

**Staffordshire County Council and Midland Partnership Foundation Trust (MPFT) - Creating Digital Social Care Professionals**  
**Final Report February 2020**

**Introduction**

Social care professionals practising in Staffordshire (as employed by Stoke-on-Trent City Council or Staffordshire County Council/MPFT) were invited to take part in a series of digital upskilling action learning sets (ALSs) to create digital champions in social care. The course had previously been successfully run across Staffordshire with General Practice Nurses, GPs, clinical pharmacists and other clinicians and it was felt that these upskilling learning sets would encourage the use of digital tools between social care professionals and their service users. Information and assistive technologies can transform the way that care services are delivered but can only be an enabler if delivered appropriately to meet specific individual needs. (ADASS, 2019)

To accommodate the different social care teams across Staffordshire it was agreed that there would be two cohorts of digital champions, one ALS in Stoke-on-Trent and one ALS in Stafford.

The Technology Enabled Care (TEC) team met with the Staffordshire County Council and Midlands Partnership Foundation Trust (MPFT) Social Care teams to discuss the programme and the benefits that had already been identified at the initial session run with social care professionals employed by Stoke-on-Trent City Council. A number of concerns were discussed including governance, data protection and social media access. The TEC team advised how only easily available and accessible modes of digital tools would be covered in the ALS and that no service user identifiable information would be shared at any point, highlighting how successful the national rollout of the digital upskilling of general practice nurses (GPNs) had been over the previous year. It was agreed that Staffordshire County Council and MPFT teams would identify a group of 10 employed social care professionals across Staffordshire to participate in the action learning set. The programme required each participant to attend three action learning sessions (spaced monthly) from November 2019 – January 2020; and join in the evaluation.

The national 'Digital capabilities for social workers: Stakeholders' report' recognises that social workers can help to shape policy, practice and technology if they are digitally literate and actively engaged in decision making (SCIE / BASW, 2019). Systems need to work across health, care and related services and social workers can help to drive this change to create interoperability and integration. In order to achieve this frontline social care staff need to be digitally ready and confident.

The project was undertaken to increase the uptake of TEC and showcase what is possible through the introduction of digital tools and modes of delivery in frontline social care. Encouraging social care professionals to adopt and implement TEC/digital tools with service users for whom they are responsible and to make the most of opportunities for TEC/digital tools in relation to their own role, productivity and efficiency can be improved. Digital tools can help to empower service users (and their carers) to take more responsibility for their health and wellbeing and lead a more independent life. It is recognised that social media interventions can help to improve practice and build and strengthen client relationships. (Jackson, 2019) By enhancing engagement, focusing on prevention of deterioration of health / social conditions, TEC/digital tools can help to create a sustainable health and social care and provide a viable approach for more effective and productive working by social care professionals.

At the ALS sessions, participants were introduced to a range of digital tools at all three learning sessions intended to develop their confidence, capability and competence as local champions for technology enabled care/digital tools.

**The digital upskilling action learning programme -overview**

Each individual social care professional participant was introduced to a variety of easy to access modes of technology and digital tools to assist them and their service users. Following the session each was asked to complete an action plan identifying at least two modes of technology enabled care services / digital tools they would trial within their role / with a service user (selection included apps / social media for sharing health / social campaigns and population

health messaging / video consultation). Participants were provided with an Amazon Fire 7 tablet and an Alexa Echo Show (and user booklet) as part of the course, to give them the tools to start the implementation. On receipt of the action plan the digital support team could contact the participant to provide tailored support and guidance as required.

All participants were asked to complete a self-rated digital literacy questionnaire at each session – this was used to gauge their self-rated progress made between the sessions. It was positive to see that all participants increased their use of TEC / digital tools as a direct result of the programme and could see this usage increasing further if their wider social care teams adopted this approach. Many said that at the start of each service users social care journey they now had started to think where and when digital tools would be appropriate and could be used effectively for the service users well-being, whereas before participating in the course this was not a consideration. Participants could see the positive benefit of using TEC and digital tools and felt confident in their ability to share this learning with their wider social care team.

### Local delivery programme

The Staffordshire cohort was held locally at The Northfield Centre and 9 social care professionals attended the course. We had seven participants at session one and a further two joined at session two (these met with the project team in advance of session two to undertake a catch-up session). All participants successfully completed the course. The final evaluations (one to one phone calls undertaken between the programme manager and participant) were completed in February 2020.

The three sessions in the course aimed to digitally upskill the social care professionals participants by using the 7Cs that we had developed as part of the GPN course and modified for social care - see Table 1 below. This enabled them to develop relevant action learning plans, apply these at the frontline, and share their learning and experience with their group and more widely.

**Table 1: Key elements of the exemplar general practice quality mark – the 7Cs relating to delivery of TEC for long term conditions/lifestyle habits (modified for social care)** (Chambers R, Schmid M, Al Jabbouri A, Beaney P. *Making Digital Healthcare Happen in Practice*. Oxford: Otmoor Publishing, 2018)

1.	<b>Competence:</b> social care worker and service user/carer/citizen – ability in relation to personal use of range of modes of delivery of TECS for agreed purpose and feeding in information/acting on advice and information
2.	<b>Capability:</b> social care worker and service user /carer/citizen – actual best practice in use of range of modes of delivery of TECS for agreed purpose and feeding in information/acting on advice and information in daily professional/everyday life
3.	<b>Capacity:</b> possess protected and prioritised time for initiating and participating in remote delivery of social care, that is regarded as key element of work role (social care worker/manager) or personal life (service user/carer/citizen) + the IT infrastructure and equipment is available and easily accessed by all service providers and users
4.	<b>Confidence:</b> social care worker/manager confident that organisational infrastructure is in place in line with code of practice including reliability and validity of equipment and its outputs. Service user/carer/citizen confident that usage of TEC is integral part of best practice, and that their responsible social worker will access/act on relay of TEC messages or interchanges.
5.	<b>Creativity:</b> social care worker/manager able to adopt and adapt agreed TEC for different purpose or service user/carer group in line with code of practice.
6.	<b>Communication:</b> the sharing and dissemination of digital modes of delivery and associated social care protocols and evaluation of applications/outcomes/challenges etc. with a team or organisation working together and sharing what has worked well and what has not worked so well.
7.	<b>Continuity:</b> at least one social care worker/service user able to interact via mode of TEC along one pathway for LTC/lifestyle habit; if practitioner not at work cover arranged as appropriate

and pre-agreed with patient in line with agreed shared care management plan.

At the sessions each participant received the necessary delivery kit, which included a Fire 7 tablet and an Echo Show (5inch); a copy of the Digital Handbook – “Making Digital Healthcare Happen in Practice” Chambers R, Schmid M, Jabbouri A, and Beaney P. Otmoor Publishing; 2018; and a suite of learning resources – produced by the programme team. Following the successful completion of the course the tablet and the Echo Show were signed over to the participant and £100 of vouchers were provided to purchase any assistive / technology-linked products to enable TEC implementation with specific selected service users.

All participants were asked to complete an action plan between session 1 and 2 and submit electronically to the project manager for review and discussion and offered tailored support as required. Session three was used as a reflective session to review progress, discuss barriers and celebrate successes as well as identifying next steps.

### Session Reviews

The first session of the social care professional upskilling ALS was held on Wednesday 6<sup>th</sup> November 2019, between 1.30pm and 4.00pm at The Northfields Centre, Stafford. There were seven attendees in total at session one (a further two joined at session two). The participants were employed across Staffordshire either by Staffordshire County Council or MPFT.

At the introductory session all were really engaged and enthused to move forward with using digital technology in their daily work lives and were keen get this implemented however there were concerns around the governance and data protection policies within the council that could prevent them from utilising specific modes of technology. It was great to share the impact and the insights we have learned from health with social care, and everyone could really see the benefit of this as a shared process. The participants were provided with some background, explaining how the national project for upskilling general practice nurses and clinicians had progressed and created digital champions, both in Staffordshire and also nationally, and the benefits that they had from the course, both personally and professionally and for their patients. We showcased case studies of how digital tools / technology enabled care had been used in real examples and advised how this could be adapted for their specific needs. We talked about how digital technology is used in every other industry to great effect and how people use this in their daily lives and how this can be adapted for health and social care use. We shared the positive impact the introduction of TEC/digital tools can have – engagement, communication, information sharing, service signposting etc.

The participants ranged from those that were comfortable in using digital tools in their personal life to those that had limited experience, but all could see the value in using specific modes with their service users.

### Session 2

The second session was held on Wednesday 4<sup>th</sup> December 2019 at The Northfield Centre, Stafford. Eight of the cohort attended.

At this session we asked everyone to share their progress and then discussed how any barriers that had been encountered could be overcome. We shared examples of TEC and how they could be used and there were some great ideas being shared around the table as we were in the session, as everyone started to look at the daily technology they use and how this could be used not only for their service users benefit but also in their professional working lives. We celebrated the successes, and this gave others in the room ideas about how they could use technology with their service users. It was great to see the peer support within the group. There were concerns raised regarding the use of the equipment and social media. A number of the participants advised that although they were issued with smart phones these were locked down and no access was allowed to social media (even in a work capacity) or for using video calls etc. Personal phones / tablets were also not allowed to be used therefore there were concerns around using a tablet as part of the programme as this would not be sustainable. Therefore, the majority of participants had chosen to promote apps (particularly mindfulness apps), to signpost their service users to existing platforms e.g. the NHS app / practice public Facebook pages, and to look at assistive technology that may benefit them. There were concerns raised that they did not feel comfortable talking about assistive technology that

the service users would have to self-fund as the council would not provide this. We discussed the benefits and that this was also the case in health – clinicians could not provide patients with the equipment, many already had access to this, it was about using things in a different way.

### Session 3

The final session was held on Wednesday 8<sup>th</sup> January 2020 at The Northfield Centre, Stafford. Seven of the cohort were in attendance. (The 2 participants unable to attend contacted the project team directly to complete their evaluation and to submit their digital literacy survey).

This was a reflective session so everyone shared their progress and discussed ways to continue to embed technology in their work lives and how this could benefit their service users. We discussed possibilities of using different modes of technology and the need for this to be adopted more widely across their organisation to allow this to be come embedded and part of a recognised approach in this role. Participants discussed ways they could see this expanded further and what they wanted to achieve in the future.

All participants were asked to complete a digital literacy questionnaire at the three sessions (see Table 2 below) – this was used to gauge the progress made between the sessions. It was positive to see that all participants had increased their use of digital tools as a direct result of the programme and could see this usage increasing further as it became more embedded in their daily work life. All participants could see the positive benefit of using TEC and digital tools and felt confident in their ability to share this learning with their wider team and also to other social care professionals in their area.

The difference between the two employing organisations (MPFT and Staffordshire County Council) was discussed – in MPFT a digital champion programme had been established and the teams were able to link into this. A lot of the governance concerns had been addressed by their organizations and policies and procedures had been amended to incorporate the use of digital tools which allowed the social care workers the opportunities to adapt and adopt this, however it was noted that often the management teams were the barriers as the costs were not looked at as part of the bigger picture but on a smaller scale e.g. although the cost of a piece of assistive kit could potentially save £000s on the care costs of a service user, the cost would exceed a department budget therefore was not implemented. The participants expressed their frustration at this.

**Table 2. Digital literacy results at session 1, session 2 and session 3**

Q1. How often do you use digital technology in your everyday work / practice?

Key: 5 – 100% of the time; 4 – 75% of the time; 3 – 50% of the time; 2 – 25% of the time; 1 – never

Social care professional	1	2	3	4	5	6	7	8	9
Session 1	2	3	4	2	4	3	2	1	1
Session 2	4	4	5	4	4	4	2	3	1
Session 3	4	5	5	4	4	4	2	5	3

Q2. Which of the following statements most closely describes how you feel in relation to using digital technology as part of your role?

Social care professional	1	2	3	4	5	6	7	8	9
Session 1	Ready	Ready	Worried	Worried	Leading	Worried	Worried	Worried	Leading
Session 2	Ready	Ready	Leading	Worried	Leading	Worried	Leading	Worried	Leading
Session 3	Ready	Leading	Leading	Ready	Leading	Ready	Ready	Leading	Leading

Q3. To what extent do you agree with the following statement: 'I can see the benefit of using digital technology to my service users and to my fellow social care workers'

Key: 5 – strongly agree; 4 – somewhat agree; 3 – neutral; 2 – somewhat disagree; 1 – strongly disagree

Social care professional	1	2	3	4	5	6	7	8	9
Session 1	4	4	5	5	5	5	4	4	4
Session 2	4	4	5	5	5	5	4	4	4
Session 3	5	5	5	5	5	5	5	5	5

The results of the baseline survey show the increase in the use of digital tools/TEC with service users increased during the course, at session 1, 55% of the 9 social worker professional participants reported using digital technology for patient care 25% or less of the time but in the follow up session 88% of the social worker professionals used TEC 50% or more of the time.

The number of social worker professionals who felt ready to use digital technology in their role increased so that by the end of the action learning programme period all felt they were 'ready' or 'leading' in relation to deploying digital technology as part of their role, compared to just 44% at session 1.

All of the social worker professionals could see the benefit of using TEC/ digital tools with their patients.

### **Modes of technology adopted**

The majority of participants selected trusted apps to support their service users; this included those with behavioural issues, those suffering with mental health issues, assistive technology and those requiring preventative and self-care interventions. There were considerable barriers reported by all participants in relation to the use of social media for engaging with service users, as Staffordshire County Council policies and procedures did not allow this. The participants could see the benefit in having a social media presence to signpost their service users to information and to share health and well-being campaigns and messages but due to the council policies and procedures were unable to create a Facebook/social media presence.

The Echo Show device was popular within the group as there were a range of benefits that were identified for service users. We discussed ways to ensure that data protection could be managed and that no data should be shared between devices, and highlighted how this was managed in the NHS. A number of the group used the device to demonstrate to service users/ their carers or family members how it could help them to retain independence in the home. Using it for medication reminders, connecting to wifi plugs and lights so that the user is able to control their lighting / turn the kettle on remotely (often then reducing the need for a carer/family member to have to visit to undertake this task). Benefits of connecting to other remote systems such as a camera doorbell so that the service user can see who is at their door and assess whether to answer (safety and security); or advise their caller to wait (preventing rushing and falls) were highlighted. Where this mode of technology was not judged to be suitable for the service user, the social worker participant considered installing the Echo Show device in their office to use for remote meetings with other teams/organisations to reduce the travel time (e.g. for multi-disciplinary meetings). Many of the participants used the tablet and the Echo Show to demonstrate the use of assistive technology which could be self-purchased to make service user's homes safer and themselves (or family carers) better informed, examples demonstrating how family members can video call their elderly relatives to have a face to face conversation, introducing apps for service users to retain their independence and control, introducing assistive technology such as Wi-Fi plugs and switches to give control back to service users who had to rely on carers to turn on the lights etc. Although it was noted that the tablet was not as advanced as the smart phone the social care workers were provided with as part of their job role, and if this smartphone was unlocked by the Council to allow access to the internet / downloading apps etc. this would be able to be utilized too.

Many of the participants encouraged service users (and/or their family carers) to use GP Online or the NHS app (e.g. to access their medical records to enhance their understanding of their health condition and treatments/tests and speed/ease of reordering prescribed medication or booking appointments).

All of the participants agreed that the introduction of digital tools would help to increase service users' access to self-care information via trusted apps. Having safe and trusted apps to recommend to service users was seen as a

great tool for the social care workforce, who often reportedly felt unable to adequately support their service users.

All of the participants were enthusiastic champions for digital delivery of care by the end of the ALS and could see how the introduction of digital tools and technology enabled care increased productivity and efficiencies.

We shared the 'Box of Trix' created by Lee Owens (MPFT) which highlights examples of assistive technology and shared the videos of health and social care professionals demonstrating these. It was felt that this was a great interactive tool to share with service users as it allowed the social care professional to discuss and signpost the service user to cost effective and accessible equipment that they could purchase that would have a huge impact on their daily lives and independence.

### **Themes shared by Staffordshire ALS participants**

All participants undertook either an evaluation telephone call from the programme manager or returned a completed evaluation questionnaire at the end of the course. The main themes emerging as outcomes of the course learning were: (1) the evolving possibilities of introducing modes of digital technology (and being aware that there is not *a one size fits all* approach); (2) how simple and easily accessible digital tools can have a positive impact on service users' daily lives; (3) that digital tools can improve patient engagement/ relationships as they provide alternative modes of communication; (4) improved communications can reach a wider audience in a less intrusive way; and (5) service user empowerment – a lot of service users want to retain their independence and control, and technology can help them to achieve this.

#### **Service user empowerment**

- Signposting service users to trusted and safe apps allow social care professionals to be able to offer something to service users to help them manage their long-term condition(s) / adverse lifestyle habit(s). Service users can access advice at a time convenient to them – up to them to use as and when.
- Improved engagement and communication between the service user and social care professional is possible through the use of messaging / video consultation (need to have buy in from the management though to progress this further). It was felt that a lot of service users (particularly the younger cohort) would find video consultation less intrusive than a traditional face to face meeting, and therefore be in more regular contact. Social teams would feel safer having video consultation than a phone call as this mode allowed them to still observe the service user and look for any visual cues that there were issues or concerns that required progression.
- The majority of service users were often very receptive to using digital tools as they already use such modes in their daily lives.
- Introducing digital tools could help to maintain service users' independence by giving them more control and improving their safety.

#### **Service user engagement / relationships**

- Engagement and communication could be improved between social care professionals and service users. Using digital tools to communicate information allowed social care professionals to engage with cohorts of service users who could be hard to reach and were previously unable/unwilling to attend face to face appointments.
- Service users were often willing to involve their wider support network including family/carers when using digital tools which helped to improve their self-care and promote independence.

#### **Improved communications**

- Using digital tools such as social media to share and cascade information was recognised as being more efficient than traditional mail drop/sharing information via leaflets, as the promotion of best practice and signposting to suitable services could reach a wider audience more quickly. However, for this to be successful there was a need

for the wider employing organisations to see the positive benefits and change the policies around the use of social media. Currently this prevented a number of the participants from using this platform.

- In general, the social care professionals felt that the use of digital tools for sharing health messages would be less intrusive and more engaging and allowed them to target specific service users when required. Public Facebook pages would allow them to reach the wider population including hard to engage cohorts of service users and/or carers.
- TEC / digital tools are mostly accessible for all; however it was noted that specific cohorts of service users would not want to use this, but it could be useful for the wider family/carers to use on their behalf. All participants agreed that there was a need to 'move with the times' – digital technology was now a big part of most people's daily life and the majority were happy to embrace that in their delivery of social care if they could see that it would have positive effects on service users' well-being and help them to retain their independence.

Participants were asked what was the most important thing they had learnt from the digital champion course, with the majority answering that awareness of what modes of digital technology were available and could be utilised in their work and would make significant changes for their service users; this was a key factor in changing their perception of the worth of adoption of digital tools. A few of the participants advised that prior to the course they had no interest or confidence in the adoption of digital tools and could not really understand how this could be implemented in their line of work or be beneficial for their service users, but the ALS sessions had opened their eyes and changed their perceptions. All participants highlighted the ease of implementing digital tools in social care by using easily accessible modes of technology that are already available and readily used by service users, but just in different ways. The use of assistive technology could have a dramatic impact on a service-user's wellbeing and independence and allow them to stay in their own home, but be safer. The introduction of more digital tools could also be beneficial in the social care professional's role, making aspects of their job easier and allowing them to be more efficient and effective.

#### **Feedback received from the ALS course participants**

*'There is a need for the management to see the benefits of using digital tools in social care and to be more aligned to health'.*

*'The course has made me think outside of the box – how can digital tools help service users, often something insignificant for the social worker can be life changing for the service user and allow them to retain their independence'.*

*'Need to have the Council ICT on the same page and incorporating the digital tools into the system – allowing social media access etc... Using digital technology has been a learning curve, need to understand and be able to use personally before can promote to service users'.*

*'Using a tablet / smartphone to demonstrate what is available for the service user to purchase for their needs is great – it saves time as can show them how it works and where to purchase. Apps have been great – simple ways for service users to gain / preserve their independence. The challenge is that a lot of service users / carers are very risk adverse, need to be confident to explain the benefits'.*

*'Would be great to have a shared platform so everyone in the organisation is on the same page – one place where all recognized and trusted / safe apps are, where signposting is available etc... Allows everyone to standardise the care/service provided'.*

*'As a social care professional we often work in SILO and need to come together more to work more effectively. It would be beneficial to have the opportunity to share the learning and work with colleagues more across both social and health care to provide a more linked up service'.*

*'Need to get the wider teams and managers more involved to provide a more standardised service introducing*

*technology at an earlier stage, for example at assessments identify if there are simple ways to help the service user retain their independence - most do not want the intrusion of a social care worker to perform basic tasks if there is the technology available to allow them to continue to do this for themselves’.*

*‘Technology enables service users to do something for themselves’.*

*‘Although the current older generation can be tech adverse this is changing and will continue to do so. Need to have things available that can allow people to retain their independence’.*

### **Acknowledgements**

The resources for the project were part of NHSE funds hosted by the Staffordshire STP Digital Workstream and Staffordshire and Stoke-on-Trent Clinical Commissioning Groups as part NHS England’s Estates and Technology Transformation Fund (ETTF) and from the NHSE Nurse Transformation Fund, GPN10 Point Plan, Action 6, associated with the GP Forward View.

### **Delivery Team**

The project was led by Dr Ruth Chambers and supported by Rachel Hatfield, action learning sets’ project manager; Ron Daley, digital inclusion project manager; Ann Hughes digital nurse champion facilitator; Ben McManus and Alex Rowley, Wavemaker CIC, expert digital advisors; and Chris Chambers (CC) expert digital advisor / clinical telehealth facilitator.

Contact [Rachel.hatfield1@nhs.net](mailto:Rachel.hatfield1@nhs.net) for further enquiries.

### **References**

Association of Directors of Adult Social Services. (2019). Connected social care. [Online] Available at: <https://www.adass.org.uk/media/6806/adass-tunstall-round-table.pdf> London. ADASS

Chambers R; Schmid M; Al Jabbouri A; Beaney P. (2018) Making Digital Healthcare Happen in Practice. Oxford: Otmoor Publishing

Jackson R (2019). Social media and social service workers. [Online] Available at: <https://www.iriss.org.uk/resources/insights/social-media-and-social-service-workers> Glasgow: IRISS

Social Care Institute for Excellence and the British Association of Social Workers (2019). Digital capabilities for social workers: Stakeholders report. [Online] Available at: <https://www.basw.co.uk/media/news/2019/oct/basw-and-scie-launch-digital-capabilities-social-workers-report>