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00:00:08.750 --> 00:00:21.580

Katie Thorn - Digital Care Hub: Hi, good afternoon, everybody, and welcome to our webinar today. We will get started in just a couple of minutes, but just so you are in the right place if you're here for Commissioning for digital Maturity and Cyber Resilience in social care.

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00:00:21.620 --> 00:00:29.509

Katie Thorn - Digital Care Hub: We're just gonna give people some time to finish off some lunch and to find their joining links, and then we'll get started really shortly.

3

00:00:54.280 --> 00:01:10.530

Katie Thorn - Digital Care Hub: Hi, welcome to those who are just joining us. Thank you for being here today for our webinar all about digital commissioning. If you would like to, please do feel free to introduce yourself in the chat, say where you're from, what your name is, what you're hoping to get out of today. We hope to have a really, sort of.

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00:01:10.590 --> 00:01:14.510

Katie Thorn - Digital Care Hub: Full of discussion throughout the session, and we'll be starting in just a moment.

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00:01:34.090 --> 00:01:36.830

Katie Thorn - Digital Care Hub: Thank you to those who are introduced themselves in the chat.

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00:01:36.910 --> 00:01:52.769

Katie Thorn - Digital Care Hub: I think it looks like numbers are sort of stabilizing. I'm sure some people will still be coming through, but, I think we'll get started today. So, good afternoon, everybody. My name's Katie Thorn. I'm the Director of Innovation at the Digital Care Hub, and I'm really delighted to be chairing this webinar today.

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00:01:52.790 --> 00:02:01.170

Katie Thorn - Digital Care Hub: Focusing on Commissioning for digital Maturity and cyber resilience in social care, and hopefully there'll be lots of really practical takeaways for all of you who are joining.

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00:02:01.220 --> 00:02:05.469

Katie Thorn - Digital Care Hub: But first, you're gonna have to deal with me running through some housekeeping, I'm afraid.

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00:02:05.710 --> 00:02:19.679

Katie Thorn - Digital Care Hub: So just so everyone is aware, this webinar is being recorded. All attendees are on mute, and I'm afraid we can't see you, and you can't put your hands up, so please do use the chat for any questions, to talk to each other.

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00:02:19.680 --> 00:02:30.290

Katie Thorn - Digital Care Hub: And if you do have, specific questions to go to our wonderful panel today, if you could please use the Q&A function, just so we can make sure we can keep an eye on them, we don't miss anything at all.

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00:02:30.800 --> 00:02:36.160

Katie Thorn - Digital Care Hub: You will get access to the recording and the presentation following this session.

12

00:02:36.170 --> 00:02:48.900

Katie Thorn - Digital Care Hub: Also for accessibility, there is options to do closed captions on all Zoom webinars. If you would like to enable closed captions, please go to the three buttons and click More, and turn on closed captions.

13

00:02:48.900 --> 00:02:59.520

Katie Thorn - Digital Care Hub: And if people would like a copy of the full transcript as well at the end, as well as the recording presentation, please just let me know in the chat, and my colleague Fiona and I can make sure we get a transcript sent out to you as well.

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00:03:01.110 --> 00:03:02.649

Katie Thorn - Digital Care Hub: Next slide, please.

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00:03:04.180 --> 00:03:14.999

Katie Thorn - Digital Care Hub: Just in case anyone doesn't know who we are, Digital Care Hub is a national not-for-profit. We provide free support to adult social care provider organisations around technology, data protection, and cybersecurity.

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00:03:15.000 --> 00:03:24.349

Katie Thorn - Digital Care Hub: And also work really closely with local authorities, local government, ADAS across the country as well, to sort of talk about the digital transformation in social care more broadly.

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00:03:24.990 --> 00:03:31.230

Katie Thorn - Digital Care Hub: Which is why, on the next slide, we're really delighted to have a great agenda today.

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00:03:31.340 --> 00:03:38.149

Katie Thorn - Digital Care Hub: So, first we'll have Margaret Woodcock from Hull, who's going to be talking about their co-design process for digital strategies.

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00:03:38.150 --> 00:03:51.929

Katie Thorn - Digital Care Hub: We'll then have Becky Churchyard from Buckinghamshire talking about cyber resilience and contracting. And finally, Paul Berney from the TSA talking about digital-first Commissioning and top tips from the ADAS TSA blueprint all about this.

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00:03:51.930 --> 00:04:03.449

Katie Thorn - Digital Care Hub: Some really practical examples and real lived experience about the interface between, technology and commissioning, and the relationship between care providers and commissioners as well.

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00:04:03.450 --> 00:04:17.809

Katie Thorn - Digital Care Hub: And we think this is really important because of that relationship between commissioners and care providers, and also the focus on neighbourhood health and integration that we're seeing nationally at the moment. So, really, really delighted to bring people together today to discuss this in more detail.

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00:04:18.930 --> 00:04:28.380

Katie Thorn - Digital Care Hub: So I think, without much further ado, I will pass over to Margaret. Thank you for joining us, Margaret, to talk about what's been happening at Hull City Council.

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00:04:28.380 --> 00:04:37.919

Margaret Woodcock: Thank you, thanks for the invitation. For anybody who doesn't know, Hull is a unitary authority. We sit in Yorkshire, we're on top of the river.

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00:04:38.150 --> 00:04:45.010

Margaret Woodcock: Humber, or should I say the Humber Estuary, where we're completely surrounded by the East Riding of Yorkshire Council.

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00:04:45.030 --> 00:04:55.489

Margaret Woodcock: And we're about just short of a quarter of a million people in the city. So, we don't have any leafy suburbs, we're very much an inner city local authority.

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00:04:55.500 --> 00:05:11.229

Margaret Woodcock: I'm going to talk to you today about how we developed our digital plan. I'm not saying this is a blueprint for everyone's approach. I recognise that on the call there'll be people from small independent organisations to larger ones, but what I hope is that

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00:05:11.230 --> 00:05:26.299

Margaret Woodcock: by seeing what we did and our approach, that you might be able to pick something up, something might spark an idea, or you might think, oh, I've never thought about that. So this is our journey. Myself and my colleague Amy Martin, Amy is on this call.

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00:05:26.300 --> 00:05:37.980

Margaret Woodcock: were tasked about 3 years ago with writing a digital strategy for Hull. We've since called it a digital plan, but, you know, what's in a word? It's our strategy. It's our strategic plan.

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00:05:37.980 --> 00:05:52.419

Margaret Woodcock: And we were two people in an organization of, what, 3,000, 4,000 in the local authority, and where do you start? How do you kind of go about writing a digital plan? It all felt a little bit overwhelming.

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00:05:52.610 --> 00:05:54.990

Margaret Woodcock: Can I get the next slide, please, Fiona?

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00:05:57.260 --> 00:05:58.240

Margaret Woodcock: Thank you.

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00:05:58.420 --> 00:06:12.860

Margaret Woodcock: So, we knew it was going to be really important that we had some strong foundations, and that we understood the position of hold, so we could build and design, digital usage for people who use adult social care.

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00:06:13.100 --> 00:06:28.880

Margaret Woodcock: We didn't know what to include in the plan. One thing we were discovering was that every day we were getting sales reps knocking at the door, trying to sell us a package, but actually, did we need that? Where did it fit in with priorities? It was all a bit of a muddle. We were very much in isolation.

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00:06:28.880 --> 00:06:35.709

Margaret Woodcock: And then, luckily, about 3 years ago, the Department for Health and Social Care wrote something called What Good Looks Like.

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00:06:35.770 --> 00:06:46.599

Margaret Woodcock: Now, there were 3 versions of what good looks like. First one came out was for those working in the NHS and ICBs. They were a little ahead of us.

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00:06:46.710 --> 00:07:00.430

Margaret Woodcock: The next one that came out were for the local authorities, so those working in health and social care in local authorities. And more recently, there's another version for providers. And what those frameworks do for all of us is

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00:07:00.500 --> 00:07:13.510

Margaret Woodcock: set out what your digital maturity and digital transformation should look like, and it covers seven broad themes. So it looks about your leadership and management, your infrastructure, are your practices safe?

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00:07:13.510 --> 00:07:21.999

Margaret Woodcock: How are you supporting your workforce? How do you empower people? How do you improve care? And how are... how are the people you work with healthy?

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00:07:22.430 --> 00:07:27.229

Margaret Woodcock: What was really clear when we looked at it, it wasn't about laptops or apps.

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00:07:27.350 --> 00:07:35.420

Margaret Woodcock: It was about those wraparound services that need to be in place if you're going to have good and strong digital transformation.

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00:07:36.690 --> 00:07:46.099

Margaret Woodcock: So that's all great, it was massive, and again, Amy and I looked at it, and we thought, well, where do we start? How do we do that? We are only one little cog.

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00:07:46.770 --> 00:08:04.989

Margaret Woodcock: you know, in a wheel type thing. So how do we move, and how can we assess where we're at? So luckily, at the time, our town clerk held a whole digital place board, and the whole digital place board is made up of leaders from across the city. So they may be from the university, from

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00:08:04.990 --> 00:08:12.580

Margaret Woodcock: The voluntary and community sector, from the local authority, and we all came together and we completed a self-assessment.

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00:08:12.640 --> 00:08:19.369

Margaret Woodcock: So that self-assessment was done as a collective. So suddenly we stopped feeling isolated, because we...

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00:08:19.610 --> 00:08:30.230

Margaret Woodcock: we were helping each other. There was a lot of debate, there was a lot of challenge. I won't say falling out, but, you know, there was differing opinions about where we were on the journey.

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00:08:30.790 --> 00:08:32.919

Margaret Woodcock: So, we did the...

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00:08:33.030 --> 00:08:39.539

Margaret Woodcock: We did the self-assessment, and we felt, for the first time, that we perhaps had a basis for something to work on.

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00:08:39.940 --> 00:08:51.219

Margaret Woodcock: We knew it was our first step in our foundations, and our foundations have always been important to us, because if we don't know what or who we're trying to support, it's never going to work.

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00:08:51.440 --> 00:09:00.789

Margaret Woodcock: So, for the first time, we had something, and if you've never looked at what good looks like, I would really encourage you to look at it, because it does break...

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00:09:00.920 --> 00:09:05.260

Margaret Woodcock: The task ahead down into little, small, workable chunks.

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00:09:05.840 --> 00:09:07.740

Margaret Woodcock: Can I have the next slide, please?

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00:09:09.590 --> 00:09:26.580

Margaret Woodcock: So we felt that we had a really good positioning from the Department of Health and Social Care, but that's the blueprint everybody has across the country. It's not unique to any provider, any organization, any city, it's very generic.

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00:09:26.590 --> 00:09:30.749

Margaret Woodcock: But what we wanted to know was, well, what did the position look like in whole?

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00:09:31.010 --> 00:09:47.060

Margaret Woodcock: We are very unique in Hull. We're the only city in the country to have its own telecoms provider. KCOM gives telephones to everybody who lives in Hull. Until recently, we didn't have access to Virgin or any of those other big providers out there.

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00:09:47.770 --> 00:09:51.370

Margaret Woodcock: What KCOM had done was put full fibre

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00:09:51.510 --> 00:10:10.569

Margaret Woodcock: broadband up to people's front doors, so we knew that that was there for the city, but what we didn't know was people... were people using it? Were people accessing that connectivity? So for us, we had questions around connectivity, device usage, were people confident with digital technologies?

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00:10:10.570 --> 00:10:15.279

Margaret Woodcock: Did they use them to access adult social care, and did they access Whole City Council?

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00:10:15.280 --> 00:10:25.989

Margaret Woodcock: using digital devices. We just didn't know. There was no research, there was no insight. We were hitting our heads against a brick wall, trying to find any type of information out.

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00:10:26.300 --> 00:10:35.979

Margaret Woodcock: So, we had some crazy idea one afternoon that we'd go out and ask members of the public. I'm still regretting it slightly to this day.

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00:10:35.980 --> 00:10:53.669

Margaret Woodcock: We knew we were going to have to talk to a lot of people to get a good enough response that we could be confident in the data. We also knew we wanted to speak to a good range of demographics across the city. It's no good just speaking to people who are digitally connected already, or people who

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00:10:53.670 --> 00:11:12.959

Margaret Woodcock: live in one type of housing, or have a specific educational background. We wanted to get diversity in there, and we wanted to speak to everybody. We are very lucky, we are a member of the Curiosity Partnership, and the Curiosity Partnership is a collective of universities in Yorkshire and the Humber.

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00:11:13.080 --> 00:11:28.539

Margaret Woodcock: And they solely, work on adult social care research. So we contacted the Curiosity Partnership and said, we've had this idea, we're not really sure if it's a good one, but we'd like to go and ask people about their digital habits.

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00:11:28.670 --> 00:11:34.159

Margaret Woodcock: And York University put their hand up and said, yeah, we're really interested in that, we'd like to help you.

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00:11:34.310 --> 00:11:43.640

Margaret Woodcock: So together, we sat down, we looked at some questions, what would be good in terms of collecting evidence and data, and how we could use it moving forward.

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00:11:44.250 --> 00:11:45.280

Margaret Woodcock: And...

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00:11:45.410 --> 00:11:54.300

Margaret Woodcock: That took a little bit of time to get that in a good place, but we were ready, and we were supported by the local authority in doing that. Can I get the next slide, please?

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00:11:57.840 --> 00:12:08.499

Margaret Woodcock: But the challenge came when we had to get all the questionnaires filled in. It was going to be no mean task, there was only me and Amy doing it, and we needed to speak to hundreds of people.

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00:12:08.580 --> 00:12:18.299

Margaret Woodcock: So we reached out to those working in the voluntary and community sector in Hull, explained what we were trying to achieve, and asked if anybody wanted to help us.

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00:12:18.540 --> 00:12:37.509

Margaret Woodcock: I think we were quite blown away by the amount of people who did want to help us. Some people threw the doors open and said, come on in, speak to the people we work with. Some people offered to complete them on our behalf, and off we went. So Amy and I went to a lot of coffee mornings, tea and toast, quizzes, raffles.

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00:12:37.510 --> 00:12:46.390

Margaret Woodcock: We met some people time and time again. We were really out on the community circuit for a while, and we were asking people to fill our surveys in.

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00:12:46.560 --> 00:12:59.859

Margaret Woodcock: Overall, that was really positive. We did encounter some negativity. Sometimes there's a lack of trust in local authorities, and we found there was a lack of confidence in digital technologies.

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00:12:59.900 --> 00:13:08.379

Margaret Woodcock: Especially around banks, people were unsafe about the money, and they were scared that a bank was, you know, they were going to get hit and all the money would be lost.

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00:13:08.540 --> 00:13:25.979

Margaret Woodcock: But it gave us an opportunity to talk to people, to explain what it was we were doing, and to talk about their long-term health and the benefits technology could bring in keeping them to be independent and well at home, as opposed to having to go into care.

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00:13:26.250 --> 00:13:28.009

Margaret Woodcock: Later on in life.

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00:13:28.760 --> 00:13:38.050

Margaret Woodcock: We carried on doing this. We thought we would do it for 3 months. It actually took us 6 months. We kept going back to the demographics and looking to see

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00:13:38.050 --> 00:13:51.029

Margaret Woodcock: had we got enough representation across the city. We struggled with people, who have languages, different languages to English, and that was kind of a barrier for us, trying to get

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00:13:51.030 --> 00:14:02.219

Margaret Woodcock: questionnaires translated and completed. But we did it eventually, and our Christmas present in 2024 was a phone call that said, you can stop gathering now.

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00:14:02.220 --> 00:14:11.059

Margaret Woodcock: And you can be 95% confident in your data. So that was a massive achievement for us, that we suddenly had this really rich set of data.

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00:14:11.120 --> 00:14:17.509

Margaret Woodcock: that told us about people's habits in Hull, and the one that we could really be comfortable and confident with.

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00:14:17.990 --> 00:14:35.860

Margaret Woodcock: It was very insightful. What it showed us was those who access health and social care are very different to the rest of the population. Their needs are significantly different, their connectivity, their device ownership, their confidence is all significantly different to anybody else in the city.

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00:14:36.120 --> 00:14:46.489

Margaret Woodcock: So, that was great, but what do we do with it now? We're still kind of not ready to write our plan, we really wanted to co-produce it, and to make it a citywide plan.

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00:14:47.030 --> 00:14:48.919

Margaret Woodcock: Can I have the next slide, please?

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00:14:51.120 --> 00:15:05.880

Margaret Woodcock: we found, as we were doing all of this work, that conversations were starting to happen, and things were organically and fluidly happening. So, conversations were happening across the region and nationally.

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00:15:05.930 --> 00:15:15.960

Margaret Woodcock: With the local government association, with the Good Things Foundation, with the University of York. We went out and did sessions at some of the,

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00:15:16.530 --> 00:15:29.950

Margaret Woodcock: the courses they were delivering to talk about our approach to research and what we'd done. We've spoken amongst our ADAS network in Yorkshire and the Humber. We've been to conferences, we've spoken at webinars, so we were getting out there.

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00:15:30.230 --> 00:15:44.270

Margaret Woodcock: And I just want to give you an example of how doing this really kind of led to another thing. When we were doing the What Good Looks Like, we knew that we'd really forgotten about providers. You know, I'll hold my hand up.

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00:15:44.270 --> 00:15:53.069

Margaret Woodcock: They were our number one priority. We were looking too internally on adult social care, and so we knew we needed to start that journey with the providers.

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00:15:53.340 --> 00:16:03.220

Margaret Woodcock: I'd had a conversation with the Good Things Foundation, told them what we were doing. The Good Things Foundation had a conversation with Fiona at the Digital Care Hub.

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00:16:03.880 --> 00:16:21.420

Margaret Woodcock: They put us together, we had a conversation, Fiona then put me in touch with Jenny Cooper at the Leeds Care Association, who came into Hull and offered help and advice to our providers. She's also worked with our quality care manager around our due diligence processes.

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00:16:21.420 --> 00:16:27.150

Margaret Woodcock: For Commissioning arrangements and our quality audits, and we've changed and adapted our

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00:16:27.290 --> 00:16:32.460

Margaret Woodcock: work because of those conversations. If we hadn't have done the research.

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00:16:32.470 --> 00:16:42.559

Margaret Woodcock: would that conversation have taken place? You know, everything just dropped in at the right moment. It was... it was really positive, and it's worked really well for our providers.

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00:16:42.560 --> 00:16:56.660

Margaret Woodcock: This year, I know, is the first year that providers have to mandatory complete the DSPT, so the Data Security Protection Toolkit, if I remember rightly. And without that help from Jenny, and the connection with Fiona.

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00:16:56.800 --> 00:17:06.820

Margaret Woodcock: probably St. Hull would have been quite down at the league table, but I'm pleased to say we're quite high up the league table, I think, because of that. So that's been a really positive link.

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00:17:07.020 --> 00:17:11.369

Margaret Woodcock: On a more local level... can I get my next slide, please?

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00:17:12.630 --> 00:17:18.559

Margaret Woodcock: We wanted to include the city, the people who work and live and breathe in the city.

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00:17:18.940 --> 00:17:38.000

Margaret Woodcock: We started going out and telling people what we were discovering. So we decided that we would have an event. We would invite providers along, we would

invite the voluntary and community sector along, and to tell them the results of what good looks like, and our survey. We wanted to share it.

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00:17:38.630 --> 00:17:46.019

Margaret Woodcock: We tentatively put a date in the diary, and we booked a room, and we invited people, and I'm thinking nobody's gonna come to this.

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00:17:46.330 --> 00:17:48.920

Margaret Woodcock: We couldn't have been more wrong. It was full.

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00:17:49.370 --> 00:18:07.620

Margaret Woodcock: In fact, we had 10 people away. People wanted to come, and we were like, I'm sorry, we just can't take any more. And we had a really productive morning. We looked at the research, we shared it, we have had the research made into a video, and there is a link in these slides a bit later on, so you can look at the research if you're interested in that.

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00:18:07.650 --> 00:18:16.309

Margaret Woodcock: And we started to talk about each other's aims and ambitions, and were we all on the same path? Were we all thinking the same things? Did we want...

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00:18:16.660 --> 00:18:30.579

Margaret Woodcock: things included? Have we got any oversight? So again, there was lots of debate around what should be included in that, but overall, it was a really positive consensus that we were all doing this together and on the right path.

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00:18:30.740 --> 00:18:43.300

Margaret Woodcock: And we've had more of those events, we've had drop-in events, we have annual conversations with people, providers, staff, so we've been talking a lot about what we've been suggesting.

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00:18:43.300 --> 00:18:50.789

Margaret Woodcock: And gradually, we've started to build our plan, our strategy around what needs to be in there for the city.

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00:18:51.140 --> 00:18:59.810

Margaret Woodcock: We did use the What Good Looks Like headers, because we kind of felt it all made sense that they were in those headers, and our partners liked that.

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00:19:00.030 --> 00:19:16.780

Margaret Woodcock: The co-production is ongoing, as we're working on individual projects. People who have helped us along the way are still helping us along the way. We've had new people join us along the way. The power of conversation is great, isn't it? It helps everybody link together.

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00:19:16.780 --> 00:19:32.249

Margaret Woodcock: We've been able to share things, you know, we had the police come along and talk about cybercrime. The next thing we know, they're delivering that to about another 20 providers in the city, and partners in the city, so their staff were aware. So we were having this knock-on effect of what we were doing.

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00:19:32.620 --> 00:19:40.370

Margaret Woodcock: I think it's been a really positive experience in that collaboration and working together.

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00:19:41.540 --> 00:19:47.199

Margaret Woodcock: To have that shared joint vision has been... has been a really powerful thing for us.

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00:19:47.340 --> 00:20:01.320

Margaret Woodcock: There have been a couple of surprises along the way. When you work and you do co-production. Sometimes, if you're in an organization, you have a bit of a mindset about what the outcome's going to be, and you predict what should be in something.

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00:20:01.390 --> 00:20:16.279

Margaret Woodcock: When you start talking to people with lived experience, they often tell you a very different story. And a good example of this, we had an event where we used something called Mentimeter. Now, anybody who doesn't know what Mentimeter is, it's like a voting... a digital voting system.

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00:20:16.280 --> 00:20:27.439

Margaret Woodcock: And we asked people, we gave them 3 questions, and we asked them to rank them in order of priority. So, can you tell us what is most important to you? Is it keeping safe?

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00:20:27.760 --> 00:20:34.879

Margaret Woodcock: Is it remaining in your home and living in an independent life, or is it joining up care records?

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00:20:35.350 --> 00:20:48.119

Margaret Woodcock: Now, while we were setting this event up, staff, adult social care staff, came along to our stand and all had a go, and they all said the most important thing was keeping people at home, keeping them independent.

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00:20:48.890 --> 00:20:57.319

Margaret Woodcock: As soon as the doors opened and people came in, they all said, actually, joining my care records up is more important to me.

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00:20:57.680 --> 00:21:09.089

Margaret Woodcock: It wasn't the same thought at all. Because to them, if we join up our care records, then actually what we're doing is everything else will follow... it'll fall into place.

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00:21:09.530 --> 00:21:17.869

Margaret Woodcock: So, I don't think we can ever presume. I think it's really important that we ask people for their opinion, and more importantly, listen to them.

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00:21:18.650 --> 00:21:20.929

Margaret Woodcock: Can I have the next slide, please?

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00:21:24.200 --> 00:21:42.139

Margaret Woodcock: And all the way through this process, we've had ongoing, continuous support. So, we meet monthly with our IT department, we have digital champions across adult social care, we have monthly staff meetings, we have a digital inclusion group for the council, which we've been feeding in our

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00:21:42.140 --> 00:21:46.129

Margaret Woodcock: Survey results have featured in the final policy.

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00:21:46.130 --> 00:22:03.109

Margaret Woodcock: We meet with colleagues in neighbourhood and housing, our Equalities team, and I think starting at the very beginning with what good looks like, and doing it as a collective, it opened the doors to those continuing conversations. So I don't sit in my office anymore feeling lonely.

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00:22:03.180 --> 00:22:06.280

Margaret Woodcock: I think, who can I ring? You know?

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00:22:06.300 --> 00:22:25.819

Margaret Woodcock: Am I ringing the Director of Resources today? Because she said, whatever you need, give me a call, so I'm going to ring her. Or am I going to ring one of my local providers? It all just depends on the issue. But we've started to develop a network, and I think that's been really powerful, that we've got that group of people with a common aim who want to get

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00:22:25.880 --> 00:22:27.510

Margaret Woodcock: To a common place.

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00:22:27.730 --> 00:22:44.950

Margaret Woodcock: And I think that's it for my slides. I'm not going to go on too much longer, because I think I'm probably about under 20 minutes. But my final slide there's got my contact details on, and there is a link to the survey if anybody, wants to have a look and see what the results were in Hull.

126

00:22:47.340 --> 00:23:11.229

Katie Thorn - Digital Care Hub: That's wonderful, Margaret. Thank you so much for that. And I really liked, your sort of framing around it can feel really lonely sometimes doing this sort of work, and actually, when you start to build that network, when you start to reach out, which isn't always the easiest thing to do, you realize there's a lot of people, I think, who really do want to talk about this and have their opinions heard, particularly when you're doing co-production on this scale. I know that

127

00:23:11.430 --> 00:23:21.299

Katie Thorn - Digital Care Hub: It can be slow, and not always easy, but I think really worthwhile in terms of what you were saying, in terms of it changed what you thought was going to be the direction of travel based on what people were actually most.

128

00:23:21.300 --> 00:23:21.630

Margaret Woodcock: Interest.

129

00:23:21.630 --> 00:23:22.140

Katie Thorn - Digital Care Hub: in.

130

00:23:22.290 --> 00:23:38.819

Margaret Woodcock: And I think for me as well, one of the biggest, sort of, eye-openers, it's not about the laptop or the app. You know, if we haven't got those wraparound support, if our staff aren't trained, if we don't have good cybersecurity in place, if our staff don't do data protection, all those types of things.

131

00:23:39.280 --> 00:23:47.729

Margaret Woodcock: We're never going to be successful, so having your eyes open to... it's not just about devices, it's about the whole,

132

00:23:48.030 --> 00:24:04.370

Margaret Woodcock: the whole picture is really important to me, and it gives me a little bit more reassurance as well, that we're in it together. You know, how I equate digital technology to a bit like health and safety or EDI, it's everybody's interest.

133

00:24:04.810 --> 00:24:13.979

Margaret Woodcock: It's not a little department that can sit and do everything. We all have to do it in our roles, whatever those roles are, and we'll all have a small part to play.

134

00:24:14.650 --> 00:24:32.960

Katie Thorn - Digital Care Hub: Yeah, I think that's really, really wise words there. Thank you so much. We do have lots of time, and Margaret's staying for the whole session, so there'll be time for more specific questions at the end. But... so we'll now pass on to Becky to talk about what's happening at Buckinghamshire Council. Becky, over to you. Thank you.

135

00:24:35.110 --> 00:24:51.990

Becky Churchyard: Thanks, Katie, for that introduction, and thank you very much, everyone, for joining us today. My name is Becky Churchard, and I am the Market Management Officer in Adult Social Care in the Quality and Contracts Team of Buckinghamshire Council.

136

00:24:52.080 --> 00:25:01.419

Becky Churchyard: Today what I'd like to do is be able to talk about our work embedding cyber resilience into our contracting and quality assurance systems.

137

00:25:01.450 --> 00:25:12.250

Becky Churchyard: And how we've used contract management, provider engagement, and partnership working to improve our cybersecurity awareness across the whole of our adult social care market.

138

00:25:13.040 --> 00:25:23.299

Becky Churchyard: Like many other local authorities, we've seen a great reliance on digital systems across all of our care services.

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00:25:23.550 --> 00:25:37.920

Becky Churchyard: And this is ranging from care planning software to medication management, payroll systems, of course, and rostering and communication platforms, but technology is most definitely an essential part of the delivery of safe care.

140

00:25:38.740 --> 00:25:43.769

Becky Churchyard: However, as this reliance is increasing, and increasing, of course, it must.

141

00:25:43.980 --> 00:25:51.290

Becky Churchyard: There is also the greater risk of the impact of cyber instances throughout our care market.

142

00:25:51.490 --> 00:26:10.969

Becky Churchyard: So today, I'd like to talk through what we've been doing... what work we've been doing, sorry, in Buckinghamshire. We've been completing audits, what we've done to support our providers, our DSPT engagement, the challenges that we've encountered, and also what we plan to do next.

143

00:26:11.230 --> 00:26:13.470

Becky Churchyard: And I'm hoping that

144

00:26:13.670 --> 00:26:30.319

Becky Churchyard: as you listen to what I've got to say in this presentation, that some things might resonate with you, and if you're undertaking similar work, it can form some sort of assistance. Next slide, please.

145

00:26:32.560 --> 00:26:42.859

Becky Churchyard: So before I actually go into the project itself, I thought that it would be quite important to explain why cyber Resilience has become such a priority for us in Buckinghamshire.

146

00:26:43.120 --> 00:27:01.280

Becky Churchyard: Over recent years, as I'm sure you'll be very familiar, there have been quite significant attacks on organizations of all different sizes, such as NRS, which is of personal interest to Buckinghamshire Council. We've got,

147

00:27:01.300 --> 00:27:10.809

Becky Churchyard: local NHS trusts, and then, of course, the big corporate organisations like Marks & Spencer's Co-op and, Jaguar Land Rover.

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00:27:10.920 --> 00:27:21.549

Becky Churchyard: And I think this has demonstrated that no organization is immune to, cyber attacks and the work of these criminal organisations.

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00:27:22.140 --> 00:27:41.100

Becky Churchyard: For our social care providers in particular, the consequence can obviously be very serious, because they are relying so heavily on these digital systems to deliver the care for the vulnerable clients that we have throughout the county, which is incredibly important to them.

150

00:27:41.390 --> 00:27:56.190

Becky Churchyard: So, I'm sure it doesn't need for me to remind anybody that if a provider loses electronic care records, the planning of a client's care becomes almost impossible without contingency in place.

151

00:27:56.450 --> 00:28:06.450

Becky Churchyard: That's the same for, medical, administration systems. How would they ensure that medication was... is being safely administered?

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00:28:06.910 --> 00:28:16.360

Becky Churchyard: Resilience, obviously, and continuity needs to be, ensured. Similarly, communication and email, systems

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00:28:16.360 --> 00:28:29.439

Becky Churchyard: With a lack of those, they risk carers not being able to plan visits, have access to rostering, which, again, puts our clients a great deal of potential harm if

154

00:28:29.440 --> 00:28:33.570

Becky Churchyard: If things don't... if care is not provided, correctly.

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00:28:33.570 --> 00:28:56.430

Becky Churchyard: And of course, there is also the more physical, impacts. More and more of our buildings are reliant on security systems that... that are linked in a cyber way. And so, if this is impacted, then of course, the physical access to property and services are going to be affected as well.

156

00:28:56.910 --> 00:29:03.900

Becky Churchyard: And then, of course, the most important of all is the protection of our clients' data.

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00:29:04.810 --> 00:29:20.560

Becky Churchyard: the value of this kind of data is incredible. And so... and as providers hold such a significant amount of sensitive personal information to do with health, support needs, finances, family circumstances.

158

00:29:20.790 --> 00:29:26.630

Becky Churchyard: A cyber breach can have significant consequences on individuals themselves.

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00:29:27.560 --> 00:29:36.710

Becky Churchyard: So when we started discussing cyber resilience with providers, we found that many viewed our cybersecurity as purely an IT issue.

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00:29:36.750 --> 00:29:55.510

Becky Churchyard: However, our message was that cyber resilience is actually a quality issue, a business continuity issue, and ultimately a service user safety issue. And that shift in thinking was most definitely the foundation of what we did when we moved forward. Next slide, please.

161

00:29:57.830 --> 00:30:08.909

Becky Churchyard: So, back in January 2024, we decided that we needed to understand the cyber... the cyber resilience that we had across our care market.

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00:30:08.990 --> 00:30:24.630

Becky Churchyard: Our... we stood up a team of commissioners who developed a business continuity and cybersecurity audit, which is... was implemented across a sample of approximately 30 to 35 providers, within Buckinghamshire.

163

00:30:24.860 --> 00:30:38.349

Becky Churchyard: As part of that, we worked very closely with our OACP colleagues, our Digital Care Hub colleagues as well, and they ensured that our audit reflected current best practice and realistic expectations for our providers.

164

00:30:38.940 --> 00:30:43.219

Becky Churchyard: The findings of that audit were particularly interesting, with

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00:30:43.420 --> 00:30:58.360

Becky Churchyard: Many business continuity plans were... there were, sorry, without a shadow of a doubt, there were business continuity plans in place. But there was a... there was a variety of considerations that had been put into place.

166

00:30:58.550 --> 00:31:08.649

Becky Churchyard: Cyber instance... cyber instances within BCPs was often absent, and plans... Were referenced very briefly.

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00:31:09.020 --> 00:31:15.480

Becky Churchyard: So... And in many cases, naturally, our providers were able to

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00:31:15.740 --> 00:31:28.350

Becky Churchyard: Evidence contingency for adverse weather, relocation of their, their, their service users, but cyber attacks were just... were very low consideration.

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00:31:28.740 --> 00:31:39.790

Becky Churchyard: And actually, many of our providers considered that their cybersecurity was the responsibility of their software providers, rather than their own.

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00:31:39.790 --> 00:31:50.960

Becky Churchyard: And others had not considered the relevance of training their staff for phishing awareness or incident reporting, and actually, training itself was quite limited.

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00:31:51.470 --> 00:32:00.119

Becky Churchyard: We also, at this point, observed a relatively low engagement in our DSPT, so the Digital Security and Protection Toolkit.

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00:32:01.740 --> 00:32:15.210

Becky Churchyard: And the overall conclusion was that our providers didn't lack commitment, but they just lacked confidence and an understanding and potentially practical support to help us move forward in this subject.

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00:32:15.380 --> 00:32:23.890

Becky Churchyard: And this really helped us to start formulating an approach as we moved forward. Next slide, please.

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00:32:29.650 --> 00:32:35.449

Becky Churchyard: So, once we understood the issues, our focus shifted towards improvement.

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00:32:35.560 --> 00:32:46.689

Becky Churchyard: One of the first things we recognised was that cyber Resilience could not be treated as a standalone project. Instead, it needed to become part of our everyday conversations with providers.

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00:32:46.850 --> 00:32:55.659

Becky Churchyard: So, discussions took place within our various commissioning teams about how we could consistently reinforce this as a key message.

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00:32:55.750 --> 00:33:15.689

Becky Churchyard: We began talking more regularly about cybersecurity during contract management meetings, routine provider engagement, and our ever-invalluable registered manager forums. We encourage providers to update their business continuity plans, and to really consider realistic risks and scenarios.

178

00:33:15.920 --> 00:33:17.809

Becky Churchyard: That were personal to them.

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00:33:18.180 --> 00:33:37.210

Becky Churchyard: For example, what would happen if their care records went down, their medication systems were offline, they couldn't get access to their buildings? These practical discussions often help providers to understand real-world and, as I say, personal implications to cyber instances.

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00:33:37.590 --> 00:33:52.370

Becky Churchyard: At the same time, we've promoted all the available resources via our OACP and Digital Care Hub colleagues, helping providers to gain access and information that was relevant for them.

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00:33:52.840 --> 00:33:59.580

Becky Churchyard: We also realised as well that we needed to have some sort of contractual mechanisms in place.

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00:33:59.680 --> 00:34:19.079

Becky Churchyard: So, at the same time, we had our DomCare Home Care DPV were standing up, where Cyber Resilience and DSPT engagement became a contractual expectation, and all the providers who were signed up to our HomeCare DPV,

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00:34:19.900 --> 00:34:25.640

Becky Churchyard: They all had to sign the contract to agree that they would, that they would,

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00:34:26.210 --> 00:34:27.849

Becky Churchyard: Adhere to that.

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00:34:28.120 --> 00:34:36.110

Becky Churchyard: Then finally, as a team, we've committed that we would repeat the audit again in 12 months, just so that we could better understand

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00:34:36.300 --> 00:34:45.829

Becky Churchyard: if these, interventions had had, progress, and obviously, drive forward with further change. Next slide, please.

187

00:34:49.469 --> 00:34:57.590

Becky Churchyard: So, by June 2025, our focus had significantly expanded around DSPT.

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00:34:57.720 --> 00:35:16.349

Becky Churchyard: Through our partnership with our OACP colleagues, specifically Angie McNally, we were receiving regular reports, and we were able to identify the providers within Buckinghamshire that were not registered, they were registered but not published, or they had not republished.

189

00:35:16.720 --> 00:35:21.760

Becky Churchyard: And initially, this appeared to be quite a straightforward, simple compliance task.

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00:35:21.820 --> 00:35:29.889

Becky Churchyard: However, when speaking to providers, we quickly discovered that the barriers were potentially a bit more complex.

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00:35:29.890 --> 00:35:43.500

Becky Churchyard: Some providers felt quite intimidated by some of the terminology that was used within the toolkit, and others believed that it was a technical IT issue, that was outside their area of expertise.

192

00:35:43.630 --> 00:36:01.109

Becky Churchyard: And unfortunately, some of our smaller providers, they... they just lacked the time and had resource pressures that meant that DSPT completion, just fell... fell behind and unfortunately wasn't one of their list of priorities.

193

00:36:01.640 --> 00:36:19.860

Becky Churchyard: So, as a result of this, we began to adopt a far more supportive approach to our providers. Rather than just sending reminders and expecting providers to manage independently, we were contacting them directly. We were explaining the importance of DSPT.

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00:36:19.860 --> 00:36:29.060

Becky Churchyard: And linking the toolkit to their day-to-day operational resilience, the protection of their service users, and of course, their organization as well.

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00:36:29.860 --> 00:36:43.779

Becky Churchyard: We emphasize that DSPT isn't simply achieving a certificate or a tick box exercise. It is about understanding the risks and implementing practical safeguards for them to move forward.

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00:36:44.060 --> 00:36:51.779

Becky Churchyard: And again, we were signposting providers to webinars such as this, guidance materials, templates.

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00:36:51.800 --> 00:37:09.520

Becky Churchyard: the digital care hub for as much support as they can, they could have. And of course, bearing in mind that providers are different, and they have different needs, and every resource could potentially have a different impact for them.

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00:37:10.440 --> 00:37:14.549

Becky Churchyard: By taking this more supportive and educational approach.

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00:37:14.600 --> 00:37:32.830

Becky Churchyard: Rather than an enforcement-led approach, engagement significantly increased, and by the end of June 2025, Buckinghamshire had achieved a 95% DSPT compliance across our Commission services, which was a significant achievement for us.

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00:37:32.830 --> 00:37:36.979

Becky Churchyard: And really demonstrated to us that collaborative working really does

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00:37:36.990 --> 00:37:40.970

Becky Churchyard: really does work. Next slide, please.

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00:37:46.420 --> 00:37:55.440

Becky Churchyard: Thank you. Then in December 2025, we started to do our follow-up audit.

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00:37:55.610 --> 00:38:08.729

Becky Churchyard: And this included reviewing the providers that had already been, audited in 2024, and we also introduced a new sample of providers, for us to audit.

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00:38:08.980 --> 00:38:12.550

Becky Churchyard: And the results showed, mixed progress.

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00:38:12.740 --> 00:38:25.970

Becky Churchyard: Awareness of cybersecurity had definitely increased across our provider market, and there was a definite increase in familiarity with cyber resilience terminology.

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00:38:26.030 --> 00:38:43.909

Becky Churchyard: But, however, there were some changes... sorry, there were some challenges that did remain. A number of providers from our original sample had not significantly updated their business continuity plans, and among some of the newer, sample, Cyber instances.

207

00:38:43.930 --> 00:38:52.639

Becky Churchyard: They still seemed to have, limited description and limited continuity, for events like that.

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00:38:52.910 --> 00:39:11.289

Becky Churchyard: We also noticed as well that around data, management, that informing the ICO office, the Information Commissioner's office, was not a priority either, or certainly it wasn't within any kind of business continuity, it wasn't noted.

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00:39:11.430 --> 00:39:15.930

Becky Churchyard: With many of our providers focusing

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00:39:16.460 --> 00:39:24.020

Becky Churchyard: on the replacement of physical IT equipment, so mobile phones, tablets, and laptops.

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00:39:24.400 --> 00:39:25.900

Becky Churchyard: So...

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00:39:26.280 --> 00:39:44.410

Becky Churchyard: But saying that, we did also have providers that had taken on board the DSPT, and also recognised the importance of it, and they had begun to test, reflect, and improve their practices. So there was progress, but of course.

213

00:39:44.750 --> 00:39:51.729

Becky Churchyard: embedding change and changing culture, it does take time. Next slide, please.

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00:39:54.820 --> 00:40:12.309

Becky Churchyard: So, following our audit findings, we recognised that cybersecurity needed to become part of our routine quality and contract management, rather than perhaps a separate project, which we possibly had been treating it as that up to now.

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00:40:12.650 --> 00:40:22.109

Becky Churchyard: DSPT reviews and business continuity discussions are now embedded within our regular provider engagement activities.

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00:40:22.250 --> 00:40:37.910

Becky Churchyard: Across all monitoring visits and contract meetings, we discuss cyber resilience alongside every single other quality and governance topic. And we remind providers also that this is a CAQC inspection consideration.

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00:40:38.500 --> 00:40:52.040

Becky Churchyard: We continue to provide practical support for our providers, and we offer one-to-one Teams training sessions. We go through, how to complete the toolkit.

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00:40:53.860 --> 00:41:09.949

Becky Churchyard: and we've also used our invaluable registered managers forums as well as an opportunity for our providers to share good practice. And we do recognise that peer support is often a much more effective way of

219

00:41:10.020 --> 00:41:15.170

Becky Churchyard: Of, getting our message across, rather than just contract monitoring alone.

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00:41:17.570 --> 00:41:34.959

Becky Churchyard: We've also promoted training opportunities, cyber awareness campaigns, fishing exercises, the use of ethical hacking, if that is appropriate for the providers, with a name for providers to be able to move beyond compliance and towards a culture of continuous improvement.

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00:41:35.420 --> 00:41:47.850

Becky Churchyard: This approach has helped us to achieve a 100% DSPT compliance within Buckinghamshire's Commission service, which we are, incredibly proud of.

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00:41:47.910 --> 00:42:02.669

Becky Churchyard: So, as a result of this, we've learned that our providers are much more likely to engage when the conversation is around protecting people, maintaining safe care, rather than just simply contractual requirements alone.

223

00:42:02.800 --> 00:42:05.260

Becky Churchyard: Next... next slide, please.

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00:42:07.080 --> 00:42:20.189

Becky Churchyard: So, looking ahead, our focus is on sustaining the progress that we've made so far, and continuing to strengthen the resilience that we have started to see across our provider market.

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00:42:20.210 --> 00:42:33.550

Becky Churchyard: We will continue to embed cybersecurity discussions in all of our contract management and support our providers to maintain good con... business continuity planning.

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00:42:33.580 --> 00:42:53.570

Becky Churchyard: We also want providers to see our DSPT as a living document, rather than just the annual compliance tick box exercise, and that it should help them to inform policy development, their training priorities, and their risk management. And most important of all, their organisational resilience.

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00:42:53.980 --> 00:43:14.230

Becky Churchyard: Another area of development that we are going to be looking into is reviewing our provider DSPT responses in greater detail, so that we can help them to identify, opportunities to positively inform their practices. And we'd also like to see our providers move from standards met.

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00:43:14.230 --> 00:43:16.750

Becky Churchyard: to exceeding in DSPT.

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00:43:17.710 --> 00:43:30.359

Becky Churchyard: So, in conclusion, our experience has shown meaningful improvement comes from combining contractual obligations with our providers, with practical support, regular engagement, and ongoing education.

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00:43:30.440 --> 00:43:44.279

Becky Churchyard: Cyber Resilience is not solely an IT issue. It is a quality, safety, and continuity issue. And most importantly of all, it is for the people that rely on our care services every single day.

231

00:43:44.660 --> 00:43:46.160

Becky Churchyard: Next slide, please.

232

00:43:47.760 --> 00:43:57.010

Becky Churchyard: So, thank you very much for listening to me. I understand that we're going to have some questions at the end of the session, so, yeah, thank you very much.

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00:43:57.520 --> 00:44:11.010

Katie Thorn - Digital Care Hub: That was amazing. Thank you so much, Becky. Really, really great to hear, sort of, all of your learning on this. I think, also, we hear quite often from people that cybersecurity is seen to be, sort of, like, a software supplier issue.

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00:44:11.010 --> 00:44:11.440

Becky Churchyard: Yes.

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00:44:11.530 --> 00:44:18.590

Katie Thorn - Digital Care Hub: provider issue, and I think you really clearly made the argument about why that isn't the case, and sort of the impact it can have.

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00:44:18.710 --> 00:44:25.100

Katie Thorn - Digital Care Hub: There are some really specific questions for you, so we might just quickly do them rather than go to the panel, if that's all right.

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00:44:25.100 --> 00:44:26.290

Becky Churchyard: Yes.

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00:44:26.830 --> 00:44:40.530

Katie Thorn - Digital Care Hub: There's a great question from Nadia here, which is, it's so impressive to see the 100% compliance in July 2026, which it absolutely is. What would you say was the number one thing that worked the most to help you with achieving this?

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00:44:41.190 --> 00:44:47.360

Becky Churchyard: I think, I think touching base with those providers that have not,

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00:44:47.360 --> 00:45:11.460

Becky Churchyard: I think the publishing and the registration is the priority. Understanding what the hurdles are for that, and offering the support that they need, not only from us as a team, but also from partnership with yourselves in the Digital Care Hub, our OACP colleagues as well.

241

00:45:11.460 --> 00:45:25.750

Becky Churchyard: We've got a great, training team as well. So, so it... I think that that's what it is. It's reaching out to those providers straight away, and... and... and to understand exactly what the issues are.

242

00:45:26.170 --> 00:45:33.670

Katie Thorn - Digital Care Hub: Yeah, that's brilliant. Thank you so much. Great. I will... there are more questions, but we'll come back to them at the end, if that's all right, but.

243

00:45:33.670 --> 00:45:34.360

Becky Churchyard: Absolutely dead.

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00:45:34.360 --> 00:45:41.060

Katie Thorn - Digital Care Hub: That was brilliant. Thank you. And also, thank you for the shout-out for our wonderful colleague, Angie McNally, who, you're correct, is fantastic.

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00:45:41.060 --> 00:45:42.879

Becky Churchyard: Oh, she is. Phenomenal.

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00:45:43.890 --> 00:45:57.869

Katie Thorn - Digital Care Hub: Great, so with that then, I will pass over to Paul Berney from the TSA, who can bring, sort of, some of the national picture around, sort of, digital

commissioning, and has some really helpful top tips for anybody who's starting. So, Paul, over to you.

247

00:46:00.820 --> 00:46:09.640

Paul Berney: Thanks, Katie, and thanks to Digital Care for the invitation to speak to you today. Just a quick thing to say, I never cease to be impressed by the, kind of.

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00:46:09.780 --> 00:46:18.339

Paul Berney: Brett, depth, and quality that colleagues in local authorities are doing when you give them the opportunity to talk about what they're working on.

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00:46:18.340 --> 00:46:35.230

Paul Berney: So I really enjoyed both those presentations, thank you. And then a quick apology to Fiona. I totally forgot that I would not be in control of my slides, so you're going to hear me say the words, next slide, please, a lot, in the next 10 minutes or so. So apologies to,

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00:46:35.350 --> 00:46:49.419

Paul Berney: Digital Care Hub. So, what I wanted to talk to you about was, something very directly related to commissioning, which is the, the guide and the blueprint that we wrote on, developing proactive preventative care services.

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00:46:49.850 --> 00:47:08.740

Paul Berney: It's worth saying right at the start, why did we do it? We wrote it in partnership with ADAS, specifically because ADAS came to us and said, lots of colleagues in local authorities want to invest more in proactive preventative care

services, but they have a lot of questions, and they need a lot of support with Commissioning.

252

00:47:08.840 --> 00:47:25.529

Paul Berney: And so we set out to, in some ways, copy what you've done in Hull, which is to look at what good looks like, and what your colleagues and peers were doing in other local authorities, and to build a blueprint based upon what they were doing. Next slide, please.

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00:47:26.750 --> 00:47:44.500

Paul Berney: ultimately, you know, the question that local authorities were saying to us is, you know, we believe that what you can do with Priority Preventative is support people to stay in their homes for longer, and simultaneously avoid escalation of care needs. So, we believe that what Proactive Preventative will do is

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00:47:44.760 --> 00:48:00.729

Paul Berney: Give us, you know, a kind of dual goal of supporting what people who draw and care and support want, but also helping us achieve some of the financial goals and efficiency goals that we have to provide as local authorities.

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00:48:01.110 --> 00:48:02.310

Paul Berney: Next slide.

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00:48:02.450 --> 00:48:21.359

Paul Berney: And the reason it can do that is because, you know, the promise of proactive preventative care is that it provides data and insight that helps you make

better informed care decisions. Ultimately, the technology is not the most important part of this. It's the data, the insight, the intelligence, and what you can then do with it.

257

00:48:21.360 --> 00:48:29.359

Paul Berney: And so we set out to write a guide that was about the services, and very little about the tech that informed that.

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00:48:29.580 --> 00:48:30.940

Paul Berney: Next slide, please.

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00:48:31.810 --> 00:48:45.579

Paul Berney: The starting point, though, was to say, well, why aren't people doing more with proactive preventative? If so many commissioners are saying they want to do more, they want to do more with proactive preventative, you know, why aren't they? And actually, when we interviewed them.

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00:48:45.580 --> 00:48:53.880

Paul Berney: The same set of questions just kept coming up again and again and again, really basic things. People just didn't understand who it was for, which cohort of...

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00:48:53.880 --> 00:49:02.370

Paul Berney: of people who draw and care and support. Was it for? How do we deliver the services? How do we build a business case, etc. Just press the next slide again, please.

262

00:49:02.400 --> 00:49:05.760

Paul Berney: You know, and fundamentally, where is the evidence that it works?

263

00:49:06.120 --> 00:49:18.840

Paul Berney: And so, what we did was interview, over 120 people, directs of adult social services, commissioners, digital leads, social workers, occupational therapists.

264

00:49:19.030 --> 00:49:36.039

Paul Berney: colleagues in technology suppliers, service providers, and asked them all, how are you delivering these services? What works? What doesn't work? And then we looked for common themes. And what we ended up with... let me do the next slide, please.

265

00:49:36.090 --> 00:49:50.300

Paul Berney: is a blueprint that answers all of those questions and more, then next slide, and that is delivered in three parts. So, the main part, the document that people have downloaded, and we've had over 700 downloads

266

00:49:50.300 --> 00:49:59.520

Paul Berney: To date, it's been the most popular thing that TSA or ADAS have ever published, and in fact, we know that every single local authority in England and Wales, someone has downloaded it.

267

00:49:59.520 --> 00:50:06.739

Paul Berney: And so we know that the appetite and the interest exists in getting support with commissioning for proactive preventative care.

268

00:50:06.740 --> 00:50:18.980

Paul Berney: The main part of that guide is a kind of step-by-step guide to how do you introduce the services, and I'll talk a little bit about what those steps look like. Then an overview of the seven most popular solutions.

269

00:50:19.000 --> 00:50:29.829

Paul Berney: And then the most basic of the financial models that are being used by people to do... to create an ROI for those. So those are the three parts of the blueprint that's created. Next slide, please.

270

00:50:30.590 --> 00:50:40.169

Paul Berney: What we discovered when we talked to lots of your colleagues in local authorities is that actually there is some really good practice going on in terms of introducing

271

00:50:40.180 --> 00:50:50.229

Paul Berney: proactive entity. In fact, good practice going on in terms of what's introducing tech full stop. And we split that good practice into four stages, and I think, 17 steps.

272

00:50:50.230 --> 00:51:05.720

Paul Berney: that are on the screen here, you'll be pleased to know I'm not going to go through all of those. I'm going to go through the kind of top 10 lessons that we learned

through all of those. But what we found was that there is... it is possible to pick out what good looks like. It is possible to aggregate together the best of what your colleagues are doing.

273

00:51:05.720 --> 00:51:13.600

Paul Berney: and put it into a blueprint. Every section of the blueprint starts with an explanation of why it's important.

274

00:51:13.620 --> 00:51:27.910

Paul Berney: Then looks at an explanation of how it works, how it fits with the previous section, then goes through some key questions that commissioners and digital leads could ask themselves, some key considerations for people to think about.

275

00:51:27.910 --> 00:51:45.690

Paul Berney: key considerations was a way of us being able to include all the things that people told us were failure points, without pointing out individual failure points of local authorities, if you like. So, on the grounds that we gave them all anonymity to say, tell us what didn't work as well as what did work.

276

00:51:45.700 --> 00:52:04.199

Paul Berney: when we... when you look at the blueprint, you'll see that there are key considerations. All in all those hint at things that people found as... as failure points. So we put all of those in, as well as pointing you at other resources, not least of which included some resources on Digital Care Hub, pointed people towards those, but we didn't feel a need to reinvent

277

00:52:04.200 --> 00:52:18.960

Paul Berney: good work that had already been done somewhere else. And, if you like, a set of checkpoint questions at the end of every section that was, almost like a, do not pass, go, do not collect £200 if you haven't done these five key or six key things.

278

00:52:19.060 --> 00:52:29.339

Paul Berney: So, these are the sections. I feel almost contractually obliged, if you... next slide up, please, to note every time I talk to anyone from a local authority, is that

279

00:52:29.340 --> 00:52:40.909

Paul Berney: Selecting the technology is only step 7. There are six steps that have to take place before you go and buy the technology, and this... if I give you no more than one lesson.

280

00:52:40.910 --> 00:52:55.790

Paul Berney: that we learned from all of your colleagues who have made a success of proactive Rentative Services. It is this. If you do not complete those six steps before you go out and buy the tech, almost inevitably you will fail, and I'll explain to you why that will be the case when I go on to the next section.

281

00:52:55.820 --> 00:53:13.460

Paul Berney: 10 lessons, then, that we learned from this, and in writing it, and then running assessments on 13 local authorities in the Northeast over the last 6 months. We did a benchmarking exercise with every local authority in the Northeast to benchmark them against the blueprint.

282

00:53:13.470 --> 00:53:18.430

Paul Berney: To then offer them a strategic advice on... for each of those 13.

283

00:53:18.610 --> 00:53:21.599

Paul Berney: How can you make the most of what you've already invested in?

284

00:53:21.600 --> 00:53:40.659

Paul Berney: what are the short, medium, and long-term options and recommendations that we have for you? And then we aggregated all of those together and said, what could you do regionally to work on that? And that's what ADAS in the Northeast is now working on collectively, and each local authority has its own set of reports. So, here are those 10 key listens. Next.

285

00:53:40.660 --> 00:53:41.719

Paul Berney: Slide, please.

286

00:53:42.780 --> 00:53:55.260

Paul Berney: some of these are going to sound like they're blindingly obvious, or maybe they're just confirming what good looks like. But the starting point of where you start from really matters. Sounds obvious for everything that you invested in tech.

287

00:53:55.300 --> 00:54:08.419

Paul Berney: But if your starting point as a local authority is, we want to improve services for citizens, or we want to reduce the number of falls that people are having in care homes, or we're looking for cashable savings.

288

00:54:08.500 --> 00:54:18.540

Paul Berney: All three of those start you on a completely different journey with proactive preventative. So, whatever your starting point is, and not... and all and any can be legitimate.

289

00:54:18.540 --> 00:54:32.849

Paul Berney: will lead you down a different journey and a different pathway, and it's good to recognize that from the start, because what you do in proactive Preventative will be shaped by what is your initial starting point, what are you starting? What's the vision that you're trying to achieve?

290

00:54:33.100 --> 00:54:34.420

Paul Berney: Next slide, please.

291

00:54:36.650 --> 00:54:53.539

Paul Berney: The local authorities that have been the most successful at launching proactive renovative Services, those who have got out of pilot and into business as usual, are the ones who are thinking about service transformation from the start. And that's been really clear throughout the, 18 months that we've been working on this.

292

00:54:53.540 --> 00:55:05.649

Paul Berney: If your starting point is thinking, this is something we're being forced into doing, or we have to do because everybody else is doing it, but we're going to do the bare minimum, it's likely that your proactive services will fail.

293

00:55:05.820 --> 00:55:15.380

Paul Berney: The ones who are thinking from the start, actually, how do we transform the services that we are delivering, are the ones who are going to be successful. Next slide.

294

00:55:15.580 --> 00:55:23.110

Paul Berney: And actually, we published this, prior to government producing its 10-year plan and its three big shifts.

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00:55:23.360 --> 00:55:40.640

Paul Berney: But, you know, pleased to see that those three big shifts very much point the direction of technology-enabled care, and very much point in the direction of new models of care that are likely to blend together physical care, proactive care, and reactive care services all together.

296

00:55:40.660 --> 00:55:57.790

Paul Berney: today and in the future are likely to involve much more data intelligence and insight that allows you to predict where care needs are going. And I think those themes run throughout the government's 10-year plan, and it's, you know, its shift from hospital to home, the shift from

297

00:55:57.790 --> 00:56:08.079

Paul Berney: analog to digital, and the shift from reactive to proactive. So all of those, we feel, are kind of underlined by what we discovered while we were writing the blueprint.

298

00:56:08.280 --> 00:56:09.580

Paul Berney: Next slide, please.

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00:56:11.280 --> 00:56:19.279

Paul Berney: All of you on this call will be in local authorities that have gone through a degree of action around A to D.

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00:56:19.440 --> 00:56:36.229

Paul Berney: The more successful local authorities were those that treated A to D as a driver for change, rather than just a burden that had to be taken on board. So, in other words, rather than just thinking about how can we replace like-for-like kit at the lowest possible cost.

301

00:56:36.370 --> 00:56:39.339

Paul Berney: The local authorities have been working on it.

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00:56:39.700 --> 00:56:57.440

Paul Berney: have said, no, actually, what could we do differently? If we're going to replace hubs in people's homes, as an example, are there hubs that we could use that would allow us to add in new proactive and preventative capabilities at the same time as replacing the reactive ones? And the answer to that is yes.

303

00:56:57.440 --> 00:57:01.419

Paul Berney: And so the people who've been doing that have been more successful. Next slide, please.

304

00:57:03.260 --> 00:57:17.629

Paul Berney: There is not a one-size-fits-all, of course. So, local authorities have got a range of different approaches to developing tech services and proactive preventative within that. Next slide, if you would.

305

00:57:18.300 --> 00:57:26.190

Paul Berney: And generally speaking, there are four, so there are still local authorities that are doing all services in-house. Fewer and fewer of those, I have to say.

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00:57:26.300 --> 00:57:41.959

Paul Berney: in-house with partners for specific, tasks, those that are outsourcing, the entire service of tech to partners to deliver, and a few, like Carmarthenshear and, Sunderland.

307

00:57:41.960 --> 00:57:50.969

Paul Berney: who have formed their own trading companies to deliver the services on behalf of them. So, there's no one-size-fits-all, and there's no right answer to that.

308

00:57:51.050 --> 00:58:00.369

Paul Berney: But there are definitely lessons that can be learned from looking at how your colleagues are introducing tech, and how they're introducing proactive preventative services within that.

309

00:58:00.550 --> 00:58:02.040

Paul Berney: Next slide, please.

310

00:58:05.060 --> 00:58:15.669

Paul Berney: I think that's... this kind of aim only just repeats what you heard from, your colleagues from Hull, Margaret, earlier on today, is that, actually.

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00:58:15.770 --> 00:58:34.300

Paul Berney: without, you know, involving and understanding how you're going to involve people in this, and without managing their training and a cultural change, you're unlikely to be successful. So, introducing proactive preventative services is not reliant on you picking the right tech only.

312

00:58:34.440 --> 00:58:47.839

Paul Berney: Because if you're asking the people who deliver care services and the people who receive those care services to do something differently, then you will need to teach them how that differently works. Not least of which, if you're asking social workers, for instance.

313

00:58:48.030 --> 00:59:05.489

Paul Berney: to make care decisions and to right-size care packages using data that comes from proactive preventative systems, you're asking them to change the way in which they've been trained to do their job, and the way they've been doing their jobs for years, by looking at new data. And so, you have to train them to do that.

314

00:59:05.660 --> 00:59:19.480

Paul Berney: It is one of the things that TSA has worked on quite extensively by having in place the virtual house, which probably many of you will already know about, and if you don't, happy to pass on links that will go with the slides at the end of this presentation.

315

00:59:19.940 --> 00:59:21.260

Paul Berney: Next slide, please.

316

00:59:24.480 --> 00:59:32.589

Paul Berney: This used to be the number one thing that I said in every presentation before I started working for the TSA, you know, when I was working in a technology company.

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00:59:32.600 --> 00:59:42.240

Paul Berney: And I'm almost not... I'm not going to apologize for continuing to repeat it for years on end. Please stop piloting technology. It already works.

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00:59:42.240 --> 00:59:55.720

Paul Berney: Your colleague somewhere else in another local authority has already tested it, has already proved it work. If you want to do a pilot for any sink, test the service, the wraparound service, not the technology.

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00:59:55.720 --> 01:00:07.459

Paul Berney: It is a waste of your time testing proactive preventative technology. The service... the technology's been in place for more than 10 years, so all of the stuff that's in remote monitoring, all the stuff where you put hubs in people's homes.

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01:00:07.460 --> 01:00:24.890

Paul Berney: sensors that pick up movement and, you know, can tell you how many times people have been to the bathroom, they've opened the fridge door, or what have you. The technology that helps you understand whether there's damp or mold in the house, all of it works. You do not need to test it yourself. You do need to test the wraparound service model, and that's kind of

321

01:00:24.890 --> 01:00:27.950

Paul Berney: I'll get off my soapbox and move on to the next slide.

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01:00:30.710 --> 01:00:37.959

Paul Berney: This is the number one lesson that we found from working with local authorities across the... across the Northeast.

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01:00:38.180 --> 01:00:48.829

Paul Berney: is that the biggest failure point for product preventative services is a lack of service design, and that relates back to the last point that I made, is that

324

01:00:48.830 --> 01:01:04.259

Paul Berney: We discovered that, you know, there are... I'm not going to point the finger at them, but there are many local authorities whose starting point has been, we got 50 grand out of the Better Care Fund, we bought 20 kits from Brand X, we ran a pilot, and then we... and then we made the decision that proactive preventative doesn't work.

325

01:01:04.350 --> 01:01:14.820

Paul Berney: If you don't do the service design, and you don't... and you don't decide how is your service going to work differently, now that you've got this in place.

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01:01:14.820 --> 01:01:33.030

Paul Berney: it is unlikely that any pilot that you run, or any service that you try to run, will be successful. And the service design needs to start from the basis of not that we're going to run a pilot, but that we fully expect this service to become business as usual for us, and therefore we are going to design the service

327

01:01:33.080 --> 01:01:35.979

Paul Berney: And the pilot, With that in mind.

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01:01:36.180 --> 01:01:37.440

Paul Berney: And so...

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01:01:37.630 --> 01:01:43.110

Paul Berney: one of the things that we need to work on, and we're now working on with ADAS, is how can we help you

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01:01:43.230 --> 01:01:49.760

Paul Berney: as local authorities with this... with this challenge, and I'll talk about it at the end of these... these slides.

331

01:01:50.080 --> 01:01:51.329

Paul Berney: Next slide, please.

332

01:01:52.910 --> 01:02:10.179

Paul Berney: This kind of also, like the others, kind of sounds like an obvious thing to say, but where you are in your journey with proactive Preventive will define how you use the blueprint that we've written. If you just jump to the next slide here, and then I think you need to press next.

333

01:02:10.410 --> 01:02:15.990

Paul Berney: 4 or 5 times to get the whole graph on. Again, this is... that... perfect, thank you.

334

01:02:16.220 --> 01:02:24.189

Paul Berney: So, what we discovered in working with, local authorities since we published the guide is that

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01:02:24.250 --> 01:02:40.590

Paul Berney: where you are on the journey, whether you've started or whether you're in business as usual, and what capabilities and capacity you have will dictate what you want to do. So if you haven't really started the journey, you could literally just take the blueprint and work through all 17 stages and start to finish.

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01:02:40.690 --> 01:02:49.849

Paul Berney: It's pretty unlikely. It's unlikely that anybody would go through all of those stages one by one anyway. It's much more likely is that you have used

337

01:02:49.850 --> 01:03:08.240

Paul Berney: and tried some sort of pilot, and discovered that you haven't moved out of pilot, and that may be a consequence of not having the capability or capacity, or it may be that you haven't figured out how to scale. In which case, you can dive into the blueprint at specific sections and use it.

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01:03:08.360 --> 01:03:14.900

Paul Berney: There have been local authorities, and Sunderland was one of those that we worked with in the Northeast over the last few months.

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01:03:15.070 --> 01:03:34.360

Paul Berney: who have launched their own services, where those services are business as usual for them, and what they've done with the blueprint is use it as a benchmarking exercise, as I mentioned earlier on. They're looking for, how do we tweak and improve the service that we've already got up and running for hundreds, if not thousands, of people. They are not thinking, we don't know how to do this.

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01:03:34.370 --> 01:03:42.279

Paul Berney: So, you can dive into it at any particular point, and use that... use an individual chapter or an individual section of that.

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01:03:42.700 --> 01:03:43.760

Paul Berney: Next.

342

01:03:44.170 --> 01:03:45.370

Paul Berney: Slide, please.

343

01:03:46.480 --> 01:03:47.860

Paul Berney: Of course.

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01:03:48.160 --> 01:04:00.999

Paul Berney: none of the proactive preventative technology that sits behind this is sitting still. I mentioned earlier on that, you know, it already works. Of course, it's continuing to grow, and grow at a pace, and will continue, so you should assume

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01:04:01.040 --> 01:04:08.209

Paul Berney: That it's going to continue. Why is that important to you? Well then, it's important because if you are going to be commissioning stuff.

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01:04:08.450 --> 01:04:23.570

Paul Berney: over the next year or two, then you need to understand the direction of travel that the proactive Preventative Services are likely to be able to develop, and consider that within the commissioning documents, the tenders that you write. Next slide, please.

347

01:04:26.250 --> 01:04:34.399

Paul Berney: So, in the proactive preventative space, what are you going to see? Well, you're going to see more connected devices, you're going to see the back-end platforms that are connected to this

348

01:04:34.400 --> 01:04:47.449

Paul Berney: have more and more analytical power, not least because they're all integrating AI. You're going to see more integration and interoperability between all of these different platforms, all these different systems, and you are likely to see

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01:04:47.470 --> 01:04:49.420

Paul Berney: The introduction of

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01:04:49.750 --> 01:05:00.299

Paul Berney: Tech, if not proactive preventative systems, that combine together data and insights from housing, health, and social care all together.

351

01:05:01.020 --> 01:05:09.989

Paul Berney: if I make the point of saying that, you know, if you were... lots of you are part of local authorities that will commission for perhaps 5 plus 2 contracts.

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01:05:10.000 --> 01:05:28.470

Paul Berney: if I'd have asked you 5 years ago to make sure that you included something on AI in your contract, probably most of you would have ignored that and not done it, and yet today, you know that you need to include something in your commissioning about the likely development of AI and what that might look like, and you need to put space in your

353

01:05:28.900 --> 01:05:40.410

Paul Berney: tenders and your specifications for the likely growth and expansion of all proactive preventative solutions, and AI particular within that. Next slide, please.

354

01:05:43.030 --> 01:05:54.360

Paul Berney: So, the last of the 10 points is something that we clearly learned, and again, that goes back to what Margaret said right at the top, is that the role of lived experience is absolutely essential.

355

01:05:54.530 --> 01:06:12.439

Paul Berney: If you're not including people who draw on care and support in a vision of how proactive and preventative care services should support them in their lives, you're likely to have a vision that's wrong. If you're not including them in the business case, if you're not including them within the service design, if you're not asking them about

356

01:06:12.440 --> 01:06:24.470

Paul Berney: how they want the services to work, and how they want the services delivered. If you're not gathering their feedback about how it's made a difference to their lives, you're not gathering the right measurements and metrics. You are likely to fail.

357

01:06:24.730 --> 01:06:34.769

Paul Berney: So, co-production has to be built in at every stage of using the Blueprint, and I would argue every stage of using any form of technology-enabled care.

358

01:06:35.170 --> 01:06:36.639

Paul Berney: Next slide, please.

359

01:06:37.310 --> 01:06:54.119

Paul Berney: And indeed, last slide. So, having delivered, the first Blueprint and got lots of people downloading it and using it and then benchmarking it, we, in that benchmarking exercise, we discovered three key failure points, and we're now working on Blueprint 2.

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01:06:54.210 --> 01:06:55.659

Paul Berney: to help us

361

01:06:55.730 --> 01:07:14.940

Paul Berney: and develop the blueprint so that it works better for those of you who are going to be commissioning new proactive preventative care services and who want to improve the ones you've got. I already mentioned that we're going to create a new model around service design, so we're working with your peers as best we can to find out

362

01:07:14.960 --> 01:07:18.829

Paul Berney: What works in service design and how to bring that together.

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01:07:18.890 --> 01:07:21.829

Paul Berney: our sense working with ADAS today is that

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01:07:22.460 --> 01:07:26.400

Paul Berney: As it's a big failure point, we may need to

365

01:07:26.890 --> 01:07:43.880

Paul Berney: try to create and test and learn over the next few months with some selected local authorities, who raised their hands to say, we need help on this right now, how to do service design, because it seems to be, as I said, the most critical point of failure.

366

01:07:44.040 --> 01:07:48.429

Paul Berney: The other two points where people have been very clear in saying to us, we need more help.

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01:07:48.580 --> 01:08:02.810

Paul Berney: is around improving the financial and benefits modelings that we put into the first version of Blueprint, so we're doing that. We're gathering together a group of Section 151 officers, for instance, to help us

368

01:08:02.930 --> 01:08:04.100

Paul Berney: create

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01:08:04.220 --> 01:08:17.460

Paul Berney: an ROI model that works, if you like, for 80% of local authorities and allows you to localize 20% of it. And then a common set of metrics by which you could work out the success

370

01:08:17.569 --> 01:08:35.889

Paul Berney: Of one form of technology against each other, one service against each other, measuring your performance against other local authorities, so a set of common metrics that says, here are the 10 key things that you need to measure and monitor when you're running proactive or intensive care services.

371

01:08:36.359 --> 01:08:54.129

Paul Berney: That does... I do feel like I've run through that, Katie, at 100 miles an hour, but you didn't wave at me at the screen to say slow down, but that is the last slide I've got. Very happy to take questions, and very happy to put out a link to, the existing blueprint, but for those of you who,

372

01:08:54.130 --> 01:09:08.420

Paul Berney: who would like to contribute towards this and can share some of your learning, I would love to talk to you and have someone in our team talk to you about your specific lessons learned and your experiences of launching proactive preventative care services.

373

01:09:11.029 --> 01:09:22.629

Katie Thorn - Digital Care Hub: That's great. Thank you so much, Paul. You fit a lot in there in the very short time slot that I allotted you, so thank you. And there are some questions which are coming through. I also wanted to say that

374

01:09:22.629 --> 01:09:35.769

Katie Thorn - Digital Care Hub: I'm really pleased that you're going to be looking at key metrics. We hear a lot about the difficulty in, sort of, having clear evaluation about, sort of, technology and service change, so I think that's definitely something people are crying out for in this space.

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01:09:36.909 --> 01:09:48.999

Katie Thorn - Digital Care Hub: And we do have a comment as well from Jason in the chat, and I just thought I'd put that to you first, Paul. So, it's about the responsibility for testing things based on the assumption that they already work.

376

01:09:49.209 --> 01:10:06.049

Katie Thorn - Digital Care Hub: I believe the medical device regulation requires monitoring to ensure continued compliance, for example, AI and model drift, leading to degradation over time to the point where technology may not actually work anymore. So, I don't know if that's something you consider in terms of medical devices. I know that's not necessarily the.

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01:10:06.050 --> 01:10:06.730

Paul Berney: participants.

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01:10:06.730 --> 01:10:07.599

Katie Thorn - Digital Care Hub: with our saw.

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01:10:07.800 --> 01:10:26.100

Paul Berney: medical devices don't fit into what we're doing at the moment. We're talking specifically about proactive preventative devices and sensors that are used in social care, not in medical care. There's a completely different set of rules around that, but the question is well put in terms of, are we continually monitoring

380

01:10:26.250 --> 01:10:41.209

Paul Berney: how these different devices work. Yes, we are. We're in the pro... we... and it's relevant to the earlier conversations that you had. We're about to publish some guidelines, around... further guidelines around resilience of devices.

381

01:10:41.280 --> 01:10:53.839

Paul Berney: and of systems. We're about to publish some guidelines around cyber security, which will build upon the kind of things that Becky was sharing earlier on. And we've just started some work on

382

01:10:54.020 --> 01:11:03.969

Paul Berney: Resilience for proactive preventative systems in particular. So if the colleague who asked that question would like to be part of that, very happy to... for you to join in.

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01:11:05.570 --> 01:11:08.090

Katie Thorn - Digital Care Hub: Brilliant, thank you so much for that one.

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01:11:08.270 --> 01:11:14.160

Katie Thorn - Digital Care Hub: Yeah, so I think we're just going to recruit people from the chat to take part in all of these things, which is quite fun.

385

01:11:14.420 --> 01:11:24.179

Katie Thorn - Digital Care Hub: So this question was actually asked right at the beginning, during Margaret's talk, but I thought it might be an interesting take from different people on the panel around this, so...

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01:11:24.180 --> 01:11:36.540

Katie Thorn - Digital Care Hub: One of the questions which came through was talking about bring your own device. We know it's very common, particularly for sexual care staff, to use their own mobile devices for work purposes.

387

01:11:36.700 --> 01:11:56.069

Katie Thorn - Digital Care Hub: But this commenter asked, particularly given the increasing use of AI tools, and then there's the associated information governance, data protection challenges, was bring your own device something that you considered as part of the development of your digital strategy, or did it come up, Margaret? I think, Becky, I wonder if it's something that came up as well within your cybersecurity?

388

01:11:56.180 --> 01:12:01.029

Katie Thorn - Digital Care Hub: sort of work as well. And then maybe, Paul, if I was twisting the question a little bit.

389

01:12:01.300 --> 01:12:16.940

Katie Thorn - Digital Care Hub: where you've got, sort of, citizens using their own devices more and more as well, in terms of monitoring their care? Is that something that local authorities are thinking about, and people monitoring their own health, as well as Commission services? So, I don't know who wants to come in first, Margaret, are you happy to say?

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01:12:16.940 --> 01:12:24.460

Margaret Woodcock: Well, just from a whole point of view, that wouldn't happen. It would only be devices on a corporate network would be issued.

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01:12:24.780 --> 01:12:44.590

Margaret Woodcock: we're talking there about our care homes within Hull City Council. I can't speak on behalf of the providers across the city, the private ones, but it just wouldn't happen for cyber security reasons, and we issue phones when and where needed, and tablets, and put Wi-Fi in, so, no.

392

01:12:45.470 --> 01:12:55.569

Katie Thorn - Digital Care Hub: Well, okay, no, that's really good to know. Some people take a very hard line on this one. And Becky in Buckinghamshire was bring your own device part of your conversations around cybersecurity?

393

01:12:55.620 --> 01:13:18.160

Becky Churchyard: Yeah, it is... it is starting to be more and more, and something that we are considering as we move forward, into the next phase of our, embedding the resilience. So, I don't have anything to share at the moment, but yes, it is... it is something that we seriously need to look at, and, and ensure.

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01:13:18.710 --> 01:13:22.100

Becky Churchyard: That, that things remain safe and compliant.

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01:13:24.420 --> 01:13:27.629

Katie Thorn - Digital Care Hub: Paul, anything you sort of hear from.

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01:13:27.630 --> 01:13:34.899

Paul Berney: Yeah, no, I think that's a great question. And actually, you know, we're going to have to embrace the fact that, as a sector.

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01:13:34.920 --> 01:13:50.350

Paul Berney: we are increasingly going to be faced with, families looking after their loved ones, saying, but I've already given them an Apple Watch, or a Fitbit, or, you know, or I've, you know, I've got Amazon Alexa fitted in the home. How can you use that?

398

01:13:50.350 --> 01:13:59.059

Paul Berney: And that is one of the challenges as a sector we're going to have to think about, is that when... I don't think it's... I think it's less going to be bring your own device, it's going to be bring your own data.

399

01:13:59.260 --> 01:14:15.600

Paul Berney: And, you know, there's no reason why people wouldn't be able to turn up in front of their GP, for example, and say, I don't want you to make a decision based upon the 10 minutes I've got with you now. I want to share with you 2 months' worth of heart rate data and steps data, and have you look at that.

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01:14:15.690 --> 01:14:35.380

Paul Berney: there isn't a quick answer to it. It's something that is, you know, we can't afford to kick it down the road a long way, because it's here and now. It is something that TSA is addressing in our internal conversations about how we're going to provide resourcing to look at it, so...

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01:14:35.630 --> 01:14:45.210

Paul Berney: watch this space, I suppose is the thing to say. Very happy to engage with colleagues who want to be involved in looking at how we

402

01:14:45.410 --> 01:14:48.659

Paul Berney: Meet the challenges of people bringing their own device.

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01:14:50.130 --> 01:15:05.779

Katie Thorn - Digital Care Hub: Well, thank you. And yeah, absolutely something that we are seeing as well, quite often from a digital care hub perspective as well. So it used to be, sort of, working-age adult services. You saw a lot more, sort of, people who are drawing... younger people with learning disabilities and physical disabilities who have Alexis or their own technologies.

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01:15:05.780 --> 01:15:19.650

Katie Thorn - Digital Care Hub: But now, as well, we hear more and more from colleagues working in care homes and nursing homes, that people are kind of turning into upper residential care with our whole suite of different sort of tech that they have been using and are used to using at home, and understandably also want to use.

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01:15:19.650 --> 01:15:25.510

Katie Thorn - Digital Care Hub: when they're in a care home. So, I think it's something we're all having to kind of come to terms with very quickly.

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01:15:26.950 --> 01:15:33.009

Katie Thorn - Digital Care Hub: Then we had got a question, I just managed to lose it, hang on one moment to get that back up.

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01:15:33.120 --> 01:15:41.370

Katie Thorn - Digital Care Hub: Great question here from Gretel, who says that, thank you for a very interesting presentation, everybody.

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01:15:41.370 --> 01:15:55.939

Katie Thorn - Digital Care Hub: With the constant AI progress, I'm curious if you are seeing a rise in care providers venturing into using AI to replace some of their existing systems, for example, by developing their own software with the help of AI, or using AI to facilitate tasks that used to be done manually.

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01:15:56.200 --> 01:15:59.359

Katie Thorn - Digital Care Hub: I'm not sure if anybody has an opinion on that one.

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01:16:02.530 --> 01:16:20.059

Paul Berney: Well, I can give you an answer, which is I don't... I don't see lots of care providers and others creating their own, not when there are so many other digital tools that they can use. And in fact, you know, the stage of AI that we're at at the moment is that almost

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01:16:20.160 --> 01:16:24.240

Paul Berney: AI is being added into all the existing tools that you've got, invisibly.

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01:16:24.500 --> 01:16:29.689

Paul Berney: You know, and so we're at... we're at the stage where, if you like,

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01:16:30.150 --> 01:16:39.979

Paul Berney: AI is... AI is a tool for people to use, but where we'll get to in the future, I think, is that more people see AI as a kind of co-worker and a co-partner.

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01:16:42.060 --> 01:16:44.530

Katie Thorn - Digital Care Hub: Yeah, I think that's right. We have...

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01:16:44.530 --> 01:17:06.469

Katie Thorn - Digital Care Hub: conversations with, I'd say, the incredibly digitally innovative care organizations who are... have been far ahead in this space for a long time, have sort of... then, some of them, we are seeing people using AI to develop some of their own products, especially developing their own AI agents, I would say. We've seen a slight rise in vibe coding, but I'd say it's quite limited to

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01:17:06.470 --> 01:17:08.110

Katie Thorn - Digital Care Hub: A small and very...

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01:17:08.190 --> 01:17:15.240

Katie Thorn - Digital Care Hub: innovative and ahead group of organizations. We don't have any stats on that nationally yet. I'd be quite interested in it, but...

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01:17:15.370 --> 01:17:31.109

Katie Thorn - Digital Care Hub: It's always quite hard to get digitization stats across social care providers, because the ones who are least likely to using technology are obviously the ones who aren't responding to online surveys. So, when we figure out a way to do a full digital maturity mapping, I think we'll come back to you all.

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01:17:31.950 --> 01:17:51.470

Katie Thorn - Digital Care Hub: I do also want to say that we've had Desiree as well in the chat, who has said, in Buckinghamshire, we do check providers have a BYOD policy, especially home care. We ask the processes around keeping that data safe, and it is a critical part of our discussions with providers, so just in case anybody was worried about Buckinghamshire, that is part of the contracting conversation as well.

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01:17:53.370 --> 01:18:04.479

Katie Thorn - Digital Care Hub: So those are the main questions which have come through. Thank you all for a really, really wonderful conversation in this space. I guess,

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01:18:06.330 --> 01:18:18.129

Katie Thorn - Digital Care Hub: I'm going to ask a question I was going to ask first while I see another one has come in. The second that I say that we're done on questions, there's always more come through, which is great. But I wondered if each of you maybe had a reflection of your, sort of, like, number one.

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01:18:18.300 --> 01:18:29.530

Katie Thorn - Digital Care Hub: Top tip for anybody who's starting out looking at, sort of, digital commissioning and that sort of thing, like, the one thing you wish you had known before you started, and which you could share.

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01:18:36.850 --> 01:18:42.269

Paul Berney: You want to go first, Margaret or Becky? I feel like I've... I gave you 10 tips already, but I...

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01:18:43.160 --> 01:18:49.340

Paul Berney: But I guess my overriding tip about... about all of the We've written in the Blueprint is...

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01:18:51.290 --> 01:18:54.559

Paul Berney: What good looks like is already being done by lots of your colleagues.

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01:18:54.800 --> 01:19:04.850

Paul Berney: you don't have... you're not starting afresh. Someone, somewhere, is already doing it, you know. I hate to kind of quote it, but, you know, it's that,

427

01:19:05.000 --> 01:19:10.609

Paul Berney: You know that quote by William Gibson about, you know, the future is here, already here, it's just unevenly distributed?

428

01:19:11.220 --> 01:19:17.780

Paul Berney: future of commissioning, digital commissioning, is already here. It's being done by your colleagues somewhere.

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01:19:18.090 --> 01:19:32.690

Paul Berney: ask people like Digital Care Hub and, like, TSA and ADAS and LGA and others can point you at what good looks like and where your colleagues are. And my experience of local authority colleagues is that you are all incredibly willing to share

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01:19:32.760 --> 01:19:40.390

Paul Berney: Your lessons learned with others, to help them shortcut and, you know, and get to a better result faster, because you're all...

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01:19:40.830 --> 01:19:44.369

Paul Berney: You know, of a mindset that says, we're here to do the best we can.

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01:19:46.410 --> 01:19:52.280

Katie Thorn - Digital Care Hub: Absolutely, and great quote. It's one that I always misremember. Thanks, Paul. Margaret.

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01:19:52.280 --> 01:20:08.270

Margaret Woodcock: I was just, you know, gonna echo, really, what Paul just said, but for me, I suppose my biggest takeaway would be talk to people with lived experience, because you don't know what shoes people are walking in, and until you do, you can't really look to do anything.

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01:20:08.620 --> 01:20:12.430

Margaret Woodcock: And that's been our most helpful part of our process, I think.

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01:20:15.400 --> 01:20:19.440

Katie Thorn - Digital Care Hub: Thank you, and Becky, I think you were saying you were also reiterating what Paul.

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01:20:19.440 --> 01:20:32.600

Becky Churchyard: Yes, yeah, I agree, and also from our side, a bit of curiosity as well, and to find out what the hurdles are, so that we can understand and support the best that we can.

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01:20:33.740 --> 01:20:35.200

Katie Thorn - Digital Care Hub: Brilliant, thank you.

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01:20:35.660 --> 01:20:49.520

Katie Thorn - Digital Care Hub: And the final question which came through is really interesting, but it's not one we can really answer, I'm afraid. So the question was around what technology would be ideal in serving as a blueprint to help care homes, in improving safeguarding, ensuring the safe use of AI tools.

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01:20:49.550 --> 01:21:04.680

Katie Thorn - Digital Care Hub: Is there currently a technology that would be helpful for all the roles in Council in fighting challenges being faced? I'm afraid we're not allowed to recommend specific types of software or technology at Digital Care Hub, because we're, just part of our, sort of, like, general ethos on these.

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01:21:04.790 --> 01:21:20.900

Katie Thorn - Digital Care Hub: If there is anybody in the chat who does have suggestions, please do speak to each other. You're not banned from mentioning particular technologies. I think, generally speaking, that there's a universal panacea for all of these things as yet, but I am always wanting to be proven wrong, so if there is one, please let us all know.

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01:21:21.070 --> 01:21:33.909

Katie Thorn - Digital Care Hub: I would recommend looking at the local government association resources. They have lots and lots of different case studies, and specifically an AI hub, which has really, really good advice for councils in particular.

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01:21:33.910 --> 01:21:43.290

Katie Thorn - Digital Care Hub: I know that's part of the amazing resource pack that my colleague Fiona has pulled together to go out to all of you after this session with all of the links, so...

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01:21:43.370 --> 01:21:47.070

Katie Thorn - Digital Care Hub: We'll get those over to you, but I'm sorry we can't directly answer that one.

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01:21:48.720 --> 01:21:53.249

Katie Thorn - Digital Care Hub: So, I... at this point, we are quickly going to do a quick poll.

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01:21:53.250 --> 01:22:09.049

Katie Thorn - Digital Care Hub: poll, which hopefully Fiona will be able to pop up to us. So it'd be great for us to really understand how useful the information was today. If people can provide some feedback, that's always really helpful in terms of guiding our conversations and sessions going forward.

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01:22:10.450 --> 01:22:24.000

Katie Thorn - Digital Care Hub: We will also all be available to ask further questions, over the next... well, we'll get in touch whenever, really. You'll have all of our contact details following the session, and we will also send out the slides.

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01:22:24.300 --> 01:22:30.939

Katie Thorn - Digital Care Hub: So what's left for me then is just make sure with Fiona that I haven't missed anything at all that I meant to be sharing.

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01:22:31.630 --> 01:22:33.830

Digital Care Hub: No, all good, Katie, thank you.

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01:22:33.830 --> 01:22:53.320

Katie Thorn - Digital Care Hub: Brilliant. Right, in which case, thank you so much, everybody, for joining us today. We will get the recording and the slides out to you. Margaret, Becky, Paul, thank you for giving up your time. We do really, really appreciate it. We know it's a lot to pull together slide decks for this sort of things, but fantastic to have all of your experience, so thank you.

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01:22:54.970 --> 01:22:55.600

Becky Churchyard: No problem.

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01:22:56.030 --> 01:22:57.210

Paul Berney: Thanks for the invitation.

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01:22:57.390 --> 01:22:58.800

Margaret Woodcock: Yeah, you're welcome.

453

01:22:59.480 --> 01:23:04.099

Katie Thorn - Digital Care Hub: Wonderful. Great. Well, thank you all, and we'll see you very soon.