely and independently in the comfort of their own homes, while remaining connected to their families and friends. This simultaneously increases capacity in social care services by more effectively tailoring care packages to actual need. Real-time home monitoring – for example through sensor-based technologies – also gives clinicians the confidence to discharge individuals from hospital once they are ready, again freeing much needed capacity.

¹ Office for National Statistics, 'Living Longer: How Our Population Is Changing and Why It Matters', Webpage, 13 August 2018.; Reform Think Tank, 'Back from the Brink: Radical Ideas for Sustainable Local Finances', December 2024.

² Andrew Kingston et al., 'Projections of Multi-Morbidity in the Older Population in England to 2035: Estimates from the Population Ageing and Care Simulation (PACSim) Model', *Age and Ageing* 47, no. 3 (May 2018).

³ The King's Fund, 'Key Facts and Figures about Social Care', 1 July 2024.

⁴ Age UK, 'The State of Health and Care of Older People in England 2024', September 2024.

⁵ HealthWatch, 'Missing Millions: Exploring Hidden and Unmet Social Care Need for Disabled People', July 2024.

⁶ Nuffield Trust, 'Delayed Discharges from Hospital', August 2024.

⁷ The King's Fund, 'Technology in Adult Social Care: Very Wide Potential – but Only If Developed in Partnership', 1 August 2023.

However, too much of the technology is not being scaled, instead getting stuck in a “mentality of piloting”,⁸ where their use is considered more of a trial than a long-term solution. And where technologies are delivering value, this is siloed in individual local authorities with limited sharing of best practice backed by solid data, and rarely deployed as a cross health and care system asset – despite the potential returns to both social care and NHS providers.

In addition, there is often a tension between long-term improvement and short-term issues. Leaders in adult social care are often too busy firefighting immediate problems that they are not able to take a more strategic, long-term view of the opportunities in technology and social care. However, when it comes to technology, this is a false dichotomy: much of it is quick win territory – requiring relatively little investment, limited change management, yet with almost immediate returns.

It is therefore very encouraging to see the Government citing the value of these technologies and committing to setting national standards “so that people receiving care, their families and care providers can confidently buy what works and get the safest, most effective tech into their homes or services”.⁹ With longer-term reforms delayed until the newly announced Casey Commission reports in 2028, it is urgent that such technologies are implemented at pace and at scale to deliver system-wide benefits and boost much needed capacity, meaning more individuals can benefit from care in their homes.¹⁰

This briefing paper explores the barriers that are preventing proven technologies being scaled – and that will stand in the way of the Government achieving its ambition of “harnessing the power of care technology to transform care and support older people to live at home for longer” – and put forward actions that can help build a modern, technology-enabled social care system.

⁸ Ibid.

⁹ GOV.UK, ‘New Reforms and Independent Commission to Transform Social Care’, January 2025.

¹⁰ Ibid.

2. The State of Technology in Social Care

2.1 Overview

The potential of technology to improve the delivery of adult social care has received increasing attention in recent years and has been a common feature of government strategies for the last decade.

The Social Care Digital Innovation Programme (2017), NHS Long-term Plan (2019), National Data Strategy (2020) and White Paper on Adult Social Care Reform (2021) all committed to integrating data and promoting innovative technologies in the sector to better improve patient experience and efficiency.

Significantly, over this time, the sophistication of the technology itself has evolved substantially. The initial use of technology in adult social care was limited, with early adoption focusing on, for example, digital health records. In more recent years, the use of remote sensors, advanced AI data analysis and pioneering telecare tools have helped to improve care services, enhance patient outcomes and increase system wide efficiencies.

Lilli

Lilli provides non-intrusive monitoring technology for home care to support people to live safely and independently at home for longer. Through AI driven technology and discreet sensors within the home, carers can gain an understanding of someone's care needs so that care packages can be tailored to meet the specific needs of individuals – thereby optimising costs and resources. The technology picks up trends and behaviours around eating and drinking, sleep, bathroom activity and mobility. As well as enabling independent living, and helping give peace of mind to loved ones, the technology can also help identify health decline before conditions become acute, enabling early action to be taken to prevent deterioration of a condition and a hospital admission.

Lilli's technology is already being used by a number of different providers with evidenced impact. For instance, Reading Borough Council used the data produced by Lilli's technology to help to save 25 per cent of care costs per service user.¹¹ This amounts to generating an extra 2,400 of carer hours.¹² North Tyneside Council also adopted Lilli's remote monitoring technology and within six months, successfully generated 7,132 additional carer hours, the equivalent of redeploying 12 full-time carers daily.¹³ Nottingham City Council also introduced Lilli's technology, and data suggests sped up hospital discharge.¹⁴

¹¹ Lilli, 'Empowering Independence: Lilli's Impact with Reading Borough Council', 2025.

¹² Ibid.

¹³ Lilli, 'Transforming Care Delivery: Lilli's Partnership with North Tyneside Council', 2025.

¹⁴ Lilli, 'Accelerating Recovery: Lilli's Partnership with Nottingham City Homes', 2025.

PainChek

PainChek is a medical device used for the assessment and management of pain for individuals who are unable to successfully communicate via self-reporting. PainChek takes a three second video of an individual's face and applies AI to identify facial micro-expressions which may be indicative of pain. The information is then automatically combined with other non-facial indicators of pain and recorded by a carer on a digital checklist to generate an overall pain score.¹⁵

With the information received via PainChek, care workers can decide on appropriate pain management interventions, monitor the effect of these over time and so deliver enhanced pain management practices and drive better outcomes. It is currently contracted to be used in 15,000 residential aged care facility beds.¹⁶

Visionable

Visionable is a unique digital collaboration platform that that enables health and care teams to connect, share and plan care in real-time. It facilitates effective collaboration between care homes and professionals, emergency services, patient homes, GP services and pharmacies to facilitate timely and effective remote treatment.

The Company's patented video collaboration technology enables clinical teams to consult with patients from any destination, across an unlimited number of devices, instantaneously and securely, enabling healthcare intervention without the patient leaving their home.

Using technologies including Visionable, the stroke team at Ipswich Hospital in Suffolk managed to reduce stroke mimic admissions by 87 per cent, spotting the symptoms by way of a remote consultation at the patient's home.¹⁷

2.1 The benefits of technology in adult social care

2.2.1 More personalised care

By giving practitioners more and better information about their patients' care needs, technology in social care offers individuals more personalised, higher quality care.

Monitoring technology can provide more accurate and up-to-date data on an individual's health conditions and pick up health decline. Telecare systems can also enhance communication channels between carers, healthcare professionals and family members.¹⁸ As the case studies above illustrate this has multiple benefits, including enabling preventative and early interventions, reducing unnecessary interruptions for example nighttime checks, and more personalised care visits around the individual's needs and

¹⁵ NHS England, 'Assessing Pain in People with Dementia Who Cannot Self-Report', October 2020.

¹⁶ 'PainChek: Intelligent Pain Assessment', 2025.

¹⁷ Brainomix & Visionable, 'Brainomix & Visionable: Delivering Complete Solutions for Stroke', January 2023.

¹⁸ Skills for Care, 'Digital Technology in Social Care', Web Page, 2024.

patterns. This can also help to reduce the burden on carers, the social care system and hospital admissions.¹⁹

These tools are augmented through sophisticated analysis. Algorithms can analyse the data and generate a range of patient scenarios at a quicker and potentially more thorough rate than an individual might be able to. This can enable more accurate, personalised care plans to be produced. In particular, this supports contingency planning. Specifically with more frail individuals, emergencies are more likely; this disrupts the care plan substantially. Where algorithms can quickly develop care plans, this can help with rapid optimisation of resourcing.²⁰

2.2.2 Realising greater independence for patients

Digital tools play an important role in enabling recipients of adult social care to retain their independence for as long as possible – a key objective in the provision of adult social care. As well as literally enabling someone to stay in their home by ensuring an individual is being safely monitored, technology can also help foster a sense of dignity and control, maintain identity, empower decision making, increase both physical and mental health, and reduce feelings of isolation.²¹

Different technologies help achieve this.²² Communication technologies, for example, enable patients to stay connected to family and friends, as well as to their carers, which can reduce feelings of loneliness while also ensuring that the patient's health status is being monitored.

Assistive technologies can help to realise independence for patients without compromising on the quality of care received or their physical and mental well-being. Devices that play set reminders – for instance, to take medication at a certain time or switch off the gas when leaving a certain area (e.g. kitchen) – mean that individuals can remain at home, retaining greater autonomy.

Home care sensor-based technology, as discussed above, can non-intrusively monitor movement and detect abnormalities, triggering timely help, rather than constant interruptions, and help to delay or prevent referrals to residential care.²³

2.2.3 System wide efficiencies and capacity increases

The use of technological innovations in social care can also deliver substantial cost savings. This has a number of dimensions: smart technology helps to optimise care packages and identify care needs more effectively, therefore allowing more efficient tailoring of packages,

¹⁹ Policy Points, 'From Passive to Proactive: How Monitoring Technology Can Help to Solve the Health and Social Care Crisis', September 2024.

²⁰ ADASS, 'Transforming Adult Social Care: The Role of Technology in Budget Planning', 30 June 2024.

²¹ High Speed Training, 'Promoting Independence in Health and Social Care', 14 October 2024.

²² Skills for Care, 'Digital Technology in Social Care', Web Page, accessed 22 November 2024

²³ Policy Points, 'From Passive to Proactive: How Monitoring Technology Can Help to Solve the Health and Social Care Crisis'.

replicate tasks that carers have to do; prevent hospitalisation; and expedite hospital discharge.

Since adopting *Lilli* in-home lifestyle monitoring technology, for example, Medway Council have achieved £1,250,000 in savings the first year.²⁴ The savings are realised from monitoring the activities of daily living, providing accurate data on where additional care is and is not required. In practice this means adults receiving care can stay in their homes as long as it is safe to do so, avoiding prematurely moving into (much more costly) residential care, and have the correct level of in-home care. Optimising care packages in this way is saving Medway Council over £30,000 a week.²⁵

Administratively, simple but impactful innovations such as electronic care records help to free up carers time by reducing lengthy paperwork; this extra time enables carers to dedicate more time to service users. For example, since using digital social care records at all of Priory Group's 190 care homes is anticipated to save one hour per colleague per week, translating into a £1.1 million saving in 2024.²⁶ Similarly, *Lilli*'s reporting feature enables care professionals to more easily embed data into assessments and reporting to help with optimising care decisions. For instance, their reporting features include detailed night-time analysis, tailored reporting and accessible exportation features.²⁷

Other types of innovative technology can replicate tasks that carers may otherwise be required to perform. Medical dispensers, for example, use visual and audio prompts to alert patients to take their medication, and only release the pills that need to be taken at that point. They can also be connected to other software systems to alert a carer if the medication is not taken. This removes the need for practitioners to visit patients every time they need to take medication.²⁸

Technology can create further benefits across the health and care system by improving at home care and in turn expediting hospital discharge. A plurality of bed blocking cases are caused by waits for care beds and at home support.²⁹ Remote monitoring and virtual wards for example, can provide a safety net as nurses and carers can monitor patients' conditions from their own home, which thus enables earlier discharge without compromising quality of care. Analysis by Policy Points of *Lilli*'s data suggests that this technology could amount to 2.3 million additional bed days in the NHS, which would be the equivalent of freeing up £1.2 billion worth of extra bed capacity.³⁰ Further, technology has also enabled quicker patient discharge from hospitals.³¹

²⁴ Lilli, 'Transforming Care: Lilli's Impact with Medway Council', Web Page, n.d., accessed 22 November 2024.

²⁵ Ibid.

²⁶ LGA, 'Implementing Digital Social Care Records: Case Studies', December 2024.

²⁷ Lilli, 'Lilli Enhances Report Function in Line with Care Act Domains', January 2025.

²⁸ Kyndi, 'Medication Dispenser', Web Page, 2024.1

²⁹ Reform Think Tank, 'The A&E Crisis: What's Really Driving Poor Performance?', February 2023.

³⁰ Policy Points, 'From Passive to Proactive: How Monitoring Technology Can Help to Solve the Health and Social Care Crisis'.

³¹ Lilli, 'Accelerating Recovery: Lilli's Partnership with Nottingham City Homes'.

The Humber and North Yorkshire Health and Care Partnership implemented an app, built in collaboration between NHS, social care and voluntary, community and social enterprise organisations, to identify delays to discharge and who is responsible. The app, which also tracks the total community capacity across the health and care system, then helps carers, nurses and doctors to provide more timely discharge by using available care capacity.³²

2.2.4 Reduced stress and workload for practitioners and loved ones

Technological innovation in social care can also help to reduce the stress and workload for practitioners, individuals' loved ones and informal carers. Given the frequent overburdening and burnout of carers and practitioners, this is particularly valuable.³³

Monitoring technology helps to offer peace of mind for both carers and families. By providing more accurate and real-time data, practitioners, carers and family members can have greater confidence in an individual's wellbeing, as they can immediately access data on their wellbeing and behaviours. Alerts in place for situations where intervention is required not only improves outcomes for individuals, but similarly reduces stress levels for those caring for the individual. Likewise, where technologies can perform basic tasks, carer time can be freed up to spend on more value-add activities, improving work satisfaction.

³² NHS Confederation and Local Government Association, 'Exploring Adult Social Care Funding and Delayed Discharge', 20 March 2023.

³³ Social Work England, 'The Social Work Workforce', March 2024.

3. Barriers to scaling

Despite successive policy pushes and rapid advancements in the industry, social care providers are struggling to successfully deploy this technology at scale and realise whole system benefits. Interviewees for this paper consistently emphasised how a lack of appropriate funding, local government procurement processes, the culture and skills of the workforce, and a poor collection of best practice evidence are all barriers to scaling.

3.1 Awareness of technology

Despite there being numerous effective technologies already on the market, many commissioners of adult social care are not actually aware of what is on offer. Interviewees for the paper consistently made this point, adding that commissioners also have poor visibility of what has already been tried by other providers, and what, for instance, is proving to deliver better outcomes for people, local authorities and the NHS.

Indeed, the “mentality of piloting” noted in the introduction, where commissioners see the use of technology as experimental,³⁴ means that the innovation and reform being undertaken in some areas, and the results they are achieving, are not widely or consistently shared.

3.2 Local government funding and procurement process

The funding available to adopt technologies has been offered to local authorities in a sporadic and piecemeal way. Funding has come from a number of different funding pots including: the Better Care Fund (with a very broad remit to enable the integration of health and social care) and the Accelerating Reform Fund (set up under the previous Government and continued under the current Government, worth around a total of £42.6 million from 2023-2025), as well as ad hoc pots within local authorities.³⁵

Other pots have also been used, such as the Social Care Digital Innovation Programme (part of the five year NHS Digital Social Care Programme) or the Adult Social Care Technology Fund.³⁶ However, the resource available from these funds has been very limited and it is unclear if they will be continued: the former fund provided £1 million, and the latter just over £3 million to just four providers.³⁷

Given the small sums, it means that funding from a single fund often does not provide local authorities with enough money to cover the cost of initial adoption. Interviewees noted that they often have to bid for funding from multiple varied pots. In turn, this leads to different business cases having to be made, resulting in a more lengthy and burdensome process. Additionally, interviewees noted that this issue is further worsened by a lack of collaboration between local authorities and ICBs; there may be some money from the latter that can be

³⁴ The King's Fund, 'Technology in Adult Social Care: Very Wide Potential – but Only If Developed in Partnership'.

³⁵ NHS, 'Better Care Fund', 2025; Homecare Association, 'Accelerating Reform Fund 2024 to 2025: Grant Determination', November 2024; NHS, 'Better Care Fund', 2025.

³⁶ NHS, 'Social Care Programme', 2025; GOV.UK, 'Over £3 Million to Transform Technology in Adult Social Care', October 2023.

³⁷ GOV.UK, 'Over £3 Million to Transform Technology in Adult Social Care'.

bid for and used by local authorities, however this is not always known to local authority commissioners.

Aside from inadequate and piecemeal funding, the actual process of procurement can be particularly difficult for new innovators. There is, rightly, a significant requirement to prove return on investment during the procurement process. But proving value for money on technologies that have not yet been used, or have not been used widely for a long time, can be challenging. Additionally, the cost-savings from new technologies are not always immediately obvious on a local authorities' bottom line. The procuring organisation might not be able directly quantify the benefits that technological innovation provides, such as improved NHS discharge capacity and the ability to get people out of beds in order to get new patients in. The lack of effective communication between local authorities and NHS trusts further exacerbates this issue.

Inadequate and piecemeal budgets, lengthy procurement processes, and a lack of collaboration between local authorities and NHS trusts all prevent the swift and effective adoption of technology and thus act as a barrier to enabling new innovations to be scaled.

3.3 Workforce capabilities and culture

Another barrier that prevents technology from being scaled is the capacity and capabilities of the adult social care workforce. Unless practices are shifted within an organisation, the potential benefits of technologies can become sources of duplicated and wasted effort.

The workforce itself is ageing, and digital literacy is not as high as is needed to work in a technology-enabled environment. An NHSX review published in late 2021 found that "Access to and use of technology was lower among care workers than other groups in the workforce". Illustrating the extent of the skills deficit within some of the workforce, one care manager quoted said: "I'd say ours is half and half, so we've got some staff that, you know, don't even know how to use Google Maps or struggle with Google Maps to get to a new address."³⁸ Though encouragingly, the study also found significant "openness" to using tech more widely.³⁹

This was also a sentiment consistently expressed by interviewees for this paper. They noted that decision makers often have the perception that frontline workers have more access to technology than they actually do. This limited digital exposure causes practitioners to be both confused by, and lack confidence with, new technologies, which prevents innovations from being effectively utilised.⁴⁰

Due to the lack of digital skills, practitioners also appear to suffer from low technological confidence. Low trust in technologies means that practitioners are resistant to using the technology and seeing the benefits it can bring, undermining the case for wider adoption. This is compounded by a risk averse mentality. Interviewees highlighted that "social care providers can be resistant to change". This culture is even harder to change when the sector overall lacks strong digital leadership and change management, further inhibiting the effective scaling of technology.⁴¹

The culmination of all of these factors means where technology *is* implemented, it can often lack sufficient change management. Implementing a technology effectively involves

³⁸ Ipsos MORI, 'NHSX Adult Social Care Technology and Digital Skills Review', November 2021.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

rethinking a workflow for a particular process and the role of the carer within that. Without this, technology can act as an add-on rather than being complementary to the carer and person receiving social care. Technology is often there to better shortcut or support processes, and adding it ineffectively can create duplication. Where effective change management does not exist – often the byproduct of poor digital literacy – the efficiencies of technology in social care are not always fully realised.

Finally, peoples' demand for technology is also complicated. While many patients do want to use technology to enable them to live more independently, some are worried about the technology in their home. Indeed, interviewees suggested that the workforce's hesitancy to use technology mirrors the apprehension of the patients themselves. Whether it is because they are not used to it, do not understand it, or think it might lead to a lower quality of care, this nervousness suppresses demand for new technologies, also impacting the sector's ability to scale evidence-based models and reap the benefits.

A culture which is averse to change, hesitant to adopt new technologies, and does not have the wherewithal to effectively capitalise on innovation is not a sector that is ready to scale technology.

4. Quick wins: scaling technology in adult social care

The smart deployment of technology at scale is crucial to ensuring that system-wide benefits can be achieved. That means overcoming the barriers identified above, through co-ordinated action by central and local government and social care providers. Achieving a more rapid uptake of the existing technologies means greater independence and more personalised care for individuals, and greater capacity in both social care and the NHS to care for people. A double dividend.

4.1 Evidence-base repository

It is important for commissioners to understand the impact and evidence base of technological innovations in order to make informed decisions. Therefore, a repository should be created, with readily available data and information of what works. This should include a standardised format for recording metrics such as cost, implementation methods, and outcomes.

Within this, there should also be a category for preapproved technologies – based on a robust evidence base of return on investment (ROI) – in order to make the selection process easier and instil confidence in commissioners. Consideration should be given to where the evidence repository sits, and ideally this should be shared between a local government body and NHS body, highlighting the fact that both are significantly impacted by the successful adoption of new technology.

There should also be guidelines for practitioners and patients working with new technologies, including a blueprint for successful implementation of the solution. This should be a collaborative effort between practitioners, commissioners, the technology industry, charities and academic organisations to inform practitioners how they use the data and where the data is stored, to help them feel more comfortable with its use. This will also help to give peace of mind to patients, where demand for innovation is often reduced due to concerns regarding the technology.

Action 1: An umbrella organisation should hold a repository of evidence on technologies in adult social care and should distribute bi-yearly summaries to local authorities and ICBs.

Action 2: Guidance on the role and use of data in technologies should be co-produced by practitioners, commissioners, the technology industry, charities and academic organisations.

4.2 Funding and procurement processes

A new and separate funding pot for the adoption of technologies in adult social care should be created to cohere the disparate sources of funding for innovation. The Department for Health and Social Care should review the amount of funding that would be sufficient to

enable all local authorities to do the initial upfront purchasing and implementation of the technology (seed funding) and subsequently allocate the correct amount. Central Government should be clear about how long the funding will be supplied for. The fund should only operate to provide the initial upfront cost of adopting the technology, after which local authorities are responsible for ongoing costs.

Many of these characteristics are already embodied in the Accelerating Reform Fund, but the Government should ensure all previous variations of funding available to adopt new technology are consolidated into this one fund in order to streamline the process for innovators. The upcoming Spending Review presents an opportunity to provide certainty on funding over the next three years.

This pot – an enhanced Accelerating Reform Fund – should be accompanied by a simplified business case proposal at the ICS and local authority level that is explicitly designed to allow for technologies which have not yet been tested in the public sector.

It is important for local authorities and ICBs to work together in the procurement process. Indeed, grouping commissioning responsibilities to enable a more efficient and effective allocation of resources across interdependent health and care services is the fundamental purpose of ICBs. This could take the form of joint bids between local authorities and NHS trusts. This is particularly important given that the benefits from these new technologies accrue across the system in primary and secondary care, therefore each party must share in the costs. Working together more effectively would enable a more strategic approach to procuring technology, mitigate risk and ultimately help to secure better outcomes.

Action 3: Central Government should establish a more substantial grant fund for the adoption of technology, building on the Accelerating Reform Fund.

Action 4: A simplified procurement process for new technologies should accompany the Fund.

Action 5: Local authorities and NHS Trusts should collaborate in the procurement process through the use of joint bids, ensuring both the costs and benefits are shared.

4.3 Upskill and empower carers and practitioners to embrace new technologies

Upskilling care workers so that they are confident and competent in their use of technology is a prerequisite to ensuring that technologies can be successfully scaled. Multiple organisations - such as SCIE, CARE, OpenLearn, and NCF - provide to upskill workers in these areas. Stronger knowledge sharing practices and internal training within organisations could also help to support this process.

Local authorities and other care providers should, where appropriate, encourage their workers to enrol on these courses, and onto courses provided by further education colleges.

Technology providers themselves should also provide training when their products and services are being used, to ensure staff are confident in using the tech.

Given the staffing pressures currently facing the sector, time in training should be proportionate to need. There is otherwise a risk that this could act as a disincentive for care providers to adopt technologies which require upskilling and therefore create a temporary loss of capacity in an already overburdened workforce.

To ensure that the upskilling and empowering of workers is robust, it will also be important for senior management teams to lead by example. They should communicate their own desire to upskill and embrace technology, and undertake training alongside other team members. It is imperative that senior leaders role model these behaviours, endorsing technological innovations and demonstrating good practice.

Action 6: Local authorities should support their workforce to improve their digital skills and enhance their capabilities, allocating appropriate time to training.

Action 7: Leaders and senior employees should demonstrate enthusiasm and desire to use technological innovations and enhance their own and their workforce's digital skills capabilities.

5. Conclusion

Adult social care is in crisis. Demand is already far outstripping supply and continuing to rise, and resources – both in terms of funding and the workforce – are woefully inadequate. Fundamental reform of the sector is desperately needed to put social care provision on a sustainable footing, thereby ensuring people an access high-quality, timely care, provided by a stable, valued and skilled workforce.

However, given the scale of the crisis, and the extent of unmet or under-met need, as well as the impact that the crisis is having on NHS capacity, urgent action is needed now. Existing innovative technologies can deliver better care and enable independent living, while simultaneously boost capacity in both social care and the NHS – as the Government has recognised. Realising these benefits means breaking down the barriers that are preventing rapid deployment, at scale.

Technology offers ‘quick wins’ for improving the delivery, and experience, of social care. Local and central government, alongside the NHS, must work together to deliver system-wide improvements in the short-term ahead of the publication of Commission in 2028.



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