

DIGITAL CARE SUMMIT · CARE TECH BREAKOUT

Ready for care tech?

The conditions for success





**Creating a future where radically
better health and care is possible**



Care technology is any technology that helps people to live safely, independently, or helps to identify and respond to a change in their health.



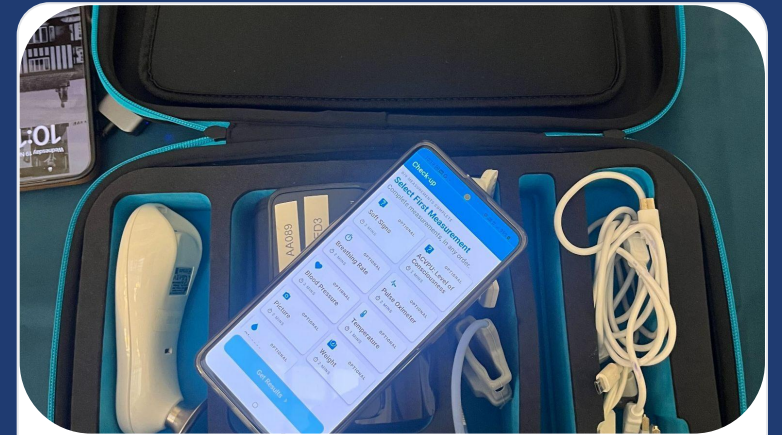
Care technology comes in many forms



Monitoring & sensors



Wearables & personal tech



Remote health monitoring



Medication support



Everyday independence



Digital care & communication

For the past 15 years, we've been working with Councils, providers & tech companies to implement & evaluate these technologies.

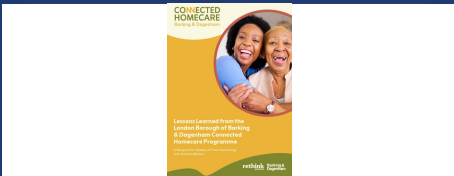


300+ residents

Redbridge Care Technology Pilot

Implementing assistive technology to detect and prevent falls among older adults across care homes, extra care and reablement.

Redbridge commissioned us as Implementation Partner.



350 residents

Connected Homecare

Working with the care market in Barking & Dagenham to evaluate how technology-enabled homecare helps people live independently at home.

Our evaluation found 30% fewer residential placements; £2.50 of value per £1 spent.

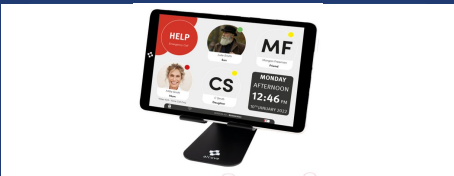


1,800+ residents

CarePort

Using Feebris to spot early signs of deterioration and keep people with multiple care needs well at home.

Led by Barking & Dagenham with providers and tech partners.



1,000+ people

WM5G Technology Enabled Care

Supporting people across the West Midlands to live independently through specialist care technology and voice-activated devices.

We led the evaluation of impact and what is needed to scale.



2,000+ residents

Barking & Dagenham

LBBD residents in receipt of care technology.

Care City supports implementation of care technology as the councils change partner.

Testing innovative technologies including robotics and Ai from South Korea.

**Independence and
reassurance**



"around three-quarters of survey respondents reporting increased confidence (74%) and approximately 70% reporting greater independence."

Connected Homecare

**Earlier identification when
something changes**



'a client was admitted to hospital following a fall, based on having a high and rising temperature. The ambulance prioritised their call based on this information and the individual was admitted to hospital immediately. Following their admission, sepsis was detected for which they received imminent treatment and have since recovered well. '

Kit4Care Devon

**Help plan the right care
for the person.**



One person sometimes left their home and walked around at night. The door sensor helped staff understand when they had gone out, giving them a clearer idea of where they might be and helping them respond quickly while supporting the person's independence.

Redbridge Extra Care Feedback

Where we've seen this translate into real impact

For those with care technology we've seen

33%

**lower for A&E
attendances**

54%

**lower for emergency
admissions**

35%

**lower for non-elective
bed days**

*Less hours needed,
less likelihood of escalating care,
carers reporting less anxiety and more time spent with clients
reduced / delayed severity of need.*

But this isn't always the case.

Meet Jane (fictional name)

Jane had a falls device that monitored her in the home and would respond if she ever had an accident. While this gave her comfort in her own home, it made her more nervous about leaving the house where she felt less safe. She ended up staying at home more than she should, and developed anxiety about leaving to walk her dog.



“care technology delivers value **primarily through supported adoption, provider leadership and operational integration**, rather than through **technology deployment alone**.

“..sustained impact depends less on the devices themselves and more on **continuous engagement, organisational change capacity**, and **explicit integration into commissioning and care review processes**.”



Working through a persona:

For the next 20 minutes read through the person's story and consider.

- What benefit might the tech bring to this person across their journey?
- What would need to be in place to make the most of this technology?

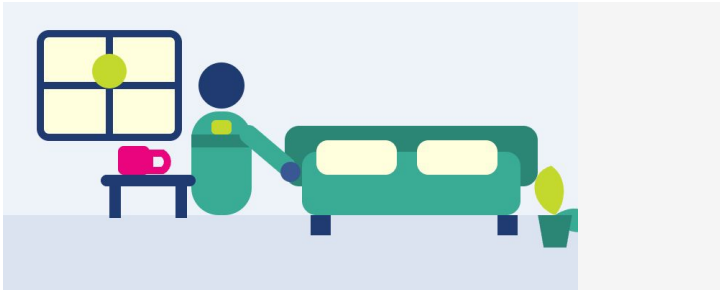
Elaine and Frank

Transitioning through care settings — home, extra care, care home



1

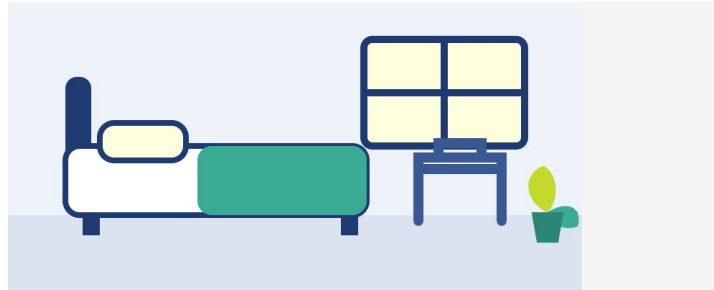
Living at home with domiciliary care



Elaine was diagnosed with MS and needs help with basic tasks around the house — meal prep, cleaning, washing clothes. She lives with her partner Frank, older and increasingly struggling with his own mobility, who recently had an operation but had been acting as her main carer. They now have paid domiciliary care two days a week to take the edge off Frank's caring tasks.

2

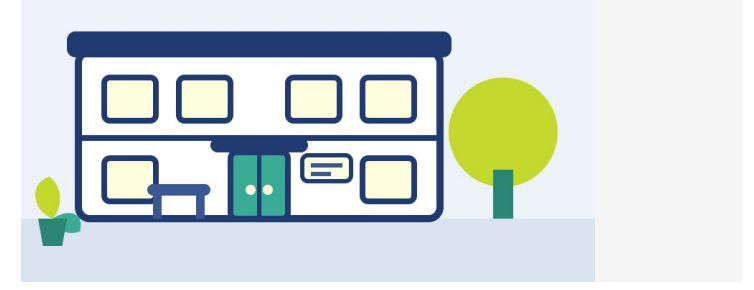
A stay in extra care following a fall



Frank passes away. A few months later Elaine has a fall at home and ends up in hospital. She's discharged to an extra care housing scheme in the community while she recovers from a broken leg, receiving physio with the aim of returning home.

3

Moving into a care home



After a period back at home, Elaine's mobility deteriorates further and she has another fall and hospital stay. She's no longer able to get to the toilet by herself and needs two people to help her at night. She's moved into a care home. She's nervous of falling again and feels isolated as her mobility has declined.

- **What benefit might care technology bring to this person across these settings?**
- **What would need to be in place to make the most of this?**

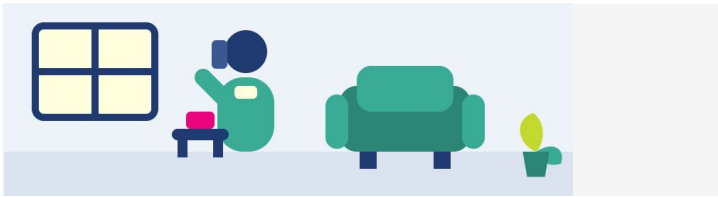
Bernard and Marcia

Transitioning through care settings — home, reablement, care home



1

Living at home with family support



Bernard, 78, was diagnosed with vascular dementia eighteen months ago and lives alone in the flat. He still manages breakfast and getting dressed, and enjoys his daily walk to the shop, though he's not great at remembering the medical side of his routine. His daughter Marcia lives forty minutes away, works full time and visits twice a week to sort medication and check the flat. There's growing concern he's left the gas hob on, and twice he's been found by neighbours some way from home, unsure how to get back.

2

Hospital, then a reablement bed after a fall

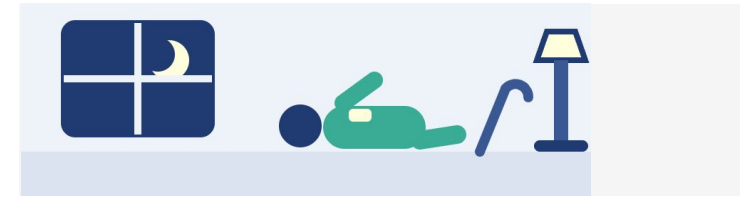


One evening a neighbour finds him confused and dehydrated, having fallen in the kitchen; he's admitted to hospital with a urinary infection.

After a week on the ward he's medically fit but not yet safe to go home alone, so he's discharged to a short-term reablement bed to rebuild his routines before a longer-term decision is made. His memory hasn't fully returned to where it was before the infection, and both staff and Marcia notice he's more disorientated at night than in the day.

3

A care home with dementia support



Bernard's night-time confusion continues, he has another fall looking for the bathroom in the dark. He and Marcia agree, with the reablement team, that living alone isn't safe, and he moves into a residential care home with dementia support near Marcia. He's settling in but doesn't always know where he is when he wakes and becomes distressed most evenings as it gets dark.

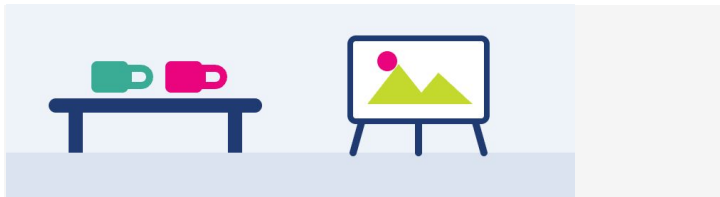
Aisha and Grace

Transitioning through care settings — home, Shared Lives, supported living



1

At home with a parent as main carer

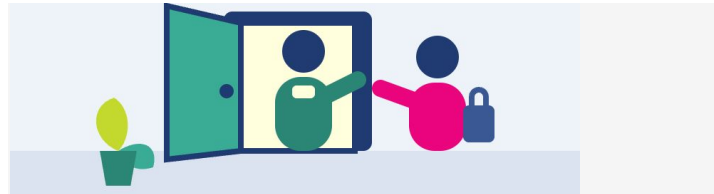


Aisha, 26, has a learning disability and epilepsy, and has lived with her mother Grace her whole life. She helps with cooking and cleaning tasks she's learned over the years, volunteers twice a week at a local charity shop, and looks forward to her Tuesday art class.

Grace, 61, manages Aisha's medication and is the one who responds when Aisha has a seizure. Grace is finding this harder alongside her own health, including a heart condition diagnosed last year. Aisha wants more independence and has talked about having her own place one day, but Grace worries about her.

2

A short break in Shared Lives



Grace has a cardiac event and is admitted to hospital for emergency treatment and recovery. With no family able to step in straight away, a social worker arranges an emergency short break with a Shared Lives carer.

Aisha settles in better than anyone expected and likes Denise's home and routine, but there's no way for the household to know if Aisha has had a seizure overnight unless someone happens to be nearby to hear it.

3

Moving to her own tenancy with support



Grace's recovery goes well but takes longer than either of them hoped, and the cardiac event has made clear that Aisha's life can't keep depending on one person's health holding up.

After planning involving Aisha, Grace, Denise and the social worker, Aisha moves into a supported living tenancy of her own nearby, with a support worker visiting daily and on call overnight. It's what Aisha said she wanted, and she's proud of it, but she and Grace are both anxious about how quickly anyone would know if something went wrong with her epilepsy.

Our top reflections on how to get the best from care technology

1

**Start with the person
not the tech**

2

Connectivity is king

3

**Not all devices are
equal**

4

Bring staff with you

5

make it someone's job

6

**Don't forget friends
and family**

7

**Training and
confidence are not the
same thing**

8

**Part of care, not an add
on**

9

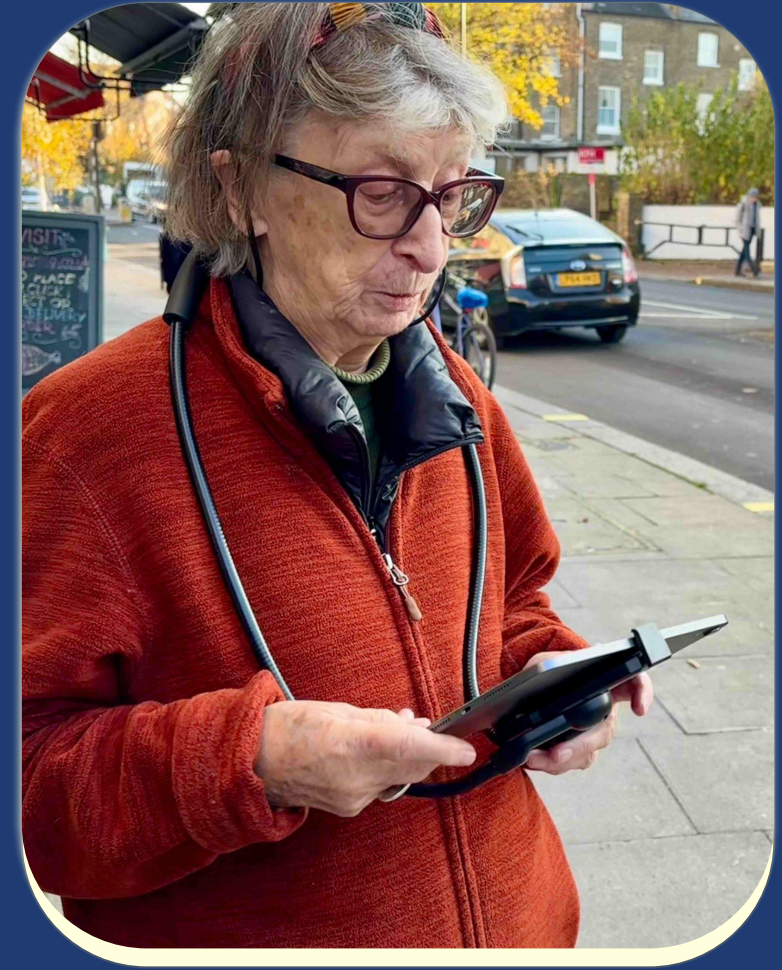
**Create review and
reflection moments**

Start with the person, not the tech

People will experience technology differently depending on their set up and need, this goes beyond a primary support reason. Think deeply about the need, how the tech will fit into their life,.

Without it. Technology will not be used or won't solve the need.

What to do: Think about the intervention you want to make, not just the primary support reason. Consider the setting, the need, the person and make a selection according to the person – not the primary support reason.



Trialling wayfinding tech for people living with dementia.

Connectivity is king

Technology is useless without a reliable connection, without connection there is no support.

Without it. At best your device is a piece of plastic in a room, at worst – you risk the safety of the people you are caring for.

What to do: Have routers available as a paired device (and include in costings). Ensure the facility has reliable wifi – sort before you think of the technology.



Whzan remote monitoring kit

Not all devices are equal

Asking the right questions before you purchase



1. Organisational identity & origins

"How long have you worked in social care specifically, and can you point to examples of organisations similar to ours that you've worked with?"

2. The product & problem it solves

"In plain terms, what problem does this solve for my staff day to day, and what happens if we carry on without it?"

3. Implementation & delivery

"What will you need from me and my team in the first three months, and what happens if we can't give you that time?"

4. Client base & customer experience

"Can I speak directly to two or three of your current customers, ideally ones a similar size to us?"

5. Evidence & impact

"What evidence do you have that this actually improves care or saves time, and is any of it independently verified?"

6. Accreditations, compliance & data

"Where is our data stored, who can access it, and what accreditations do you hold, for example Cyber Essentials Plus or DSPT?"

7. Market readiness & future direction

"Where is your business heading over the next few years, and what would happen to us and our data if you were acquired or the company changed direction?"

Bring staff with you

Care staff are the ones that will use it, and sell the benefits. When they engage and multiply the benefits associated.

What to do: Ensure staff understand the full benefits of the technology, what it does and does not do, and how to incorporate it into their roles. Make sure the case is clear. Staff being able to explain the benefits make it more likely the person will understand the purpose of the tech.

Without it: Staff will not engage with the technology, can may actively undermine it.



Kit4Care Training in Devon

Make it someone's job

Someone needs to hold it, be responsible for successful rollout and uptake.

What to do: Have someone whose sole job is to sit between frontline staff, people and the technology, rather than expecting either side to absorb this into an already full job.

Without it: It will fall as a side job, not be properly integrated into roles.



(l-r): Councillor Jeszemma Howl, the City of Wolverhampton Council's Cabinet Member for Governance and Digital, Councillor Paula Brookfield, Cabinet Member for Adults and William Hallt, WM5G digital navigator



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Final question

Which tip felt most relevant to your organisation?

Do you have any barriers to implementing care tech that we have not addressed?

Dont forget friends & family

Friends and family are often the difference between a yes and a no. Make sure they understand it, and are bought in.

What to do: Make the case clear for friends and families, ensure they are brought up to speed with the tech and that they know why it's being used.

Without it: Less incentive for the person receiving tech, and opportunity for friends and family members to cast doubt on it.



MiiCare

Training and staff confidence are not the same thing

Running training, and building staff confidence are not the same thing. One off, online training will not be enough.

What to do: Make sure training is interactive, role specific. Set up peer supports, follow ups and ways for people to share advice.

Without it: Staff will not feel confident in their role, will not endorse or use the tech .



Kit4Care Training in Devon

Part of care – not an add on.

Tech should inform and support care, and both should evolve together (rather as separate processes)

What to do: Embed data into care systems, processes and reviews – make it a part of the reviews and checks that staff already do.

Without it: Many benefits from care tech come from the data you get on the back of it. Without embedding into care processes, you miss the opportunity to shape care around what you learn.

	Friday 29 May 16:13	Saturday 30 May 13:03	Change over 21 hours
Pulse	106 bpm 1	128 bpm 2	▲ 22 bpm worse
Oxygen saturation	92% 2	91% 3	▼ 1 points worse
Blood pressure	115/82 mmHg 0	130/82 mmHg 0	▲ 15 mmHg higher
Temperature	35.0°C 3	36.0°C 1	▲ 1.0°C warmer
NEWS2 total	6	6	■ same total, different cause

Create the review moments

Create the moments to reflect on the tech, what its doing for your org.

What to do: have regular moments to review the tech, the benefits its bringing and to adapt as needed.

Without it: your offer won't adopt.

