

National Social Worker/Care Manager Digital Upskilling Action Learning Rollout: Developing Confidence, Capability and Capacity for Delivery of Technology Enabled Care Services and Enhancing Prevention

Introduction

The digihealthwell programme team have successfully run more than 30 action learning sets nationally to create 300+ digital champions focused on implementing technology enabled general practice care since 2018, in Staffordshire and each of the seven regional general practice nurse (GPN) boards across England - as part of the national GP Forward View delivery programme. Outcomes have focussed on successful implementation of digital delivery as usual general practice service. This has included remote monitoring of patients' long-term conditions by clinicians and redressing of patients' adverse lifestyle habits. Many resources have been evolved and are freely available on our associated www.digihealth.co.uk website e.g., remote triage, video consultation protocol, automated texting, remote monitoring, how to guides.

This programme was developed to digitally upskill social/care workers across four national cohorts in response to the current COVID-19 pandemic. The details and aims of the course were shared via email to contacts provided by the HEE team, across the four regions in England; following the successful digital upskilling action learning programme of two cohorts of 20 social care/workers in Staffordshire in 2019/20 underpinned by local NHS funds. The national opportunity funded by HEE was accepted by Lancashire, Dorset, Leeds and Torbay. It was agreed that each location would choose the social care professionals to offer the course to after reviewing the course overview/content. The cohorts ran between September and December 2020.

Cohort 1 – Lancashire offered this to care home staff (16 places allocated – 10 attended)

Cohort 2 – Torbay offered to social care workers (6 allocated – 5 attended)

Cohort 3 – Leeds offered to social workers (12)

Cohort 4 – Dorset offered to the librarian team (9)

In total 43 social care professionals/care manager/professionals signed up for the course, however only 36 attended session one and 29 completed the course. Six of the registered care managers from cohort one and one of the social workers from cohort two did not attend the programme – unfortunately they did not contact us in advance of the first session to advise of

this, therefore we were unable to offer the places to anyone else. Of the care home managers/staff in cohort one, only five (of the 10 participants who attended session 1) and only three of the social workers from cohort 2 completed the course. Unfortunately the pandemic did have an impact on attendance for these cohorts in particular due to the pressures being experienced. A number of care managers signed up to the course but were then too busy to commit to all of the sessions or did not feel that the content was relevant to their role, despite the course overview being shared in advance of application. In future the programme team would stress that this particular training is more relevant to frontline staff which is reflected in the results and feedback from participants.

The programme aimed to create digital/prevention champions with a focus on using accessible digital tools. Each participant was invited to attend the series of three virtual action learning set (ALS) sessions which showcased what is possible via modes of accessible technology/digital tools to help to patients/service users.

Rollout Aims

The national 'Digital capabilities for social workers: Stakeholders' report' recognise 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/digital tool and showcase what is possible through the introduction of digital tools and modes of delivery in frontline social care, with a focus on how to use these tools during the COVID-19 pandemic and beyond, allowing social care professionals to reach isolated service users or hard to reach cohorts. The programme aimed to encourage 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, to improve productivity and efficiency. 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. 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. As a result of the COVID-19 pandemic health and social services have had to adapt and change how they interact with service users, resulting in the need for increased use of remote consultations and digital tools to allow service users to better manage their health/lifestyle condition.

The digital action learning set (ALS) focused on introducing accessible modes of technology to allow social care professionals to engage with their service users both during the current pandemic but also as the NHS and social care commences its recovery and restoration phase. The course content was adapted to fulfil the six domains of the Health and Care Digital Capability Framework: [Domains of capability \(HEE 2018\)](#) (see Appendix 1).

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| A Health and Care Digital Capability Framework: Domains of capability (HEE 2018) |
| Digital literacy is person-centred and can be divided into six domains of capability. Each domain describes specific capabilities, made up of skills, behaviours and attitudes, and behaviours to help improve the health and social care workforce. |
| 1. Communication, collaboration and participation |
| 2. Teaching, learning and self-development |
| 3. Information, data and content literacies |
| 4. Creation, innovation and research |
| 5. Technical proficiency. |
| 6. Digital identity, wellbeing, safety and security. |

Goals:

- Progressing participant's digital skills in response to the current COVID-19 pandemic and post restoration and recovery period to manage patients/service users with long term conditions appropriately, to expand their competence and confidence in implementation of digital tools that underpin remote monitoring to reach their service users.
- To normalise use of digital technology in social care settings as usual service, driving digital transformation with an emphasis on video consultation and associated shared care.
- To train social care providers based on best practices on the use of digital tools and assistive technology, to assist in the provision of high-quality patient care, with a focus on communication between patients and social care providers.

Objectives:

- Discuss basic digital tools / technology enabled care.
- Recognise the service user population and different situations where there could be a benefit in the introduction of digital tools/TEC/assistive technology.
- Recognise the current national status, policy issues, data protection and governance related to the implementation of digital tools/TEC/assistive technology.
- Describe the use and modes of digital tools/TEC/assistive technology and ways of introducing this with service users and apply methods to overcome any technical issues faced.
- Discuss potential applications, benefits and challenges of using assistive technology, patient home monitoring equipment and wearable devices.
- Demonstrate utilisation of digital tools/TEC to explore the social care provider's role in patient education and/or treatment, and patient monitoring and/or follow-up.

The programme was clinically led by Dr Ruth Chambers (Staffordshire STP clinical lead for technology enabled care) and supported by Rachel Hatfield (national project manager); Ann Hughes (GPN lead digital nurse champion facilitator); with technical support and training provided by Wavemaker (expert digital advisors).

The Digital Upskilling Action Learning Programme – Overview

Each individual 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 participant

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 (selection included apps/social media for sharing health/social campaigns and population health messaging/video consultation). On receipt of the action plan the digital support team could contact the participant to provide tailored support and guidance as required.

As part of the ALS offer, each participant received support around how to embed TEC/digital tools in their role; a brilliant 'How to Do It' handbook and lots of online resources including behaviour change guidance; and open access to freely available protocols and other resources on www.digihealthwell.co.uk website.

At the introductory session the team shared the impact and the insights learned from previous cohorts across both health with social care. The participants were provided with some background to the programme alongside the modes of accessible technology that could be implemented with service users. In session two and three case studies of how digital tools / technology enabled care had been used in real life examples in both social care and healthcare settings were shared, and participants were advised how this could be adapted for service users' specific needs. Across the three sessions the programme team shared the positive impact the introduction of TEC/digital tools can have – engagement, communication, information sharing, service signposting etc.

Key findings

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.

| Digital technologies used | | | | BEFORE | | | | | | | | | | | |
|--|-------|----------------------|----|--------|---------------------|----|-------|---------------------|----|-------|-------------------|----|-------|--|--|
| | | Cohort 1 - Torbay/SW | | | Cohort 2 - Lancs/NW | | | Cohort 3 - Leeds/NE | | | Cohort 4 - Dorset | | | | |
| Total (All Cohorts) | | Yes | No | % | Yes | No | % | Yes | No | % | Yes | No | % | | |
| Video Consultation | 29.7% | 2 | 5 | 28.6% | 6 | 4 | 75% | 2 | 10 | 16.7% | 1 | 8 | 11.1% | | |
| Social Media to engage with patients | 16.2% | 0 | 7 | 0.00% | 6 | 4 | 75% | 0 | 12 | 0.00% | 0 | 9 | 0.00% | | |
| Promote apps to support health and wellbeing | 8.1% | 0 | 7 | 0.00% | 1 | 7 | 12.5% | 1 | 11 | 8.3% | 1 | 8 | 11.1% | | |
| Promote websites to support health and wellbeing | 37.8% | 2 | 5 | 28.6% | 4 | 2 | 50% | 4 | 8 | 33.3% | 4 | 5 | 44.4% | | |
| Microsoft Teams | 45.9% | 4 | 3 | 57.1% | 6 | 2 | 75% | 0 | 12 | 0.00% | 7 | 2 | 77.8% | | |
| WhatsApp groups | 27% | 4 | 3 | 57.1% | 4 | 4 | 50% | 1 | 11 | 8.3% | 1 | 8 | 11.1% | | |

| Digital technologies used | | | | AFTER | | | | | | | | | | | |
|---------------------------|-------------|-------------------|----|-------|---------------------|----|------|---------------------|----|-----|-------------------|----|-------|--|--|
| | | Cohort 1 - Torbay | | | Cohort 2 - Lancs/NW | | | Cohort 3 - Leeds/NE | | | Cohort 4 - Dorset | | | | |
| Total Value Added | | Yes | No | % | Yes | No | % | Yes | No | % | Yes | No | % | | |
| Video Consultation | 73.3% 43.6% | 2 | 1 | 66.7% | 5 | 0 | 100% | 9 | 3 | 75% | 6 | 3 | 66.7% | | |

| | | | | | | | | | | | | | | |
|--|-------|-------|---|---|-------|---|---|------|----|---|-------|---|---|-------|
| Social Media to engage with patients | 53.3% | 37.1% | 2 | 1 | 66.7% | 2 | 3 | 40% | 6 | 6 | 50% | 6 | 3 | 66.7% |
| Promote apps to support health and wellbeing | 86.7% | 78.6% | 3 | 0 | 100% | 2 | 3 | 40% | 12 | 0 | 100% | 9 | 0 | 100% |
| Promote websites to support health and wellbeing | 86.7% | 48.8% | 2 | 1 | 66.7% | 4 | 1 | 80% | 12 | 0 | 100% | 8 | 1 | 88.9% |
| Microsoft Teams | 86.7% | 40.7% | 2 | 1 | 66.7% | 5 | 0 | 100% | 12 | 0 | 100% | 7 | 2 | 77.8% |
| WhatsApp groups | 36.7% | 9.6% | 2 | 1 | 66.7% | 2 | 3 | 40% | 4 | 8 | 33.3% | 3 | 6 | 33.3% |

1. The use of video consultation increased by over 43%, as the participants were shown how to confidently introduce video consultations to their service users, what they could use them for and how to engage with their service users.
2. The use of social media to signpost patients/service users to safe and trusted information increased by over 37%. This was particularly beneficial to share key health/lifestyle campaigns, share accessible groups such as local coffee mornings, online events etc, COVID-19 national information and to keep service users updated on any changes to access/appointments etc. However the use of using social media platforms was often lifted to the practice that the social prescriber worked with.
3. Sharing health/lifestyle apps increased by over 78% and were used to support service and create a focus on preventative clinical and self-care interventions.

Following the completion of the course all participants were confident that they could provide a consistent professional approach to promoting TECS/digital tools to their service users.

The social workers/care managers who actively participated in the action learning had a clearer understanding of how to ensure that digital tools and particularly how the use of video consultation could be used to engage with patients/service users, particularly during the COVID pandemic where face to face was just not possible. The use of signposting to groups and safe and trusted information on social media was a key focus to help reduce social isolation.

Themes shared by ALS participants

All participants were invited to undertake an 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; and (3) service user empowerment – a lot of service users want to retain their independence and control, and technology can help them to achieve this.

A number of the participants reported that following the ALS they had started to think about where and when digital tools could be used effectively to benefit their service user at the start of each service user's social care journey, 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.

Conclusions

The successful completion of participants in the ALS encouraged the adoption and embedding of TECS/digital tools in general practice and social care settings, reducing social isolation and allowing engagement particularly during the COVID-19 pandemic where a lot of people have

become very socially isolated. The ALS successfully demonstrated how the application of TECS/digital tools could promote health and wellbeing, promote engagement and participation with others when unable to meet face to face and support service users to adopt and access preventative interventions.

The majority of participants selected trusted apps/signposting to support their service users; this included behavioural issues, mental health issues, assistive technology and preventative and self-care interventions. There were barriers reported by a number of participants across the cohorts in relation to the use of social media for engaging with service users, as many employer 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 social media presence.

The use of assistive technology was a popular area of information within the groups as many could see the wide scope of support this would offer their service users and the wide range of benefits that could be identified for service users. It was recognised how the use of assistive technology could help service users to retain independence in the home, for example using it for medication reminders, connecting to Wi-Fi 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 also highlighted.

Feedback from participants

‘Following the course I can see that accessible technology is available that can help service users increase their digital skills, eradicate the digital divide, help them stay connected and healthy’.

‘I will be talking to my visually impaired coffee morning group about digital assistants as I think they would benefit’.

‘The digital learning has provided me with appreciative learning, and confident to promote digital tools too’.

‘Digital tools offer a broader choice rather than just traditional care services. It gives service users more independence and control over their environment. There is no reason why we should not be promoting these technologies to all service users and carers, either as part of a package of care or even in some cases, instead of!’

‘(Digital tools will help) to remain in contact with others in difficult and challenging times. To facilitate meeting(s) when this is not physically possible. It saves them time and the effort sometimes. That there (digital tools) are answers to some of the problems that arise using tech, which I would not have previously considered’.

‘The residents have developed skills in use of technology and have been able to keep in touch with family and keep doing their activities. The residents have been able to gain new skills, they thought they would be too old, but we proved them wrong!’.

Acknowledgements

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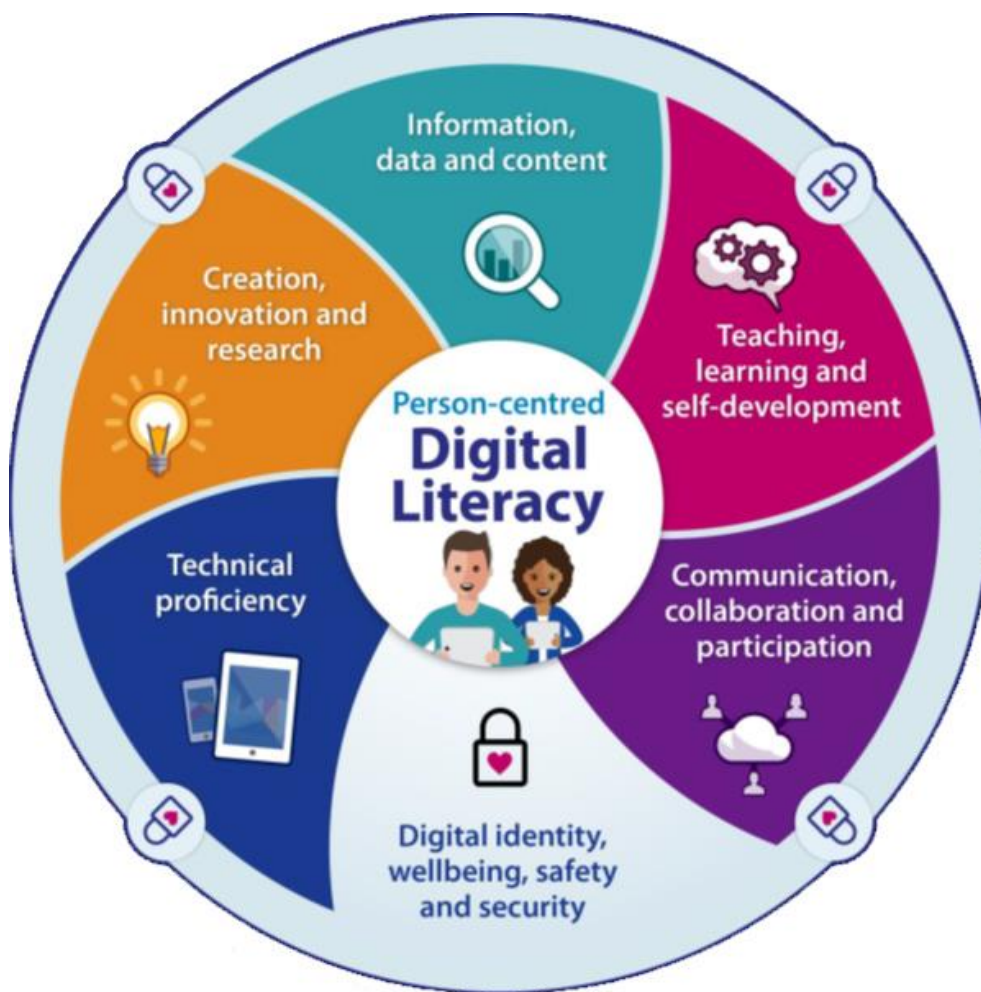
Contact [Rachel Hatfield](#) for further enquiries.

Appendix 1: Social Workers Creating Digital Champions Action Learning Set

To train social care providers based on best practices on the use of digital tools and assistive technology, to assist in the provision of high-quality patient care, with a focus on communication between patients and social care providers

| ALS Course Objectives | |
|-----------------------|--|
| 1 | Discuss basic digital tools / technology enabled care. |
| 2 | Recognise the service user population and different situations where there could be a benefit in the introduction of digital tools/TEC/assistive technology |
| 3 | Recognise the current national status, policy issues, data protection and governance related to the implementation of digital tools/TEC/assistive technology |
| 4 | Describe the use and modes of digital tools/TEC/assistive technology and ways of introducing this with service users and apply methods to overcome any technical issues faced. |
| 5 | Discuss potential applications, benefits and challenges of using assistive technology, patient home monitoring equipment and wearable devices. |
| 6 | Demonstrate utilisation of digital tools/TEC to explore the social care provider's role in patient education and/or treatment, and patient monitoring and/or follow-up. |

| A Health and Care Digital Capability Framework: Domains of capability (HEE 2018) | |
|---|---|
| Digital literacy is person-centred and can be divided into six domains of capability. Each domain describes specific capabilities, made up of skills, behaviours and attitudes, and behaviours to help improve the health and social care workforce. | |
| 1. | Communication, collaboration and participation |
| 2. | Teaching, learning and self-development |
| 3. | Information, data and content literacies |
| 4. | Creation, innovation and research |
| 5. | Technical proficiency. |
| 6. | Digital identity, wellbeing, safety and security. |



Session 1: Digital Tools/TEC Within Social Care

Learning objectives: Introduction to digital tools for empowerment and control of conditions.

At the end of this session, learners should be introduced to a range of digital tools/TEC for use in social care settings and understand the important role in expanding access to social and health care.

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|---|---|
| 1 | Understand the basics of using digital tools/TEC in social care and why it is essential in providing care within the current situation (COVID-19, changing requirements, service user empowerment); |
| 2 | Recognise the important role digital tools/TEC plays in expanding access to health and social care; |
| 3 | Recognise the potential benefits and impact of digital tools/TEC on service user care and social care providers; |
| 4 | Why use digital tools/ what digital tools are available |
| 5 | Recognise the different methods of digital for communication; |
| 6 | Understand the limitations, challenges and drawbacks of digital tools/TEC on care and health and social care providers; |
| 7 | Recognise the barriers to successful digital tools/TEC in different environments and settings. |

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| 8 | Discuss the general barriers to the implementation and use of digital tools/TEC such as technological, environmental, cost, service user related, and provider related. |
| 9 | Define patient engagement and describe the advantages of service user engagement to promote condition self-management; |
| 10 | Recognise the role of health and social care providers in engaging the service user in self-management |

Incorporating the key elements of the exemplar general practice quality mark – the ‘7Cs’ relating to delivery of technology enabled care services for long term conditions/lifestyle habits. (Chambers R, Schmid M, Al Jabbouri A, Beaney P. *Making Digital Healthcare Happen in Practice*. Oxford: Otmoor Publishing, 2018)

| | |
|---|--|
| 1 | Competence: practitioner, manager and patient/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 | Capability: practitioner, manager and patient/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 | Capacity: possess protected and prioritised time for initiating and participating in remote delivery of care, that is regarded as key element of work role (practitioner/manager) or personal life (patient/carer/citizen) + the IT infrastructure and equipment is available and easily accessed by all service providers and users |
| 4 | Confidence: practitioner, manager confident that organisational infrastructure is in place in line with code of practice including reliability and validity of equipment and its outputs. Patient/carer/citizen confident that usage of TECS is integral part of clinical best practice as agreed with clinician, and that their responsible practitioner will access/act on relay of TECS messages or interchanges. |
| 5 | Creativity: practitioner/manager able to adopt and adapt agreed TECS for different purpose or patient/carer group in line with code of practice. |
| 6 | Communication: the sharing and dissemination of digital modes of delivery and associated clinical 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 | Continuity: at least one practitioner/patient able to interact via mode of TECS 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. |

Health and Care Digital Capability Framework Domains covered in Session 1:

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| Communication, Collaboration and Participation Domain |
| The ability to use a wide range of digital technologies to communicate with people and to understand the different nature, purpose and function of different methods of digital communication, acting accordingly and appropriately. |
| The ability to use digital technologies to communicate respectfully and appropriately with all people and to recognise one's responsibility to not engage in or allow others to engage in inappropriate, irresponsible, offensive or harmful communication activities. |
| The ability to work collaboratively with others using digital technologies and tools to produce shared outcomes to meet shared goals. |
| The ability to participate actively in and across digital networks. |
| The ability to demonstrate and champion ethical, positive, sensitive and appropriate attitudes and behaviours in communicating, collaborating and participating with anybody and everybody. |
| Teaching, Learning and Self-Development Domain description |
| The ability to use digital technologies and tools for personal learning and professional development |
| The ability to use a wide range of digital technologies and tools in teaching, coaching, mentoring others |
| The ability to demonstrate and champion a positive attitude in seeking out appropriate and innovative digital technologies to enhance learning for self and others |

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| The ability to manage/monitor the learning and development of self and/or others through digital technologies and tools. |
| Information, data and content literacies |
| The ability to find, manage, and share digital information, data and content |
| The ability to understand and act upon appropriate guidelines, protocols, regulations and safeguards in the use of differing media, information, data and content |
| The ability to work with and champion the effective, secure, appropriate and innovative use of information, data and content |
| Digital Identity |
| Everything we do must be within a safe and secure context with due regard for our own and others' wellbeing as well as the security and safety of our own and others' data, online identities and reputation. |

Session 2:

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| Learning objectives: At the end of this session, participants should be able to demonstrate how to make evidence-based decisions in the best interest of service users/patients around the introduction of digital tools/TEC in their care. Introducing assistive technologies. |
| Understand the basics of using digital tools/assistive technologies in social care and why it is essential in providing care within the current situation (COVID-19, changing requirements, service user empowerment); |
| Recognise the important role digital tools/assistive technologies plays in expanding access to health and social care; |
| Recognise the potential benefits and impact of digital tools/assistive technologies on service user care and social care providers; |
| Participants should be able to demonstrate working knowledge of implementing digital tools/TEC in practice and creating a positive patient experience. |
| The importance of using appropriate guidelines to adopt to the use of video consultation / introduction of digital tools/TEC. |
| Ability to assess the needs and preferences of the service user with respect to digital tools/TEC |

Session 3:

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| Learning objective: Review and Reflection |
| The ability to work with and champion the effective, secure, appropriate and innovative use of information in order to solve problems, make decisions and to achieve successful outcomes for specific goals and objectives. |

Health and Care Digital Capability Framework Domains:

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|--|
| Teaching, Learning and Self-Development Domain description |
| The ability to use digital technologies and tools for personal learning and professional development |
| The ability to use a wide range of digital technologies and tools in teaching, coaching, mentoring others |
| The ability to demonstrate and champion a positive attitude in seeking out appropriate and innovative digital technologies to enhance learning for self and others |
| The ability to manage/monitor the learning and development of self and/or others through digital technologies and tools. |

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| Technical Proficiency Domain description |
| The ability to use a wide range of technical devices in a personal and professional context both individually and with others |
| The ability to use a wide range of software and applications for personal and professional use both individually and with others |
| The ability to support others with resolving technical challenges and problems and/or acting on technical opportunities. |
| The ability to understand and act upon appropriate guidelines, protocols, regulations and safeguards in the use of differing media, information, data and content to meet legal, ethical, cultural and security rules, requirements and expectations when working with personal, public, professional and/or confidential information, data and content |
| Digital Identity |
| Everything we do must be within a safe and secure context with due regard for our own and others' wellbeing as well as the security and safety of our own and others' data, online identities and reputation. |