



New ways of working in adult social care services

January 2019

Introduction

More and more people, often with complex health and care needs, including those who pay for care themselves and those who are state funded, need support from the independent and voluntary adult social care sector. At a time when funding is constrained and the available workforce is limited, new ways of working can help us increase the capacity, quality and efficiency of services, enabling more people to be supported and in better, more personalised ways.

But there are many new ideas and developments and it can be difficult to know what is most relevant and useful. You might also have a great new idea, but struggle to know how to make it happen in practice.

The Care Provider Alliance (CPA) has written this publication to provide an overview of key areas of change and development, geared to the needs and interests of adult social care providers. The CPA represents the whole range of adult social care services and, while it is not our role to endorse or recommend any particular service or approach, we are keen to encourage the whole sector to look forward in a positive, innovative and flexible way. We hope that this short publication will help you to do that.

The **Care Provider Alliance (CPA)** is an informal organisation which brings together the main national associations for adult social care providers in England. You can read more about us at www.careprovideralliance.org.uk

This work is part of **Improving Care Sector Engagement**; a CPA programme, funded by the Department of Health and Social Care, to improve engagement with and by the independent and voluntary adult social care sector.

How is this publication organised?

- Page 2 highlights new types of service based on more informal support.
- Page 3 looks at new ways for services to work together locally, particularly with health services.
- Pages 4, 5 and 6 are about what is called the "Digital transformation of adult social care", summarising the many new ways in which technology is being used in care services. We cover current practice and, with the development of artificial intelligence and robotics, we look to the future.
- Page 7 looks at a innovation in care practice, and at other new approaches to social care provision.

Finally, page 8 notes sources of funding and of non-financial support, and we invite your feedback on the many ideas and developments listed in this publication. We would be very grateful for your comments and suggestions.

Foreword by the Minister of State for Care

"Across the country, care providers are working with partners in local areas to provide innovative and high quality care for people who use care and support services. Through the Industrial Strategy's Ageing Society Grand Challenge, we want to encourage and nurture innovation in products and services that enable people to be active and independent in older age. I congratulate the Care Provider Alliance in bringing together so many of these diverse and exciting examples in this publication. I encourage care providers to look at the ideas and resources and to share their experiences of innovation and improvement." **Caroline Dinenage MP, Minister of State for Care**



The Care Provider Alliance

Working together for excellence and sustainability in social care

New types of service based on more informal support

There are many people whose needs may only be met by formal care services. However, there is increasing interest in services encouraging more informal support, which may help people maintain their health, independence and wellbeing without the need for a formal care service. Such services may:

- Encourage and support a person's local community to help the person out; whilst also looking at how the person themselves can reciprocate, providing help and support to others in return.
- Encourage people who might be lonely or isolated get to know new people and do new things.
- Focus on support on a voluntary basis, rather than mainly from paid members of staff.

The development of the thinking about these types of service is sometimes called the "reimagining" of social care. You can read more about it on a new online platform called [Social Care Future](#).

Some examples...

Shared Lives

In Shared Lives, an adult or young person who needs long term support is matched with a carefully approved Shared Lives carer. The person who needs support may move in to live as part of their Shared Lives carer's household, or visit for day support or overnight breaks. Either way, family and community life is shared.

Unlike most of the services on this page, Shared Lives services provide personal care and are regulated by the Care Quality Commission.

Around two thirds are provided by local authorities, and a third by the voluntary sector.

While well established as a service for people with learning disabilities or older people, current innovations include the development of Shared Lives services for people with mental health needs. There are more details [here](#).

Social prescribing

In many areas, social prescribing allows GPs to prescribe activities like volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice or a range of sports, rather than just clinical interventions. There is evidence that this can improve people's wellbeing and make it less likely that people will need hospital treatment. There are more details, and information about how to join NHS England's social prescribing online learning platform, [here](#).

Homeshare

Homeshare is where an older person who has a room to spare offers it on a low cost basis to a younger person. The younger person offers companionship but not personal care. There are more details [here](#) and an individual example in this [video](#).

Local area coordination

Local Area Coordinators offer a single, accessible point of contact, helping people develop community links and find practical solutions to problems. They aim to help people avoid crises; and to delay or prevent the need for formal care services. There are more details [here](#) and a local example [here](#).

Jargon buster

These services tend to be associated with terminology that others may not be familiar with! To help you:

Asset based = Looking at what you have and could do for yourself or for others, and at what support you could have locally, or from family and friends, as well as looking at what you need help with.

Natural support = Support that may already be there, provided informally by your family or friends.

Community connections or community assets = people, clubs, social groups, businesses, classes or faith communities that you know locally.

Peer networks = people you know and have something in common with.

Co-production = being involved as an equal partner in designing the support and services you receive.

The Think Local Act Personal partnership (TLAP) has a lot more detail about building community capacity, co-production and other related developments [here](#), including a directory of innovations in health and care [here](#). There is also a more extensive jargon buster [here](#).

New ways for services to work together locally

People supported by adult social care services are increasingly likely to have a range of health and care needs, and to need support from a range of different organisations. In recent years, there has been a lot of work to find better ways for services to work together locally.

NHS England's [New Care Models](#) programme focussed on collaborative working across organisational barriers, a theme taken forward by the [NHS Long Term Plan](#). There are also many other local examples where services are working collaboratively to offer people a seamless and customer focused service.

Examples...

Intermediate care...

... is all about health and care services working together so that people get extra short term help in the best place for them, avoiding the need to go in to hospital; or, if they do need to go in, not spending more time there than they need to. It might be extra help at home, sometimes called "reablement", or perhaps a "virtual ward". And in some areas, care homes have worked closely with the local health service to provide short term places for people leaving hospital, with lots of extra support by NHS professionals within the care home. There is a quick guide [here](#).

Enhanced health in care homes...

... was one of the new models of care vanguards. Piloted in several parts of the country, local NHS services provided increased input to people living in care homes and their staff. This enabled the homes to provide better support to keep people well, and to manage more health issues without hospital admission. There is a wide range of information and guidance on the NHS Futures online platform. To access it, please send an email to england.carehomes@nhs.net and ask to register for access to the EHCH Workspace.

The red bag scheme...

... is part of enhanced health in care homes. It helps ensure that essential information is easily shared when people move from one setting to another – for example if someone living in a care home goes in to hospital. Their "Red Bag" contains standardised information about their health, medical conditions, medication etc., and it moves with the person so that time is not lost reassessing. It may also contain important personal possessions and it's a safe place for discharge information when the person goes home. There is a guide [here](#).

Physical healthcare pathways for people with mental health needs...

On average, people with severe mental illness die ten to fifteen years earlier and many have, for example, cardiovascular and respiratory disease. A charity and a GP are providing screening and treatment interventions at home, or in day or community centres, for people least likely to attend GP appointments, and have trained frontline support workers in the Practice Training Programme for Health Care Assistants. Their physical care pathway meets [CQUIN targets](#). The service's [CQC report](#) gives more details.

Homecare collaboration

Homecare providers are working increasingly closely with hospitals and community services to enable people to leave hospital as soon as they are ready, assessing any extra care needs when people get home, rather than waiting in hospital. The approach is called Home First, or [Discharge to Assess](#), and collaboration is key. To support it, homecare teams are being embedded within NHS teams, and larger homecare organisations are providing "bridging" care while a smaller, more local provider gears up. Examples from Medway and Bournemouth are given [here](#).

Trusted assessors

In many areas, providers, commissioners and health colleagues are working collaboratively to reduce delays and duplication by agreeing that a [Trusted Assessor](#) can undertake a single assessment on which they can all rely.

Transforming care

This programme, which supports people with learning disabilities or autism to move out of long-term in-patient facilities in to community settings, is leading to new thinking about services for people with very complex needs. You can read about some of the new approaches [here](#).

The digital transformation of social care (1)

The “Digital Transformation of Social Care” is a quick way of saying that care services are using more and more new technology; that there is going to be more in future; and that it will have a big impact in the years ahead.

The Care Provider Alliance believes that this can be of great benefit to care providers, and to the people they support, and over these three pages we have listed some of the many current examples of the ways in which new technology is being used. We also refer to some of the national research programmes helping to drive development, and to the need to be aware of and prepare for the risks that can go along with the adoption of new technology.

National policy context

In October 2018 the Government published its [Vision for digital, data and technology in health and care](#). It’s an ambitious strategy stating that “The potential of cutting-edge technologies to support preventative, predictive and personalised care is huge”; but also that “the gap between where we are and where we want to be is only getting bigger.” There is too much detail to summarise here but the fact that three of the ten case studies are about adult social care services, and that other case studies may include care as well as health services, show that the kind of innovations described on these pages are central to the Government’s vision for our sector.

Examples...

Digital transformation in care homes

Electronic care management systems have moved on a lot in recent years. The apps are much more flexible and can often be used on tablets, not just PCs, meaning staff can update the system as they go along – sometimes even using voice activation. Functions can include automatically generating a handover summary, potentially making handover a more reliable but also a quicker process.

This [video](#) tells the story of one care home that has embraced digital transformation.

Digital transformation in homecare

Home care providers are also using new technologies to help them plan and organise visits, to record the care they provide, and to make it as personalised as possible. New technology can help in real time; for example, GPS technology can track workers and automatically let the person they are due to visit know if a worker has been delayed.

The use of technology by one homecare provider is described in the following [video](#).

The use of tablets in care homes

Tablets make access to the internet and other applications easier and more convenient for us all; their potential to support interaction and communication, learning and entertainment is huge. When a large national provider introduced iPads into its care homes, an independent evaluation confirmed the benefits. You can read the report of the evaluation [here](#).

Acoustic monitoring

Acoustic monitoring systems are used at night to provide a listening ear for sounds that suggest a resident might need support. If noise levels rise, the system alerts staff to check that everything’s ok – ending disruptive night-time checks and meaning people have a better sleep. You can read about the experience of an organisation which has introduced this technology in the UK [here](#).

Technology for people with sensory impairments

Many people supported by adult social care services have problems with their hearing or their vision, or with both. The range of developing technology that may be useful to them is huge, and is growing fast. It includes many devices and applications in general use, as well as some which are being specifically designed to meet these individual needs. There is a great deal more detail available from [RNIB](#), [Action on Hearing Loss](#), [Sense](#) and [Deafblind UK](#).

The digital transformation of social care (2)

The Social Care Digital Innovation Programme

This programme, commissioned by NHS Digital and managed by the Local Government Association (LGA), is grant funding councils to develop digital solutions to social care problems. Case studies, lessons learned, and evaluation reports are regularly posted on the LGA website. Some will be of interest because they illustrate how local authorities are using technology to fulfil their own social care roles, while others directly impact on adult social care providers. To pick a small number of examples:

- In the 2017/18 programme, a project in Luton sought to enable care homes to access electronic health services records; and a project in Plymouth looked at the sharing of local authority care management information with supported living providers.
- In the 2018/19 programme, a project in Wirral is trialling the biometric assessment of sensory processing by people with autism; and a project on the Isle of Wight is testing public perceptions about the use of robotics in care services.

Full details are on the LGA website at www.local.gov.uk/scdip

Telecare, telehealth and the internet of things (IOT)

Telecare services, which enable people to call for help via monitoring centres, are well known and well established, and are used by 1.7 million people in the UK. Telehealth is broader. It is where information about a person's health (such as blood pressure) is transmitted remotely to healthcare professionals. Together with Telemedicine, these services are collectively referred to as Technology Enabled Care (TEC). A recent collection of 20 personal stories of people who have benefited from TEC can be read [here](#).

Technological development has the potential to greatly expand the range and sophistication of TEC. For example, the "Internet of things" is at an early stage, but it refers to everyday items being connected to the internet. Your kettle could be connected to the internet and it could trigger an alarm if you hadn't made a cup of tea by mid morning. The possibilities are endless and could, in years to come, lead to much greater crossover between these services and adult social care providers.

There is much more information available at www.tsa-voice.org.uk or www.uktelehealthcare.com.

What about the risks of using more technology?

As we hold more information electronically, collect more data and rely more on electronic systems, there are risks as well as benefits. For example, the risk of a data breach, or of not being able to operate because a vital system is down. We all need to be aware of the risks, and to have plans to manage them. There are guidance and tools designed specifically to help care providers in this area. The CPA's website contains a lot of information and advice, including the publication "An Introduction to Cyber Security", which is essential reading and can be downloaded [here](#).

Looking forward, the CPA and other organisations are researching the use of technology in care services, and this will give a better assessment of the level of risk and vulnerability. You can read about the programme at www.local.gov.uk/cyberdatadiscovery. Learning from it will be published in mid 2019.

The Data Security and Protection Toolkit (DSPT)

The Data Security and Protection Toolkit is a national tool with a version specifically designed for adult social care providers. Services with NHS contracts should complete the toolkit by 31st March 2019, and it is strongly recommended that other providers should complete it too. Doing so will ensure that you have in place the most important measures needed to protect against data and cyber security problems, and it is a key step towards easier information sharing, for example via NHSmail. For more details please click [here](#) and scroll down to the section marked "Entry Level Requirements".

Where to start?

If you search on the internet or go to a trade show, you will find many companies offering a wide range of apps and other technology solutions for care services. It's a good idea to look at more than one option, and see how other services you know have found any systems they use. Make sure you understand the long term costs, such as version updates, and check what support your supplier will offer if the system goes down – would it be 24 hours? Plan the introduction of your new system carefully, making sure you have enough time to manage the change and to train your team – and don't forget to update your risk assessments and information asset registers under [GDPR](#)!

[Skills for Care](#) provides some very helpful advice on how to get ready to work digitally.

Looking forward – artificial intelligence and robotics

The extraordinary power of modern computing has led to the very rapid growth of artificial intelligence and robotics. From self driving cars to phone apps like Siri, Cortana and Alexa, it is all around us, and it is becoming more and more part of every day life.

Many of us would say that social care is a people business, and that the human touch cannot be replaced. But while few would argue with that assertion, there is early but widespread interest in how the vital role of those who care could be supported and supplemented. The following examples are not in any way recommended by the Care Provider Alliance, but we hope that they may prompt discussion. There is much more detail available [here](#) and [here](#).

Examples...

Physically assistive robots...

... are generally at an early experimental stage. However, the following examples give a glimpse of what may be possible in the future:

[Obi](#) is a robotic arm which helps people with physical disabilities to eat independently.

Funded by UK Innovate, the [CHIRON project](#) developed a prototype gantry mounted modular robotic system called JUVA, which could help people get up and move around, or could fetch things for them.

Developed in Japan, [Robear](#) is an experimental nursing care robot that would actually perform lifts and transfers.

Socially assistive robots...

... will help people with day to day living, for example by reminding them to take medication or go to an appointment.

They may also be designed to be "companion robots", holding conversations, for example asking how people are feeling:

[Pepper](#) is a humanoid robot developed in Japan which can hold conversations and which is said to be able to recognise emotions.

[Hobbit](#) has been developed as part of a European project with a particular focus on falls prevention - it can pick up objects from the floor as well as detecting emergencies and calling for help.

Cognitive assistance robots...

...are designed to help people who have dementia or other cognitive problems:

[Woebot](#) is designed to "help people think through situations using methods from Cognitive Behavioural Therapy, and to learn about themselves through intelligent mood tracking."

[Mario](#) is a European project developing a robot specifically to help people with dementia.

Meanwhile, now rather than in the future...

...some of the technology is rapidly becoming part of everyday life. Voice activated intelligent speakers are already in use to give people reminders, provide entertainment and help them keep in touch.

This [article](#) describes how two local authorities are using such a device in adult social care and there is some great user feedback in this [video](#).

Micro enterprises

Sometimes a self employed person or a small community group may be better placed to offer very local support. For example, in Somerset, a scheme encourages local people to create micro enterprises and offer care in their own local and very rural areas. There are more details [here](#).

Retirement communities supporting independence and wellbeing

Retirement communities, which combine high quality housing options with tailored support services, are an increasingly popular option, with research showing that they can keep people healthy for longer, and reduce or even reverse frailty. Increasingly they are designed with health and wellbeing in mind, for example with on site gyms and other leisure facilities. There are some examples of how retirement communities are supporting wellbeing and independence [here](#).

Active support

Active support is a systematic approach to assist people with learning disabilities to engage in everyday activities which enhance their quality of life and are tailored to what is important to them. It is not the same as simply good support; it applies to everyone who receives support, and is an organisation-wide approach. Its benefits include people becoming more engaged and learning new skills, staff learning new skills, and reductions in behaviours of concern. There are more details about Active Support [here](#) and [here](#).

Wellbeing teams

Wellbeing teams are a new approach to homecare and other services in the community. Their distinctive features include operating in small, neighbourhood teams which are encouraged to be as self-managing as possible; and a proactive approach to supporting people to develop social networks and activities in their local community. There are more details [here](#).

New approaches to commissioning

In some areas, commissioners are working in new and collaborative ways with providers and people supported by services. For example, Alliance Contracting is where a commissioner contracts with a group of providers who share responsibility for the overall provision of the service, aiming to offer people who need support greater flexibility. The model is well established in other sectors and has been pioneered by mental health services in [Lambeth](#). Another approach designed to give people flexibility and control is that of Individual Service Funds. You can read more about it [here](#).

Teaching Care Homes

This programme, led by Care England and the Centre for Nursing Innovation (FoNS), supports innovative practice in care homes. There are details of all the projects being supported [here](#). One home, for example, successfully introduced structured reflection in to its day to day practice. There are more details and resources that you can download [here](#).

Intergenerational care

The Channel 4 series [Care Home for 4 Year Olds](#) put the concept of intergenerational care firmly on the map, highlighting the benefits for both the older people and the children of regular interaction across the generations. Whether it is occasional visits by nursery and school children to older people's services, local care and childcare services planning regular interaction, or services being fully integrated on the same site, there is increasing interest. [United for All Ages](#) is a social enterprise which explains and promotes the concept; and you can read about an example of an intergenerational nursey, which has a lot of background information on its website, [here](#).

Innovation and regulation

As people's needs and expectations change, and as providers find new and innovative ways to meet them, regulation has to keep pace with and encourage progress. The Care Quality Commission (CQC), which regulates adult social care services, has been awarded funding from the [Regulators' Pioneer Fund](#) to help it work with and encourage innovative practice, while ensuring that people receive safe, high quality services. As a first step, CQC has recently launched a new section of its website exploring [technology in care](#), which will be updated as the work progresses.

Possible sources of funding and non-financial support

Support for social entrepreneurs

UnLtd is a registered charity which offers funding and support to people who want to start or grow a social enterprise. It has supported a wide range of organisations including [Oomph Wellness](#) and [Harry Specters](#), a luxury chocolate maker which creates employment opportunities for young people with autism. For more details of financial and non-financial support and resources, go to www.unltd.org.uk

Ageing Society Grand Challenge

The [Ageing Society Grand Challenge](#) is one of four grand challenges which focus on big global trends and which make up the Government's Industrial Strategy. Its aim is to harness the power of innovation to help meet the needs of an ageing society, and it will fund some big innovation projects in social care. A number of CPA members are involved. Please contact info@careprovideralliance.org.uk for more details.

Local Enterprise Partnerships

Local Enterprise Partnerships (LEPs) bring together local authorities and private sector businesses, aiming to drive economic growth and job creation, to improve infrastructure and to raise workforce skills within the local area. If you are looking for business advice and guidance you can contact your local [growth hub](#), and the [LEP Network](#) has more information.

British Business Bank

The [British Business Bank](#) is a government-owned business development bank for small businesses. It offers loans to help businesses start up, expand or stay ahead, either directly or by helping to unlock funding from other investors. The bank's [Finance Hub](#) could be a good starting point for smaller organisations who want to obtain finance to support innovation and development.

Concluding comments

Behind everything in this publication is the desire to support people in the most consistent and person centred way, helping them to maintain dignity, independence and control. New ways of working can't achieve that by themselves, but this publication shows some of the many ways in which they can help. We hope that this brief overview of what is happening across our vibrant and forward looking sector will inspire you to find out more.

We would really like to know what you think about these new ways of working, and what your experience has been. We are interested in the following questions, but any other comments would also be welcome! Please write to info@careprovideralliance.org.uk. Thank you!

1. Which of the new ways of working described in this publication do you feel will be most beneficial for adult social care services and for the people they support?
2. Is there anything described in this publication that you would have concerns about? If so, what would those concerns be?
3. Have you or your organisation tried any of these new ways of working? If so, how did they go?
4. Within your organisation, who, if anyone, has specific responsibility for research and innovation?
5. Do you allocate any budgets specifically to research and innovation? If so, approximately what proportion of your total expenditure is it?
6. What, if any, sources of funding have you tried to find to support research and innovation? If you have tried, were you successful?
7. If you have been able to innovate, what has been most important in making that possible?
8. Is there anything that you have found that makes innovation more difficult?
9. Are there any ideas that you feel have been missed out of this directory and should be added?
10. Are there any areas of innovation which you would like the CPA to focus on in the future?