Digital Care Summit London

23 September 2026



Post event report

digitalcarehub.co.uk/summit-2026

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Executive Summary

The Digital Care Summit London 2026 brought together more than 150 leaders, practitioners, people with lived experience, carers and partners from across adult social care, health, government, regulation, research and technology. It was the first time Digital Care Hub had convened this breadth of perspectives in this way, creating a shared space to examine not technology for its own sake, but how digital transformation can deliver better outcomes, stronger services and a more connected care system.
What we learned was clear: the sector must move beyond digitising existing processes and redesign care around people's lives. The Summit also exposed tensions that must be addressed, including innovation that can unintentionally exclude, fragmented systems, blurred accountability across organisational boundaries, limited implementation capacity and an unequal distribution of costs and benefits.

Why this matters is that technology alone will not deliver better care. Progress depends on leadership, trust, collaboration, accessible design and clear accountability. Adult social care providers, including smaller organisations, must be equal partners in neighbourhood health, while people with lived experience and carers must help define priorities, shape solutions and assess whether change is improving real lives. The Summit was therefore a starting point. Digital Care Hub will use its findings to share learning, develop responses to selected audience questions and explore opportunities for focused follow-up with partners where there is a clear need and capacity to act.

Headline findings

1. The Summit was designed for a curated audience of up to 200 delegates, comprising decision-makers and influencers from across health and care. Digital transformation must move beyond digitising existing processes and redesign care around people's lives, experiences and outcomes.
2. Joined-up care requires joined-up information, clear governance and shared accountability.
3. Trust, relationships and co-production are as important as technical infrastructure.
4. Providers need practical support to assess, adopt and evaluate AI and care technology.
5. Adult social care, including smaller providers, must be an equal partner in neighbourhood health.
6. Cyber resilience is a continuing organisational capability.

72%
Extremely Useful

97%
Met goals

97%
Would recommend

94.9%
Gained ideas/actions

These results are based on responses from our feedback form. Respondents particularly valued networking, practical examples, lived-experience contributions and the opportunity to hear different perspectives in the same room.

1. About the Summit

Hosted by Digital Care Hub, the Summit created a new cross-sector space for honest discussion, shared learning and collaboration around digital transformation in adult social care. It was the first time Digital Care Hub had brought together this breadth of providers, people with lived experience, carers, NHS organisations, government, regulators, researchers and technology organisations in this way. Demand and feedback were positive: more than 300 people applied, 210 were accepted and registered through Eventbrite, and on-the-day records indicate that more than 150 attended.

Our core themes for the day were:

- Digital social care records, AI and emerging technology
- Care technology readiness and adoption
- Data sharing, research and shared care records
- Cyber resilience and incident communications
- Regulation, consent, governance and accountability
- Relationships between care providers, ICBs and local authorities
- Neighbourhood health and the digital foundations needed to support it

Co-production

Co-production was fundamental to the Summit's design and delivery. The event was developed with Care Providers' Voice, London Care and Support Forum, Care City, NHS England London Region, Think Local Act Personal and the National Co-production Advisory Group, ensuring that provider, system, innovation and lived-experience perspectives shaped the agenda from the outset. This collaborative approach strengthened the relevance and credibility of the programme, challenged institutional assumptions and kept discussions focused on the realities of people who receive, provide and support care. The next phase must build on this foundation by involving people with lived experience throughout priority-setting, design, implementation and evaluation, rather than treating involvement as a single contribution or consultation point.



2. Evidence and methodology

This report brings together the final Eventbrite dataset, feedback responses, a post-event feedback call, Mentimeter questions, the event guide, session notes, the closing plenary summary, organiser reflections and published reflections from Care Management Matters and Health Connect.

Audience analysis

Audience analysis draws on the final Eventbrite dataset and event records. Eventbrite recorded 210 registrations, while more than 150 people were captured as participating on the day through registration check-ins, staff records and other event notes. These sources have been used to understand audience composition, the organisations represented and stakeholder groups involved in the Summit. Feedback percentages relate to 39 respondents.

The different data sources answer different questions. Event records show the scale and breadth of participation. Registration data describes audience composition and pre-event interests. Feedback forms and the post-event feedback call capture participants' views, including accessibility concerns. Mentimeter identifies questions raised during plenaries. Session notes and articles provide qualitative accounts of the conversations held.

3. Who shaped the conversation

The breadth of participation was one of the Summit's defining strengths. People from across the sector took part throughout the day, bringing operational, strategic, regulatory, policy, research, technology and lived-experience perspectives into the same conversation.

Adult social care providers

Providers grounded the programme in the practical realities of delivering care and support, including implementation capacity, workforce confidence, infrastructure, consent, supplier relationships and accountability.

People with lived experience and carers

Greenwich Carers Centre, Think Local Act Personal's National Co-production Advisory Group and members of Patient and Public Involvement (PII) groups challenged assumptions about accessibility, digital exclusion, consent and the effect of digital processes on real lives.

NHS and local systems

NHS England, South West London ICB, OneLondon, Central London Community Healthcare, London Ambulance Service and local-system partners contributed perspectives on shared records, neighbourhood health, care planning and organisational boundaries.

Policy and regulation

The Department of Health and Social Care and Care Quality Commission brought national policy, data and regulatory perspectives, including Get Adult Social Care Data, AI assurance and accountability across integrated services.

Research and sector representation

King's College London, My Home Life, the University of Kent, the Outstanding Society, the Homecare Association, care associations and other sector bodies contributed evidence and insight into adoption, outcomes and provider engagement.

Technology and professional expertise

Technology organisations demonstrated possibilities around AI, remote monitoring and shared information, while legal and professional advisers explored consent, privacy, human rights, governance and organisational responsibility.

4. What happened on the day

Access the full delegates pack, including presentations at digitalcarehub.co.uk/summit-2026.

4.1 Opening with lived experience

The Summit opened by placing lived experience at the heart of the strategic conversation. Following welcome contributions from Digital Care Hub and its co-production partners, members of Greenwich Carers Centre performed a play they had written and directed, demonstrating how app-only access, unsuitable devices, repeated verification and system time-outs can turn digital services into barriers rather than enablers.

The performance challenged the idea that digital exclusion is primarily a problem with individual skills. It showed how services themselves can create exclusion when they assume that everyone has suitable technology, connectivity, confidence and time, and highlighted the importance of retaining a straightforward human route to support. This challenge should inform every recommendation in this report: people drawing on care and support and unpaid carers should be involved from problem definition through design, implementation and evaluation.

"At what point does innovation become exclusion?"



4.2 Morning breakout conversations

Vivaldi Social Care
The Vivaldi Social Care programme explores how routinely collected social care data can support research, learning and service improvement. The session focused on moving beyond data collection for its own sake and identifying the questions that data should help the sector answer. Feedback shows that the discussion led to further introductions connected to the programme.

Help! I've been hacked!
This workshop explored phishing, social engineering, impersonation, password security, multi-factor authentication, cloned websites and the use of public information in targeted attacks. The wider message was that cyber resilience depends on staff awareness, reporting routes, updated systems and practical preparation.

Digital care: regulations, risks and opportunities
The Lester Aldridge morning session examined consent, accessible information, surveillance, human rights, data storage, system failure, business continuity, evidence and accountability. It stressed that providers may work with suppliers, but responsibility for safe delivery cannot simply be transferred to technology.

"Innovation can be shared; accountability cannot."

Ready for care tech?
Care City's morning workshop explored person-centred goals, connectivity, leadership, implementation ownership, staff confidence, training, feedback and unintended consequences. The central insight was that a capable product can still fail if the organisation is not ready to adopt it.

4.3 First plenary: Beyond digital social care records

The first plenary focused on the sector's next strategic challenge: moving beyond the digitisation of records and operations towards technology that supports independence, earlier intervention and more connected care. AI, sensors, remote monitoring and predictive insight were considered in relation to the outcomes they could enable.

The panel also identified conditions for responsible progress. New technology should not add further systems, logins and bolt-ons to fragmented services; evidence, accessibility, consent, workforce confidence, adoption and human judgement must remain central to decisions about implementation.

"Are we measuring the things that actually matter?"

4.4 Afternoon breakout conversations

Across the afternoon breakouts, discussions moved from technological possibilities to the conditions needed for safe, sustainable implementation. The sessions examined five connected priorities: shared information, cyber communications, proactive care, AI governance and stronger partnerships between care providers and local systems.

Connecting care across London

The strategic priority was to use shared information to improve continuity and reduce the burden on people of repeating their circumstances across services. The London Care Record and Universal Care Plans illustrated the potential for more connected care, while the discussion identified access, consent and adoption as essential conditions for realising that value.

Resilience, risk and learning from cyber incidents

The session positioned communication as a core component of cyber resilience, alongside the technical response. It focused on maintaining trust through clear, timely communication with staff, people drawing on support, families and partners during disruption, and introduced a practical communications toolkit that one respondent planned to use in a local workshop.

Proactive by design

The discussion examined how remote monitoring and AI-supported care can help teams identify deterioration earlier and provide more proactive support. It also identified strategic implementation questions around consent, integration and how costs and benefits are distributed between care providers and the wider health system.

AI regulation and governance
The session set out the governance foundations required when organisations use AI: clear privacy information, Data Protection Impact Assessments, evidence trails, human review, insurance and access to legal advice. Its central conclusion was that AI may support tasks, but organisational accountability for decisions and outcomes remains with the provider.

Building relationships between ICBs, local authorities and care providers
The session identified equal partnership with care providers as a condition for effective system working. Participants emphasised early involvement, trust, shared objectives, realistic recognition of provider capacity and sustained engagement through care associations, rather than relationships limited to individual projects.

"Trying to do with, not trying to do to."

4.5 Closing plenary: Neighbourhood health

The closing plenary focused on the strategic foundations for neighbourhood health: a shared purpose, connected information, clear governance and relationships that work across organisational boundaries. Contributions from regulation, government, integrated care and social care reflected the need for joint ownership of this agenda.

Although no single definition of neighbourhood health was agreed, the panel converged on an outcomes-based ambition: people should experience coordinated support rather than having to navigate separate organisations. Local models may vary, but they should be organised around community needs and the experience of the person.
The discussion identified significant delivery constraints. Gaps in adult social care data and local intelligence limit planning and oversight; accountability becomes harder when care crosses boundaries; and engagement models must enable smaller providers to participate without requiring scale or specialist capacity.

The proposed direction was iterative: begin with health and social care, expand to wider local partners, test models locally and measure outcomes. The emphasis was on learning and adaptation rather than imposing a single model before the evidence and relationships are in place.

4.6 Closing reflections

The day closed with an emphasis on better communication, less duplication and more collaboration. The photography competition returned the programme to the human impact of digital care, showcasing technology supporting independence, wellbeing and quality of life.

4.6. Expert surgery booths

Alongside the main programme, Expert Surgery booths ran during networking and refreshment breaks, giving participants informal access to specialist advice and an opportunity to explore practical questions affecting their organisations. The surgeries complemented the wider programme by connecting the Summit's strategic discussions around data, governance, regulation and digital transformation with practical provider-level conversations.

Evaran – Data foundations for growth: Focused on how stronger use of data can support operational control, continuous improvement, inspection readiness, decision-making and care quality. This connected with the wider Summit discussion about moving beyond data collection towards using information purposefully to improve services and outcomes.

Lester Aldridge – Digital care regulations, risks and opportunities: Provided an opportunity to discuss the legal, regulatory and compliance implications of digital transformation, including new technologies and governance arrangements. This reflected a major theme running throughout the day: that innovation must be accompanied by clear accountability, appropriate governance, consent and consideration of risk.

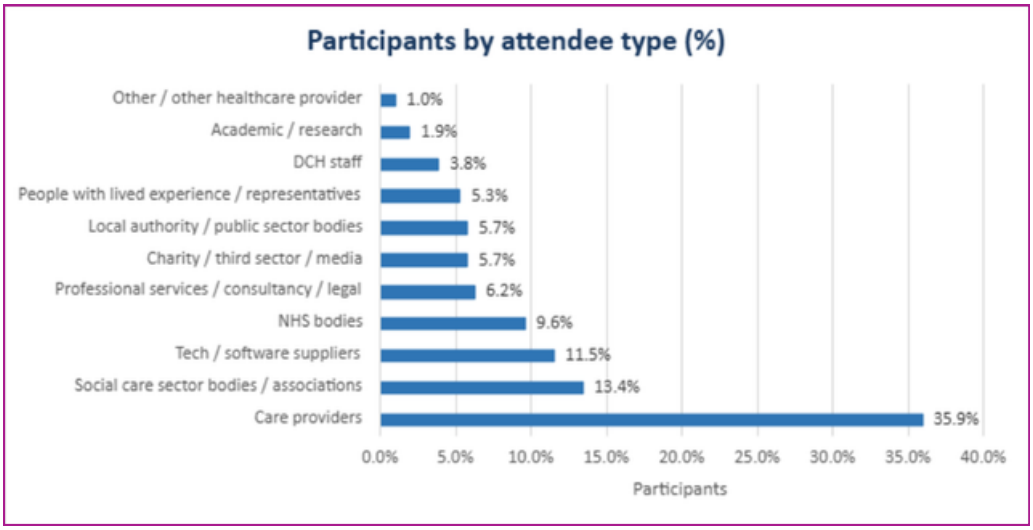
Department of Health and Social Care – Get Adult Social Care Data: Introduced the free Get Adult Social Care Data service and explored how providers and local authorities can access and understand trusted adult social care data to support operational decisions and longer-term planning. This linked directly with the Summit's wider conversations about making data useful, returning value to providers and strengthening the information foundations needed for joined-up care.

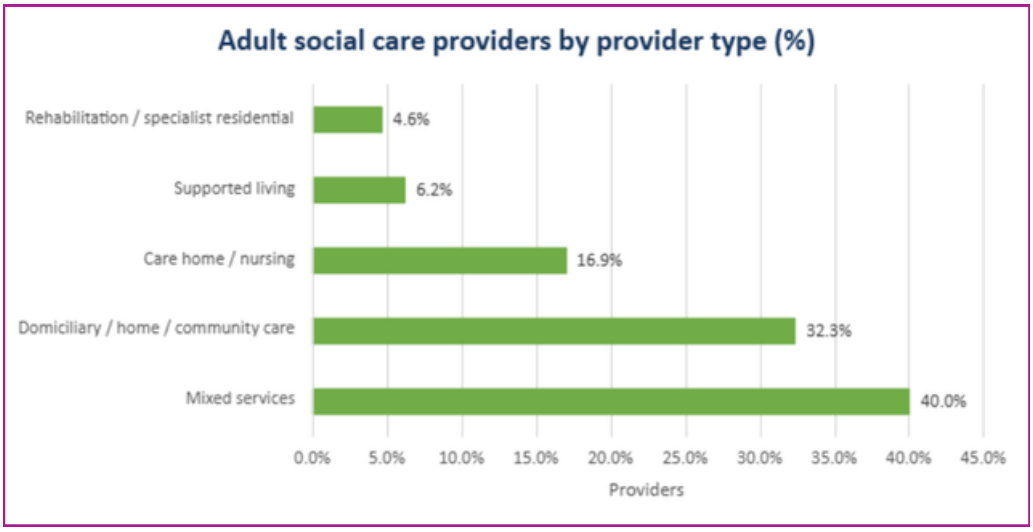
5. Audience and feedback

5.1 Audience profile

The Summit attracted more than 300 applications to attend, of which 210 were accepted and registered through Eventbrite. On-the-day records indicate that more than 150 people attended; however, this is an approximate figure because check-in records did not capture every participant.

The audience included adult social care providers, technology suppliers, NHS organisations, local authorities, care associations, government and national bodies, charities, professional services, academic organisations, lived-experience representatives and Digital Care Hub staff. Provider representation spanned domiciliary and community care, residential and nursing care, supported living, specialist rehabilitation and mixed models of support.



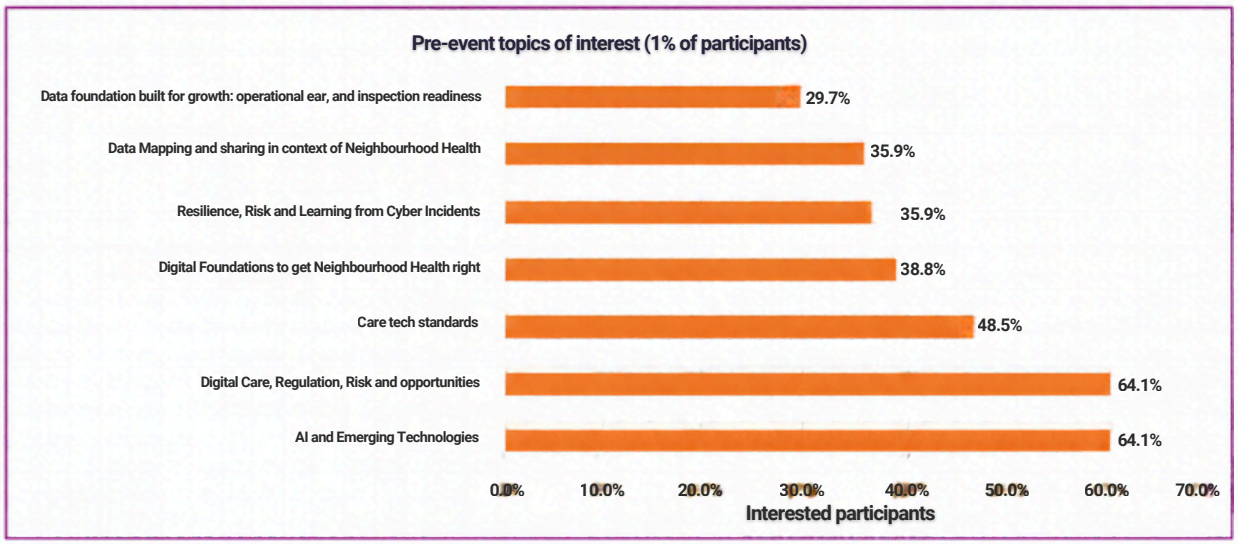


5.2 Feedback results

- 28 of 39 respondents (71.8%) found the day extremely useful.
- 11 of 39 (28.2%) found it somewhat useful.
- 38 of 39 (97.4%) said the Summit met their goals.
- 38 of 39 (97.4%) would recommend it.
- 37 of 39 (94.9%) gained ideas, knowledge or practical actions from breakout sessions.

5.3 What participants valued

- Networking and organic cross-sector conversations
- Practical examples and implementation experience
- Hearing from people with lived experience
- Access to programmes, tools and resources
- Reassurance and validation from peers
- The range of organisations and viewpoints represented



5.4 What could improve

- State the intended audience and care setting for each session.
- Make product or case study-led content explicit.
- Provide more time for questions and table discussion.
- Use firmer facilitation where conversations move away from the brief.
- Consider repeating high-demand sessions.
- Ensure practical workshops end with concrete takeaways.
- Assess not only whether a venue is technically accessible, but whether wheelchair users can move around and participate comfortably. A post event feedback call found that the venue's wheelchair access did not provide a sufficiently comfortable experience.

6. Cross-cutting insights

Technology must improve the experience of care

The test is whether technology improves independence, access, quality, safety or the experience of giving and receiving care.

Move beyond digitisation

Digital records are a foundation, but the next step is redesigning pathways and workflows rather than adding software to fragmented processes.

Data needs purpose

More data does not automatically create better care. Information should answer defined questions and return value to the people and providers contributing it.

Interoperability is technical and relational

Progress requires standards and infrastructure as well as agreement about purpose, access, trust and accountability.

Adoption is ongoing

Implementation requires ownership, leadership, workforce confidence, continuing training, review and supplier support.

Governance should enable safe innovation

Consent, privacy, human oversight, evidence and business continuity should be built into implementation.

Social care must shape neighbourhood health

Providers should help define models, information requirements and evaluation from the outset.

Smaller providers need practical routes into change

Systems need proportionate engagement processes and realistic expectations of provider capacity.

Funding should follow system value

Where benefits are realised across health and care, costs should not fall solely on providers.

Cyber resilience depends on preparation

Awareness, technical controls, reporting routes, incident plans and communications all contribute to trust and resilience.

6.1 What these findings mean for the sector

The Summit identified five connected barriers that now require coordinated action. These are not simply implementation issues; they determine whether digital change improves people's lives or reinforces existing fragmentation and inequality.

1. Innovation can reproduce exclusion

Accessibility is too often considered after services and systems have been designed. Digital initiatives should begin with the outcomes people want, include lived experience throughout, test for exclusion and retain clear human support when a digital route does not work.

2. Fragmented systems create fragmented experiences

Technical connectivity is not enough. Interoperability should be judged by whether it reduces repeated explanations and duplicated information, improves continuity and makes care easier for people and providers to navigate.

3. Accountability becomes unclear across boundaries

Providers, suppliers, commissioners, NHS organisations and national programmes need clearer responsibilities for decisions, assurance, escalation, human oversight and outcomes before technology is implemented.

4. Providers are expected to change without sufficient capacity

Participation, adoption and implementation require time, leadership, workforce confidence, funding and specialist support. Smaller providers need proportionate routes to engage and should be involved before models and requirements are fixed.

5. Costs and benefits fall in different places

Digital investment may create benefits across the health and care system while providers carry implementation and operating costs. Funding and evaluation should recognise system-wide value and avoid transferring disproportionate cost or risk to care providers.



7. Questions raised

The most upvoted Mentimeter question concerned different systems that do not communicate. Other questions showed demand for practical clarity rather than resistance to innovation.

- How can providers overcome fragmented systems?
- Who pays for technology, connectivity and implementation?
- How can organisations distinguish meaningful innovation from market hype?
- What evidence should be required before adoption?
- How should consent and accountability work across boundaries?
- How can smaller providers participate in neighbourhood health?
- How can national programmes return useful insight to providers?
- What practical guidance and follow-up routes are available?

7.1 Turning audience questions into practical follow-up

The questions submitted through Mentimeter are being developed into a starting point for continued learning and discussion beyond the Summit. An initial review has expanded and grouped the audience questions into two routes: questions for expert responses and themes for roundtable discussion. This first draft is being reviewed before the next stage of follow-up.

- **Expert responses:** Select a manageable number of Mentimeter questions and invite relevant Summit speakers, sponsors, partners and subject-matter experts to contribute practical, publishable responses. This will create useful content for the wider sector without implying that every question will receive an individual response.
- **Roundtable discussions:** Identify a small number of priority themes that would benefit from several perspectives and explore opportunities for focused roundtables, subject to partner interest and available capacity. Not every broader question will lead to a roundtable.

This targeted approach keeps audience priorities at the centre of follow-up while matching the scale of activity to partner interest and available capacity.

8. Early impact and action

The Summit generated new connections, practical learning and questions that are now shaping follow-up work. Participant feedback provides early evidence of value, but reported intentions and follow-up activity should not yet be treated as evidence of sustained changes in practice or outcomes.

8.1 What we have done

- **Followed up with contributors:** thanked speakers and co-production partners, invited further feedback and reinforced the intention to carry forward the conversations and learning.
- **Gathered and shared practical resources:** gathered session resources and presentation slides and shared them with participants to support continued learning beyond the Summit.
- **Brought together the evidence:** reviewed registration information, feedback responses, session notes, audience questions and published reflections to inform this report.
- **Acted on accessibility feedback:** shared participants' concerns with the venue, which subsequently revised its information to describe its wheelchair access capabilities more accurately.
- **Captured delivery improvements:** identified lessons around clearer session descriptions, more discussion time, practical takeaways, reliable attendance recording and accessibility.
- **Extended the conversation beyond the event:** published post-event reflections have shared themes and learning with wider audiences.

8.2 Work underway

- **Turning audience questions into follow-up:** an initial review of the Mentimeter questions has grouped them into questions for expert responses and themes for roundtable discussion. As outlined in section 7.1, this draft is being reviewed before commissioning responses or convening discussions.
- **Identifying opportunities for further content:** considering how selected audience questions can become practical expert responses for the wider sector.

8.3 Early signs of impact

Feedback indicates that participants valued new contacts, cross-sector introductions and opportunities to continue conversations. Respondents reported greater awareness of relevant programmes, resources and governance considerations, alongside reassurance about existing approaches and challenges to assumptions about accessibility, accountability and digital transformation.

Of the 39 feedback respondents, 37 reported gaining ideas, knowledge or practical actions from breakout sessions. This is a positive indication of immediate learning, but further evidence is needed to establish which ideas have been applied and what difference they have made.

8.4 Next steps

Our immediate post-Summit focus will be deliberately targeted:

- **Publish and share the learning:** finalise and publish this report, building on the session resources and presentation slides already shared with participants.
- **Respond to priority audience questions:** select a manageable number of Mentimeter questions and invite relevant speakers, partners and subject-matter experts to contribute practical responses that can be shared with the wider sector.
- **Explore focused roundtables:** identify a small number of questions that would benefit from deeper cross-sector discussion and explore opportunities to convene these with relevant partners, subject to interest and capacity.

Further follow-up opportunities may emerge through partners and existing Digital Care Hub activity. These should be considered selectively rather than creating a separate programme of work from the Summit.

9. Recommendations

The Summit evidence points to six priorities for coordinated action across the sector. These recommendations describe the wider changes needed beyond the event; they are not a separate Digital Care Hub delivery programme. Section 8 distinguishes completed activity, work underway and the targeted next steps proposed within available capacity.

1. Put people, outcomes and accessibility first

Care providers, NHS organisations, local authorities and technology suppliers should define the human outcome they are trying to improve before selecting or deploying technology. People drawing on care and support, unpaid carers and frontline staff should be involved throughout problem definition, design, procurement, implementation and evaluation. Organisations should assess digital exclusion and retain workable human-supported routes where needed.

2. Establish clear assurance and accountability

Government, providers, suppliers, regulators and national bodies should clarify responsibility for decisions and outcomes, and provide proportionate guidance on AI, data and technology assurance. This should include transparent evidence and limitations, privacy, consent, Data Protection Impact Assessments, human oversight, business continuity and escalation.

3. Make systems work together
NHS bodies, local authorities, providers, suppliers and national programmes should measure interoperability through reduced duplication, improved continuity and a better experience for people, not only through technical connections. Providers contributing data should receive useful insight in return.

4. Give care providers an equal role in system change
ICBs, local authorities and NHS partners should involve care providers before priorities, models and information requirements are fixed. Engagement should recognise the capacity constraints of smaller providers and use trusted routes such as care associations and provider networks.

5. Align investment with system-wide value
Commissioners, funders and system partners should recognise where investment by care providers creates benefits across health and care. Implementation costs should not automatically fall to providers when value is realised elsewhere in the system.

6. Continue the conversation beyond the Summit
The learning and relationships created through the Summit should inform continued sector discussion and collaboration.
Digital Care Hub's immediate contribution will focus on sharing the Summit learning, developing responses to selected audience questions and exploring a small number of focused roundtable discussions where there is a clear need, partner interest and capacity.

10. Future impact measures

These measures provide a framework for assessing the longer-term value of the Summit beyond immediate participant feedback. They can be used to track whether the connections, learning and conversations generated through the event translate into practical activity, collaboration and wider sector influence over time.

- Reach: participants, verified attendance, organisations, sectors, geography and provider model.
- Experience: usefulness, recommendation, accessibility, session quality and networking.
- Learning: new knowledge, confidence and resources used.
- Connection: introductions, meetings, partnerships and networks.
- Action: workshops, governance reviews, initiatives and organisational changes.
- Influence: provider involvement, shared guidance, improved data arrangements and better outcomes.

11. Sponsors, partners and acknowledgements

Sponsors and event partners

Lester Aldridge
Evaran
Department of Health and Social Care - Get Adult Social Care Data team
Casson Consulting
Care Management Matters
Wallacespace
Health Connect & Open Doc

Co-production partners

Care Providers' Voice
London Care and Support Forum
Care City
NHS England London Region
Think Local Act Personal
National Co-production Advisory Group

Digital Care Hub also acknowledges all speakers, facilitators, note-takers, people with lived experience, carers, sponsors, partners and participants who contributed to the day.

12. Looking ahead

The Digital Care Summit London 2026 demonstrated both the appetite for change and the value of bringing together people who too often encounter digital transformation from different sides of the system. It also exposed unresolved tensions between innovation and inclusion, national ambition and local capacity, shared benefits and unequal costs, and connected care and fragmented accountability.
These tensions will not be resolved through a single event. The Summit was a starting point. Digital Care Hub will use the learning to inform its work, continue selected conversations with partners and create opportunities for further discussion where these can add practical value within available capacity.

Our measure of success will not be whether more technology is adopted. It will be whether digital change contributes to better lives, better experiences and better outcomes, and whether people themselves can see and feel the difference.

Digital Care Summit London

23 September 2026

Digital Care Hub provides free information, guidance and support to enable adult social care providers to make the most of digital technology – and to do it safely.

We are an independent, not-for profit, Community Interest Company, guided by care providers, so we understand the needs and challenges facing the diverse range of organisations in our sector.

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