

Case study



Collaborative working to develop data and project management skills for delivery of technology enabled care (TEC) in adult social care (ASC)

Claire Collett,
Jaime Guercio,
Sharon Campana

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Claire Collett



Jaime Guercio

About Claire

Claire has worked in the field of technology for nearly 14 years now and is passionate about how smart technology solutions can support people to achieve their full potential in life and increase their independence, helping them to remain well and overcome barriers that prevent them from doing the activities that matter to them. Her work involves advising health and social care staff on technology-based interventions that are person centred and raise the profile of technology and how it can support people inside and outside of their own homes. Preventative technology is an area that Claire is currently focusing on and much of her work involves developing innovative pilots to trial new technologies, working closely with members from Dorset's Digital service teams to gain evidence of the value to the council, it's wider partner agencies and most importantly, the end user.

About Jaime

Jaime previously worked within ASC for 10 years as a business analyst and then took some time out to explore working outside of the Local Authority for 5 years. Jaime returned to the sector in September 2021 as the Digital and Change Business Partner. She loves working in a change environment and now combines this with digital and data which has opened her eyes to the possibilities for Social Care in the future. This role requires her to understand what ASC want to achieve in the future and help them get there using technology.

About their work

Claire works within a small specialist team of OTs whose time is dedicated to developing technology across the directorate. They work closely with the commissioning and project teams to ensure the delivery of a digital service across the county that can support care in an outcome based and cost-effective way. The TEC team has an increased focus on aligning assistive technology provision with the Council's strategic intentions and programmes of transformation.

Claire acknowledges that an abundance of technology is available for those who access ASC services and therefore selecting the most appropriate ones to recommend, or to pilot, can be a challenge. Demands on their service (e.g., high volumes of referrals) can make this challenge greater as full evaluation pre/post pilots requires dedicated time and resource too.

Claire, the team, and Jaime have identified that change is required to optimise the process of selecting and recommending products across their service user population. They have implemented the following to address this:

- Setting up regular strategy meetings to provide the team with some structure for their work.
- Process mapping and internal benchmarking to ensure all members of the team were on the same page.
- Project management training programme for the team – this has equipped them with skills to implement pilots thoughtfully and thoroughly.
- Making changes to wider team processes – for example training over 200 clinical practitioners to place orders for technology items themselves,

meaning that the TEC team have increased capacity for providing their expert assessment and advice when required.

- Implementing consistent use of data input wherever possible to help monitor where technology is being used and whether it is reducing the need to put a package of care in.

Who did you work with?

- Service users.
- NHS colleagues.
- The Voluntary and Community Sector.
- Industry partners.
- Other Local Authorities.
- Clinical practitioners.
- Local Government Association.
- South West Association of Directors of Adult Social Services.
- The Department of Health and Social Care.

What data and digital tools are available/have been used?

Jaime and the TEC team have identified the value in utilising data in the piloting of novel technologies. This includes:

- Outcome data – looking to see whether the technology helped meet the persons outcomes and we capture these in a case study format.
- No suitable “best fit” standardised outcome measure was identified for the TEC pilot and an in-house outcome measure was developed..
- The experiences of service users, family members and staff using the technology contributed to the evaluation report.
- Financial performance and activity metrics to evaluate the following:
 - does the technology reduce or replace an existing care package?
 - does the technology alleviate the need for a package of care?
 - does the technology delay the increase in a care package?
 - does the technology prevent the need for social care input over the long term?

There are a range of digital tools that the team routinely use. They are outlined below with associated benefits, and where appropriate, challenges

Digital tool	Benefits
Vast variety of technology available e.g., sensors, monitors, apps, Artificial Intelligence based activity monitoring systems, interactive products	<p>Huge potential for addressing needs of adult population, Reducing/removing risks, Remote monitoring of individuals in their own home or social context, Individual benefits based upon specifics of the technology (e.g., tools that support social connectivity or that prompt required daily tasks)</p> <p>Potential Challenges: Full, competitive, and varied market – selection of product therefore requires comparison and assessment (i.e., via a pilot), Constraints of time/resource impacting upon pilots, financial implications/access/maintenance)</p>
Remote working tools for workshops and meetings including video conferencing and whiteboard tools	Supports collaboration and sharing of ideas.

<p>Process mapping tools</p>	<p>Process mapping enables careful exploration/analysis/evaluation of processes.</p> <p>Gaining consensus from all team members on agreed processes.</p> <p>Opening discussion/decision points up when considering changes to processes.</p> <p>Useful for benchmarking purposes.</p>
<p>Project Management tools</p>	<p>Digitally recorded plans can be shared and updated with version control and adjusted to suit requirements over time.</p> <p>Can provide metrics for tracking performance within projects.</p>
<p>Electronic tools for outcome measures (e.g., within case management systems or stand-alone outcome measures) and feedback (e.g., electronic forms and questionnaires)</p>	<p>Providing a data set to utilise at measurement points during pilots, but also as part of routine care provision.</p> <p>Electronic tools can be quick and easy for capturing feedback from individuals.</p> <p>Custom designed measures allow for specific nuances of projects/services to be captured.</p> <p>(Potential challenges – inconsistent entry means incomplete data sets, equality issues around access to electronic tools)</p>

Benefits of the collaboration

Person	Individual clinician/colleagues	Organisation
<p>Structured and safe opportunities to trial TEC that could have significant benefits to function/independence/safety.</p> <p>More service users benefiting from TEC provision following proven business cases and successful pilots.</p>	<p>Job satisfaction – having time to dedicate to completing tasks, as well as giving service users the time they require when they are seen.</p> <p>Improved visibility of the great work that is being done, but having time and engagement with the organisation, and being aligned to the Dorset Council Strategy.</p>	<p>Efficient use of time and resource.</p> <p>Potential wider benefits to the system (e.g., reduced admissions/referrals/options for remote monitoring).</p>

<p>Improved independence and function via the use of TEC.</p> <p>Early recognition of change in independence and function can lead to timely intervention, perhaps picking up changes in health status early, and preventing injury/admission.</p>	<p>Broad skill set for working and moving forward in increasingly data/digital driven health and care system.</p> <p>Rebalanced time for managing workload.</p>	<p>More skilled, expert staff (TEC team) can enhance the council's reputation as being a leader in the use of TEC in ASC.</p>
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Digital and Data Competencies and Career Development

The work of Claire and Jaime clearly demonstrates the requirement to access and develop a range of skills alongside core clinical skills for Occupational Therapy. To demonstrate this, pertinent points from both the AHP Digital Competency Framework (HEE 2020) and the Career Development Framework (RCOT 2022) have been listed below.

Digital and Data Competencies

(Paraphrased for conciseness, please see the framework for full details).

Domain 1: General

- Use of digital platforms for implementing learning in line with CPD plan.
- Use of digital/online resources for obtaining/sharing information.
- Foundational computer skills.
- Knowledge and understanding of the benefits and wider implications of digital transformation.
- Demonstrate values and behaviours which embrace digital and technological innovation focused on advancing quality of care.

Domain 2: Data Management and Clinical Informatics

- Locate, access, visualise and evaluate data for quality improvement and demonstrate impact of services on outcomes.
- Knowledge and understanding of clinical informatics and how data can assist planning and modelling of services and pathways of practice.

Domain 7a: Assets and Resource Optimisation: Business related

- Knowledge and understanding of local business intelligence systems.
- Knowledge and understanding of Case Management System used within own organisation.
- Knowledge and understanding of local organisational performance measurement systems.
- Knowledge and understanding of digital tools used locally for procurement and supply chain management of goods and services.
- Ability to use local digital systems for the recording of personal development reviews, performance reviews and performance management meetings.

Domain 9: Digital Therapeutics

- Ability to evaluate digital interventions.
- Ability to use online communication platforms to provide teaching to professionals working in the community.
- Ability to employ integrated patient facing technologies in support of normal therapy and care, and evaluate such technologies.

Domain 10: Meta-competencies

- Build relationships with key stakeholders for transformation.
- Using digital technology as part of Quality Improvement and development programmes
- Awareness of external drivers for change.
- Knowledge and understanding of change management process to support transformation at a local level and at scale.
- Capacity to evaluate digital tools relative to the requirements of the service and needs of the target population.

Engagement in Career Development

(Paraphrased for conciseness, please see framework for full details).

Professional Practice:

- Ensure robust strategic processes are in place for service redesign and evaluation of outcomes
- Embed the evaluation of impact into practice.
- Be open to change to consider ways to work differently across the system for the benefit of those who access services.
- Actively listen to and reflect on the needs and views of people who access services.
- Work within national and local policies and procedures.

Facilitation of Learning

- Seek opportunities to learn from and with others,
- Actively participate in ongoing learning including development opportunities,
- Support others to learn new techniques and contribute to the education of others,

Leadership:

- Suggest alternative ways to get the job done without compromising service quality,
- Review and develop services as a part of a team and evaluate the effect and outcomes of change,
- Develop new and effectively make use of existing partnerships across organisation and agency boundaries.
- Maintain curiosity to develop practice in response to changing population needs and challenges
- Think strategically.
- Seek opportunities to pioneer innovations, experiment and take supported risks to ensure safe and effective service provision.

Evidence Research and Development:

- Lead projects at a local/regional level.
- Co-ordinate and synthesise findings from small-scale research/audit/quality improvement projects.

Impact:

- With a decrease in referral volume, the TEC Occupational Therapists have seen an increase in available time to investigate technology options and to plan and deliver effective pilot programmes.
- Quicker access to TEC via direct ordering for frontline staff instead of a wait time for TEC intervention.
- Increased time for the TEC team to offer their expert input for advice, recommendations, and assessments.

Words of wisdom from Claire and Jaime

'Networking and engagement are important. To sell the idea of taking part in a new pilot we need to bring the teams with us early on. When we're putting TEC in a service users' home we need to work as a multi-disciplinary team, engaging all the people who come into that person's home to ensure they understand the TEC in place, including the family members. Communication is very important – without this done properly and in a timely way, pilots can struggle to get off the ground or can start off very slow.'

'Putting technology in a home requires trust, people don't want to feel they are being monitored, they want to know what is happening with the data, they want to know who is seeing the information.'

'Data is a huge part of TEC, and skills and capacity are needed. When setting up any pilots data sharing agreements are required, and you need expertise in this area. Following on from that is the importance of partnership – we need to ensure that everyone who goes into that resident's home or supports that resident knows what is happening, can they make use of the data we are receiving from the TEC.'

'Evidencing the effectiveness of the pilot is hard! It feels like hearts and minds rather than facts and figures. Getting those facts and figures requires data and analysis skills.'

Next steps

- Working closely with our ICS partners to look at population Health Management data and agree on the pilots that we think will make the biggest impact.
- Working collaboratively with NHS colleagues to ensure that we have a seamless TEC offer for the residents.
- Implement a screening process for new technologies to determine if the supplier has a product that is ready for a Local Authority pilot. It will ensure the suppliers we work with understand the market we are working in, and their products are more likely to be suitable for our pilots.
- Work closely with our leadership across the whole authority to articulate how TEC can help solve problems today. We want to ensure they are confident in talking about TEC.
- Ensure we have the right Governance around the implementation of TEC and that we've included everyone that needs to be involved to make this a success.
- Ensure we're working on the right things to make the biggest difference.
- Consider ways to investigate the benefits in the longer term e.g., if technology is deployed early on in someone's diagnosis, how and who has the skills to measure what care costs were prevented?
- Claire is the first person in an ASC role to be accepted on to the NHS Digital Clinical Safety Officer training course, which she has started and will complete in January 2023.

Hear more from Claire and Jaime as part of a series of Data and Innovation focused pre-recorded Webinars available on the RCOT Data and Innovation strategy webpage

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